De:	John Sage
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Pinnacle Hotscript
Fecha:	jueves, 21 de octubre de 2004 11:03:08
Archivos adjuntos:	

Hi Walter,

It can be done. In the scripts directory is a file called HotScriptList. This lists the buttons in the script window. You need to create an alternative hotscipt list and give it another name. The following script will swap between the lists. Remember to put a button in the new list to swap back to the main list.

HotScriptList.DestroyAllChildren="";
HotScriptList.LoadNoCheckSum="/usr/local/adacnew/PinnacleSiteData/Scripts/MyNewHotScriptList.p3rtp";

This method will only affect the workspace in which the script is run. Also if you exit the patient and start a new planning session you will be back to the main list.

There is one disadvantage. Whenever you record a script the current hotscript list is taken and saved as HotScriptList.p3rtp. If someone records a script when the alternative list is loaded it will overwrite the main list with the alterantive list. For this reason always write protect the hotscriptlist files, create backup copies of the hotscript list files and get anyone who may record a scipt to use the record to file function in advanced which does not add a new button to the list.

John

-----Original Message-----
From: Bawa, Walter [mailto:walter.bawa@grhosp.on.ca]
Sent: 15 October 2004 18:26
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle Hotscript

To All,

I am wondering if some one out there has already solved this.

ISSUE

We have created a number of scripts for Breast (about 20) , in the script display in pinnacle, instead of having 20 buttons show at once, we want to be able to create just one main button aka "Breast Planning" with the onclick action that will trigger the 20 buttons to display as needed.This is just an organization issue and it will be neater to have just one button that trigger the rest. If will like to know if this can be done.

Thanks

Walter

De:	Royal, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Mapcheck vs. PTWarray
Fecha:	jueves, 21 de octubre de 2004 21:23:08
Archivos adjuntos:	

Anyone wish to comment on the good&bad of the Sun nuclear Mapcheck vs. the PTW seven29 array. Mapcheck uses varied spacing diodes, and PTW uses fixed spacing ion chambers (5mm x 5mm). Mapcheck has the advantage of being around longer, while the PTW appears to be version 1.00. They both claim easy import of adac planar dose matrix.

Thanks.

Jim Royal
Nebraska Methodist Hospital
Jim.royal@
nmhs.org

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT QA
Fecha:	jueves, 21 de octubre de 2004 23:51:20
Archivos adjuntos:	

Hi Jeff,

It sounds like you've got a great QA solution. I'm curious if MapCheck has ever given results which caused you to reject the fields or plan.

For that matter, I wonder if anyone has found value in all the ongoing machine measurements we do for IMRT fields.

Thanks, Scott

>>> <JGarrett@mbhs.org> 10/21/04 10:21AM >>>

I've been using the MapCheck device for about a year now and quite frankly would just about refuse to do IMRT without it. I find it fairly easy to use. I have the MapCheck software installed on both LINACs. Their hard drives are mapped to my office computer so I can simply copy and paste the files generated by MapCheck onto a folder on my computer. I also FTP the ADAC generated fluence files to my office computer. The MapCheck software obviously is also installed on my office computer. Thus, I can sit at my own desk and pull over all the files and do the analysis without using floppies etc. All very smooth.

The MapCheck analysis is nice in that not only do you have the ability to compare relative isodose lines you can also compare absolute doses for each field - which I do for a point or two. It also gives you profiles in either direction.

Sun Nuclear has done a nice job with both the connections and files formats. The MapCheck uses the same connector as their Profiler and DailyQA Check devices which is big plus for those who use either of those devices on a regular basis - like me. Second, the file formats generated by MapCheck as well as their other devices are simple ASCII files which can be imported into Excel for analysis if you choose to do so.

I haven't used the PTW system so I can't comment it.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Replan based on MapCheck?
Fecha:	viernes, 22 de octubre de 2004 1:41:54
Archivos adjuntos:	

"... There have been more than a few instances where MapCheck results made us go back and review fields, usually finding leaf edge problems. A collimator rotation generally solves these...."

> Wow, you have done a replan with the collimator rotated because of leaf edge problems? Dale, you have always been fastidious but now you have outdone yourself!

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Mapcheck vs. PTWarray
Fecha:	viernes, 22 de octubre de 2004 5:07:30
Archivos adjuntos:	

I've been using the MapCheck device for about a year now and quite frankly would just about refuse to do IMRT without it. I find it fairly easy to use. I have the MapCheck software installed on both LINACs. Their hard drives are mapped to my office computer so I can simply copy and paste the files generated by MapCheck onto a folder on my computer. I also FTP the ADAC generated fluence files to my office computer. The MapCheck software obviously is also installed on my office computer. Thus, I can sit at my own desk and pull over all the files and do the analysis without using floppies etc. All very smooth.

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Fax: 601-960-3317

De:	DCMoss
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT QA
Fecha:	viernes, 22 de octubre de 2004 6:11:49
Archivos adjuntos:	

Hey Scott

We've got MapCheck here, too. There have been more than a few instances where MapCheck results made us go back and review fields, usually finding leaf edge problems. A collimator rotation generally solves these.

Coming from a film and chamber QA clinic, MapCheck is the greatest thing since motorized scanning tanks. Wouldn't be without it.

Dale Moss
RBOI
Ocala FL

Scott DUBE <sdube@queens.org> wrote:

> Hi Jeff,
>
> It sounds like you've got a great QA solution. I'm curious if MapCheck has ever given results which caused you to reject the fields or plan.
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> For that matter, I wonder if anyone has found value in all the ongoing machine measurements we do for IMRT fields.
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Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Savvas V. Morris
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Replan based on MapCheck?
Fecha:	viernes, 22 de octubre de 2004 7:28:17
Archivos adjuntos:	

Dear list followers,

I have to agree with Scott on this one. Having done IMRT the last 5 years with two different planning systems and 3 different delivery systems I have yet to see something like what Dale is describing.
I have had multiple combinations of QA systems:
1. Nomos phantom w/ film, ion chamber and TLDs, or
2. Acrylic phantom with ion chambers and films, or
3. Solid water and a variety of ion chambers and film, or
4. Shooting fluence maps with film or with Mapcheck
5. IMRT check (MU and fluence map calculation software) etc.

I really think that everybody should pick one system that they feel is performing well and stick with it.
I see no value in expensive IMRT dedicated systems like Mapcheck.
I have been begging SunNuclear to develop the software so I can do F+S with the Mapcheck and they're telling me that I should buy the profiler for that!
My recommendation is Kodak EDR and RIT that does well for IMRT and a lot of other things.....
You'd better get your moneys worth!!!!!!!!!!!!!!

Savvas Morris

De:	Shashi Perera
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Mapcheck vs. PTWarray
Fecha:	viernes, 22 de octubre de 2004 17:27:04
Archivos adjuntos:	

I have had the Mapcheck for about an year, and find it very fast and easy to use. We also use the Daily QA for morning warmup, and the therapists love it.
Shashi

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Royal, James
Sent: Thu 10/21/2004 1:42 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Mapcheck vs. PTWarray

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Thanks.

Jim Royal
Nebraska Methodist Hospital
Jim.royal@
nmhs.org

De:	Tom Potts
A:	pinnacle-users@explode.unsw.edu.au; medphys@qwest.net;
Cc:	
Asunto:	Re: Replan based on MapCheck?
Fecha:	viernes, 22 de octubre de 2004 17:33:17
Archivos adjuntos:	

Mapcheck IS a worthwhile investment because it offers a significant time savings over film based systems and takes processor q.a. (and availabiltiy if you work in a filmless department) totally out of the picture. Both are important in a busy department. The easy analysis procedure and the ability to get accurate point dose measurements are also strong positives. Flatness and symmetry could easily be done using the point dose measurement feature. I feel that the difference in spatial resolution just isn't worth the bother of film.

Tom

>>> medphys@qwest.net 10/21/04 08:28PM >>>
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Savvas Morris

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Replan based on MapCheck?
Fecha:	viernes, 22 de octubre de 2004 17:44:57
Archivos adjuntos:	

Scott,

Yes, I have gone back to reexamine fields based on MapCheck results. Isn't that the whole purpose of the QA process: to discover any problems in delivery etc. The nice thing about MapCheck is that a re-exposure is relatively painless unlike film which requires exposure, developing, scanning and analysis.

One of the justifications for using MapCheck is the quality of our film processor here. It is bad. Thus, one can not rely on achieving good, quality films for dosimetric QA. Now, I still exposure a film every now and then and perform a thorough corneal and retinal analysis.

A response to Savvas Morris. Yes Sun Nuclear would like for you to buy everyone of their products as would PTW, Varian, Philips... And I would agree with you that it would be nice if Sun Nuclear would include a F&S routine in the MapCheck software. It would also be nice if Varian would include RTP Exchange with Varis but that aint happening. Soooo, the solutions are left to us. As for F&S the file formats are very straight forward ascii files. It wouldn't be too hard to write a little Excel script to extract the info you need for F&S. In fact I'm working on that currently. I'll be glad to pass it along to anyone who wants it when I'm done.

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Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Gilio Joseph
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Replan based on MapCheck?
Fecha:	viernes, 22 de octubre de 2004 18:05:34
Archivos adjuntos:	

I think Paul Jursinic has a spreadsheet he has shared in the past.
Joe

-----Original Message-----
From: JGarrett@mbhs.org [mailto:JGarrett@mbhs.org]
Sent: Friday, October 22, 2004 8:10 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Replan based on MapCheck?

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##
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to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De: Royal, James
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: mapcheck vs. ptw
Fecha: viernes, 22 de octubre de 2004 21:25:07
Archivos adjuntos:

How about the 5 mm width of the PTW ion chambers? Is that a significant disadvantage? How about the benefit of ion chambers vs. diodes? I seem to recall about 10% of diodes may not achieve the 3%/2mm DTA,
so if 90% of the diodes or ion chambers (PTW) are within that tolerance, haven't you successfully confirmed the
accuracy with either system?

Jim

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tom Potts
Sent: Friday, October 22, 2004 10:31 AM
To: pinnacle-users@explode.unsw.edu.au; medphys@qwest.net
Subject: Re: Replan based on MapCheck?

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You'd better get your moneys worth!!!!!!!!!!!!!!!

Savvas Morris

De:	jfwochos@gundluth.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Replan based on MapCheck?
Fecha:	lunes, 25 de octubre de 2004 14:57:22
Archivos adjuntos:	

How do you MapCheck folks deal with fields bigger than the detector size?

john

John F Wochos, MS, DABR
Radiation Oncology Dept (EB1-001)
Gundersen Lutheran Medical Center
1900 South Ave.
La Crosse, WI 54601
(608)775-2593
FAX (608)775-5578
jfwochos@gundluth.org

De:	Clay Stablein
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Replan based on MapCheck?
Fecha:	lunes, 25 de octubre de 2004 21:15:36
Archivos adjuntos:	

John,

You could demag it by putting the calculational plane (the detectors) closer to the source. Of course, don't forget to set the SPD to this distance when calculating the Planar Dose. Then you would have a nice one to one comparison without worrying about inverse square and scatter effects. You would probably want to put the check device only as near as needed to minimize these two, anyway.

Good luck.

Clay.

jfwochos@gundluth.org wrote:

> How do you MapCheck folks deal with fields bigger than the detector size?
>
> john
>
> John F Wochos, MS, DABR
> Radiation Oncology Dept (EB1-001)
> Gundersen Lutheran Medical Center
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> La Crosse, WI 54601
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> FAX (608)775-5578
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>
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De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Replan based on MapCheck?
Fecha:	lunes, 25 de octubre de 2004 22:15:36
Archivos adjuntos:	

Sun Nuclear now also has a gantry attachment for their MapCheck device. This would also allow measurement at the planned gantry angle to investigate other aspects of delivery.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
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Office: 601-968-1725
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Fax: 601-960-3317

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au; saddhu@juno.com; Alan Cassady; AVEN OKAMURA; EDWIN PRICE; EMILY ROBINSON; JAMES CONANT; LES UYEDA; WAYNE KOJIMA;
Cc:	
Asunto:	Dose Homogeneity in IMRT Plans
Fecha:	martes, 26 de octubre de 2004 22:20:35
Archivos adjuntos:	

We working on a H&N case which uses a one-plan solution to deliver SIB in 35 fractions. According to Chao, the objectives are:

Primary PTV = 35 x 200 = 7000 (BED = 7000)
High Risk Nodes = 35 x 180 = 6300 (BED = 6000)
Elective Nodes = 35 x 160 = 5600 (BED = 5000)

This is one of our most challenging cases to date and we are learning alot. For example, it may not be possible to get the usual dose homogeneity because there are four volumes plus parotids, cord, and normal tissues all in close proximity.

So what is acceptable homogeneity within the PTV? One reference is the RTOG protocol 0225 which also uses SIB. It says:

- The prescription dose is the isodose surface that encompasses at least 95% of the PTV.

- No more than 20% of the PTV will receive more than 110% of the prescribed dose.

- No more than 1% of the PTV will receive less than 93% pf the prescribed dose.

Let's assume the plan is normalized to a central point and it takes the 93% isodose line to fully enclose the PTV. As I interpret the above, it seems to allow at least two options:

1. Prescribe 7000 to 100% as long as the PTV is fully enclosed by the 93% isodose line and the maximum dose is 110%. That means the PTV gets a minimum dose of 6510 and a maximum dose of 7700.

2. Prescribe 7000 to the 93% line as long as the maximum dose is 102%. Then the PTV gets a minimum of 7000 and a maximum of 7677.

What do you do?

De:	Pat Cadman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Dose Homogeneity in IMRT Plans
Fecha:	martes, 26 de octubre de 2004 23:57:34
Archivos adjuntos:	

Hi Scott,

We also plan SIB head and neck IMRT treatments in a 2-institution protocol and try to follow closely the H-0022 protocol prescription. Yes indeed, these plans are VERY challenging at times, especially when the primary PTV is large.

I think there are really two issues not adequately addressed by DVH scoring criteria: dose inhomogeneity in the inner regions of the PTV and prescription dose coverage at the periphery of the PTV. Within the PTV, our docs are generally not willing to accept anything less than the prescription dose itself inside the CTV, although this is sometimes unavoidable. The RTOG prescription does allow some under- and overdosing in the PTV but where this occurs needs to be assessed by the docs; the best we physicists/planners can do is to make the DVHs as vertical as possible and point out these regions to the docs. At the periphery, we look for cause of the underdoseage, e.g. the presence inhomogeneities such as bone or dental work, being too aggressive on sparing the parotids, etc. We have never had the prescription isodose line completely cover the PTV with our H&N cases; such is the nature of IMRT with a fixed number of fields for H&N. We try and make absolutely sure the CTV is covered with the prescription dose and work to cover the PTV as best as possible. The 1% of the PTV getting underdosed to below 93% prescription should not lie in the CTV region.

I feel that prescribing to an isodose line and renormalizing is the wrong approach in head and neck IMRT, since the isodose lines are so circuitous. Note that the RTOG specifies "isodose surface that encompasses at least 95% of the PTV" - avoiding a specific isodose which entirely covers the PTV. If you can achieve complete coverage with a the 93% line - good on ya, however we find superficial regions and regions around the critical structures often make this impossible. The plan should be scored according to the prescription DVH values but must also be evaluated in terms of the hot and cold spot and where they occur. At the end of the day(s), it is a series of compromises that gets

us to a clinically acceptable plan and we must be sure these comprimises are clearly understood by the physicians.

Cheers,
Pat

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Tuesday, October 26, 2004 1:59 PM
To: pinnacle-users@explode.unsw.edu.au; saddhu@juno.com; Alan Cassady; AVEN OKAMURA; EDWIN PRICE; EMILY ROBINSON; JAMES CONANT; LES UYEDA; WAYNE KOJIMA
Subject: Dose Homogeneity in IMRT Plans

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What do you do?

De:	Jaime Martínez Ortega
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Capturing images
Fecha:	miércoles, 27 de octubre de 2004 0:01:03
Archivos adjuntos:	

I need to prepare some slices for a presentation in my institution, so I have to capture some isodose images.
I was trying and I get a xwd file which I can display, but I don't know how to convert it to a jpeg, bmp or any conventional format.
Any suggestion?

Jaime.

De:	Gallant, Gregg
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Capturing images
Fecha:	miércoles, 27 de octubre de 2004 0:23:26
Archivos adjuntos:	

Hi Jaime

If you have an xwd file (eg: junk.xwd) try using xwdtotiff. If you type:
xwdtotiff junk.xwd
at the system prompt, you should get a junk.tiff file.
cheers,
Gregg

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Jaime Martínez Ortega
Sent: Tuesday, October 26, 2004 2:54 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Capturing images

I need to prepare some slices for a presentation in my institution, so I have to capture some isodose images.
I was trying and I get a xwd file which I can display, but I don't know how to convert it to a jpeg, bmp or any conventional format.
Any suggestion?

Jaime.

members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

##

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members, the list has been configured so that messages can only be
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account will not be distributed unless that account is also subscribed.
##

De:	Gerald Gryschuk
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Capturing images
Fecha:	miércoles, 27 de octubre de 2004 0:35:03
Archivos adjuntos:	

Try using the program xv. It should come installed on your system. Just open a terminal window and type 'xv'. This little program has been the mainstay of image manipulation on Unix boxes for years. It will allow you to capture only a portion of the screen and you can save it in any format you want.

On Tue, 2004-10-26 at 15:54, Jaime Martínez Ortega wrote:
> I need to prepare some slices for a presentation in my institution, so I
> have to capture some isodose images.
> I was trying and I get a xwd file which I can display, but I don't know how
> to convert it to a jpeg, bmp or any conventional format.
> Any suggestion?
>
>
> Jaime.
>
>
>
>
>

--
Gerald Gryschuk
Systems/Analyst

Saskatoon Cancer Centre
(306)655-2746
ggryschuk@scf.sk.ca
"You only get one shot at today, make it a good one."

De:	Ray Kaczur
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Capturing images
Fecha:	miércoles, 27 de octubre de 2004 0:39:07
Archivos adjuntos:	

Use the XV program available on the ADAC operating system.
You can capture images in various ways and save them as .jpg.
You can transfer/save to floppy or use FTP to get them to your PC.

Ray

----- Original Message -----
From: "Jaime Martínez Ortega" <jaimemtmez@auna.com>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Tuesday, October 26, 2004 5:54 PM
Subject: Capturing images

>I need to prepare some slices for a presentation in my institution, so I
> have to capture some isodose images.
> I was trying and I get a xwd file which I can display, but I don't know
> how
> to convert it to a jpeg, bmp or any conventional format.
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>
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##
>

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##

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Viewing CT data inside an ROI with override turned on?
Fecha:	miércoles, 27 de octubre de 2004 6:18:00
Archivos adjuntos:	

For a patient who was too large for the scanner, we fused several datasets together (a left, a right, and a "dummy" scan), then drew an external contour on the fused images and set density inside the contour to 1. We've planned the case but now can't see the isodoses and CT together simultaneously!

I thought I remembered a similar question recently but can't find it in my users group folder.

Thanks,

Steve T

==========

Stephen K. Thompson, M.S.
Department of Radiation Oncology
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237
thompssk@sutterhealth.org

De:	John Sage
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Capturing images
Fecha:	miércoles, 27 de octubre de 2004 9:49:01
Archivos adjuntos:	

When I right click on my background I get offered a number of programs. One of which is snapshot and another of which is image viewer. From image viewer you can also launch snapshot and I think it is a more useful version of snapshot when you do it this way.

John

De:	Deshpande, Nigel
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Pinnacle to varis to elekta desktop
Fecha:	miércoles, 27 de octubre de 2004 11:05:28
Archivos adjuntos:	

Hello fellow Pinnacle users,

I am new to the list server. Is there anyone out there who has connected Pinnacle to varian Varis v7.3 R&V (transferring plans via DicomRT) which is then connected to an elekta linac (SL series 2 photon energies + electron and MLC) run by RT Desktop.

I would really like to get in touch as we are setting up this link and it would be good to compare notes & files etc.

Nigel Deshpande
Cancer Treatment Centre
Royal Free Hospital
London, UK.
0207 794 0500 bleep 021

De:	jaimemtmez@auna.com
A:	pinnacle-users@explode.unsw.edu.au; "pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Re: RE: Capturing images
Fecha:	miércoles, 27 de octubre de 2004 11:19:50
Archivos adjuntos:	

It works perfectly!

Thanks a lot.

>
> De: John Sage <John.Sage@ccotrust.nhs.uk>
> Fecha: 2004/10/27 mié AM 09:40:21 GMT+02:00
> Para: '"pinnacle-users@explode.unsw.edu.au"' <pinnacle-users@explode.unsw.edu.au>
> Asunto: RE: Capturing images
>
> When I right click on my background I get offered a number of programs. One
> of which is snapshot and another of which is image viewer. From image viewer
> you can also launch snapshot and I think it is a more useful version of
> snapshot when you do it this way.
>
> John
>
>
>

>

De:	Cooper, Paul (SEQ)
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Viewing CT data inside an ROI with override turned on?
Fecha:	miércoles, 27 de octubre de 2004 17:23:34
Archivos adjuntos:	

The trick was to fuse the ct with itself, works pretty well, on my system I see vertical stripes on the fusion view, when the tile size is set to 1 pixel. Some kind of Moiré pattern, I'm guessing. Does everyone else see that? It appears on my printouts, too, so it's not a problem with my monitor. It kind of helps to set the tile size set to 2 pixels, or can be alleviated by changing the window and level on the primary data set.

Paul Cooper, Dosimetrist
Sequoia Hospital, Redwood City, CA

-----Original Message-----
From: Thompson, Stephen K [mailto:ThompsSK@sutterhealth.org]
Sent: Tuesday, October 26, 2004 6:00 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Viewing CT data inside an ROI with override turned on?

For a patient who was too large for the scanner, we fused several datasets together (a left, a right, and a "dummy" scan), then drew an external contour on the fused images and set density inside the contour to 1. We've planned the case but now can't see the isodoses and CT together simultaneously!

I thought I remembered a similar question recently but can't find it in my users group folder.

Thanks,

Steve T

==========
Stephen K. Thompson, M.S.
Department of Radiation Oncology
Memorial Medical Center

1700 Coffee Road
Modesto, CA 95355
(209) 572-7237
thompssk@sutterhealth.org

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##

De:	Alberto Pérez Rozos
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Capturing images
Fecha:	miércoles, 27 de octubre de 2004 21:17:01
Archivos adjuntos:	

Other option:

In a PC console (windows) you can use Print Screen (copy screen) and paste it in paint, photoshop...

Regards,

Alberto

-----Mensaje original-----
De: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] En nombre de John Sage
Enviado el: miércoles, 27 de octubre de 2004 9:40
Para: 'pinnacle-users@explode.unsw.edu.au'
Asunto: RE: Capturing images

When I right click on my background I get offered a number of programs. One of which is snapshot and another of which is image viewer. From image viewer you can also launch snapshot and I think it is a more useful version of snapshot when you do it this way.

John

De:	Cong, Sonya Ph.D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Viewing CT data inside an ROI with override turned on?
Fecha:	miércoles, 27 de octubre de 2004 22:09:53
Archivos adjuntos:	

An easy fix is to change your external contour into a 1cm ring (by contract the ext 1cm L/R and A/p to a temp contour, then limit temp from ext). Then override the density of this ring to 1. This will prevent the density "leakage" to your inside low density area yet preserve the ct images inside the ring. Good luck. Sonya

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Thompson, Stephen K
Sent: Tuesday, October 26, 2004 21:00
To: pinnacle-users@explode.unsw.edu.au
Subject: Viewing CT data inside an ROI with override turned on?

For a patient who was too large for the scanner, we fused several datasets together (a left, a right, and a "dummy" scan), then drew an external contour on the fused images and set density inside the contour to 1. We've planned the case but now can't see the isodoses and CT together simultaneously!

I thought I remembered a similar question recently but can't find it in my users group folder.

Thanks,

Steve T

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Stephen K. Thompson, M.S.
Department of Radiation Oncology
Memorial Medical Center
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Modesto, CA 95355
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thompssk@sutterhealth.org

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##

De:	ingridmarshall@comcast.net
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle service
Fecha:	jueves, 28 de octubre de 2004 15:40:58
Archivos adjuntos:	

Dear Pinnacle users
Does anybody else have a problem with ADAC's customer service or am I alone?
If you have a planning problem and you need help you call the 800 number and somebody will get back to you – eventually- . I have been waiting from half an hour (the fastest response I ever received) to 2 days. Neither the physicist nor the dosimetrist can sit at the phone and wait for their call back, we have a lot of other things to do as well. If the computer is locked up we cannot do any planning at all!!!!
I complained to Marc of this at ASTRO and he advised me to use their new email system. He said this is the fastest way to get a response. Well, I did yesterday. – This is what I received this morning as response.
"will be out of the office starting 10/27/2004 and will not return until 11/03/2004.

I will respond to your message when I return."
So much for a fast response.
A while back, a long while back, I had CMS planning system and I was extremely impressed with their service. Not only did I get a customer representative immediately but they also send out a monthly news letter with a list of " known bugs" and reported bugs but not yet verified and if possible, a work around.
IMPAC is also incredible with their immediate webex meeting set up, if you have a complicated problem.
Actually, as far as I know ADAC is the only one with extremely slow response to problems. The people they have are very good but their system is lousy.
I hope they will change this soon, I am extremely frustrated right now.

Ingrid Marshall, PhD
MUSC
Charleston
South Carolina

De:	Kent Krugh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle service
Fecha:	jueves, 28 de octubre de 2004 17:28:06
Archivos adjuntos:	

It seems to have gotten worse when Philips bought ADAC. In the last several months, response time for us has been between 0.5 and 3 hours. Once no one called back until the next day.

Regarding a new email support system: I have not heard about it.

Kent Krugh
ICC
Cincinnati

At 01:19 PM 10/28/2004 +0000, you wrote:

> Dear Pinnacle users
>
> Does anybody else have a problem with ADAC's customer service or am I alone?
>
> If you have a planning problem and you need help you call the 800 number and somebody will get back to you – eventually-

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle service
Fecha:	jueves, 28 de octubre de 2004 17:29:00
Archivos adjuntos:	

Hello Dr. Marshall,

I am usually not in the habit of responding to the Pinnacle User List directly, as we do not moderate this list, however I felt that your concerns needed to be addressed publically.

I did a review of the calls from your site and the average times were indeed about an hour. We do a triage of calls that come in, so that if a site is down, or there is a patient on the table, we can respond as quickly as possible. With one of the largest installed bases in the RTP industry, we try to handle our calls in a controlled and appropriate fashion. I hire only experienced and certified Physicist and Dosimetrists in addition to Unix and networking experts, so I do not have just "warm bodies" to take the calls. This is good and bad. If you did not hear from us in that day, it is certainly because we could not track you down after you made the call. I understand your position that you cannot wait for us, so please leave a number that will get us to a receptionist that can let you know that the call is coming in.

When we spoke at ASTRO, I suggested that you could use pros.support@philips.com. The first thing to do is to use our primary phone support number, as this information is logged and Philips tracks our performance. If you need to send information to my team, or if you want to let us know when and where to call you if you have already logged a call, that email address is great, because my whole team has access to it. The auto reply that you got was from one of my staff members that is currently on vacation - not from the email account in general - I apologize for the confusion.

The email address as a primary method of obtaining support is probably not best for speed, but in cases where you need infromation for reference of for non-priority issues, it really is a good choice. Also, once an issue has been reported, I believe that my team and I are very good at staying in touch via email or phone.

Another possibility is our "Help Alert" system. For a few hours per day, we

have a live help system on the web. We are looking into expanding this service soon. The web address is "apps1.medical.philips.com". For issues or questions that do not represent an "FDA complaint" we are happy to help you at this site. If we determine that the discussion requires more interaction than the website can afford, we would log a call and call you directly.

We are also now tapping in to some Philips solutions which will allow us higher speed connections through the Internet to your hospitals, so that we can have more interaction with you at the Pinnacle system. I am planning for an extensive rollout which should be free to all new customers, as well as customers on warranty or contract.

I am sorry that you are frustrated, and I will do what I can to improve your experience. Please contact me at marc.mlyn@philips.com when you believe that your current needs are not being met.

Sincerely,

Marc Mlyn
Director of Customer Support
Philips Radiation Oncology Systems

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle service
Fecha:	jueves, 28 de octubre de 2004 18:14:08
Archivos adjuntos:	

--- ingridmarshall@comcast.net wrote:

> Dear Pinnacle users
> Does anybody else have a problem with ADAC s
> customer service or am I alone?
> If you have a planning problem and you need help you
> call the 800 number and somebody will get back to
> you eventually- . I have been waiting from half an
> hour (the fastest response I ever received) to 2
> days.

I normally give them, at most 1 hour, to respond. If still no response, I call again giving them the reference number that is normally given. This usually gets an immediate response. I have called enough times that I get to know some of the dispatchers. One in particular, CJ, has been very helpful to me. I used to have this problem in the past with technical support. Be sure to tell them what problem you want solved, application, physics or technical. I must say that contrary to your experience, in all fairness, the responses I have been getting had improved. However, sales is another matter. Sometimes, it takes can Act of Congress to get our sales rep to give us a quote. Actually, usually a threat of a competitor gets the needed response.

Joe Wong

De:	Luse, Ray W.
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Pinnacle service
Fecha:	jueves, 28 de octubre de 2004 18:46:25
Archivos adjuntos:	

This feedback is for you Marc...

I have had similar difficulties with Sales this past year.
I requested a bid on features demonstrated at 2003 ASTRO and JAN?FEB onsite demos for preparing 2005 budget which was due late July.
Despite several solicitations I did not receive a response and in the end missed submission of any Pinnacle items into the budget.
Now any upgrades in this area are put off to 2006.

Ray in Spokane.

-----Original Message-----
From: Joe Wong [mailto:joewongt@yahoo.com]
Sent: Thursday, October 28, 2004 9:05 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle service

--- ingridmarshall@comcast.net wrote:

> Dear Pinnacle users
> Does anybody else have a problem with ADAC's
> customer service or am I alone?
> If you have a planning problem and you need help you
> call the 800 number and somebody will get back to
> you - eventually- . I have been waiting from half an
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Joe Wong

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##

De:	Horn, Bill (SFMH)
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle Service
Fecha:	jueves, 28 de octubre de 2004 18:54:29
Archivos adjuntos:	

Hi,
I agree with Joe, CJ was a very helpful dispatcher...got so he recognized my voice and I his. Nice relationship. And he went out of his way to be helpful. Now that calls route to Georgia though, I guess we won't be talking to CJ anymore. By and large I have had very good, and prompt service from ADAC tech support. If I had to leave my desk after placing a call, it is not uncommon to have voice mail responses every 15 minutes looking for me...my fault for being away. So my experience has been very favorable of late.

Bill

Bill Horn, BA, CMD
Medical Dosimetrist
St. Francis Memorial Hospital
Radiation Oncology Department
900 Hyde Street
San Francisco, CA 94109
voice 415-353-6424
facsimile 415-353-6428
bhorn@chw.edu

De:	ingridmarshall@comcast.net
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle service
Fecha:	jueves, 28 de octubre de 2004 19:46:30
Archivos adjuntos:	

Dear Marc
Thanks to you and everybody in the group replying to my frustration. I guess I have to be very persistent and keep calling. My main point however was, that most treatment planning systems provide "live" and immediate support. You do not have to wait for a call back. Your staff is very good. I know several of them personally and they are very friendly and knowledgable.
It really sounds like part of your problem is also the new telephone center. I was trying to get in touch with Sam today, because he was working on my problem and the center insisted that anybody can answer my question, even so I specifically asked for Sam repeatedly. I got a phone call back half an hour later from somebody else who did not know anything about my problem and I explained to him that Sam was already working on it.
Well, I hope I didn't open a can of worms, but it certainly would be helpful to have "live" support. I will try the email system again, maybe this will be a good option for now.
Please don't forget about the monthly, or even quaterly news letter regarding problem solving hints.
Thanks to all
Ingrid

> ---------- Original message ----------
> Hello Dr. Marshall,
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not have just "warm bodies" to take the calls. This is good and bad. If you did not hear from us in that day, it is certainly because we could not track you down after you made the call. I understand your position that you cannot wait for us, so please leave a number that will get us to a receptionist that can let you know that the call is coming in.
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I am sorry that you are frustrated, and I will do what I can to improve your experience. Please contact me at marc.mlyn@philips.com when you believe that your current needs are not being met.
Sincerely,
Marc Mlyn
Director of Customer Support
Philips Radiation Oncology Systems

De:	Oneill, Michael
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Dose Homogeneity in IMRT Plans
Fecha:	jueves, 28 de octubre de 2004 21:37:02
Archivos adjuntos:	

We use option number two. And we would put a reference point on the 93% line and change the prescription to prescribe 100% to that reference point.

M.J. O'Neill
Medical Physicist
Christus St Joseph Hospital
michael.oneill@christushealth.org
713-757-1000

-----Original Message-----
From: Scott DUBE [mailto:sdube@queens.org]
Sent: Tuesday, October 26, 2004 2:59 PM
To: pinnacle-users@explode.unsw.edu.au; saddhu@juno.com; Alan Cassady; AVEN OKAMURA; EDWIN PRICE; EMILY ROBINSON; JAMES CONANT; LES UYEDA; WAYNE KOJIMA
Subject: Dose Homogeneity in IMRT Plans

We working on a H&N case which uses a one-plan solution to deliver SIB in 35 fractions. According to Chao, the objectives are:

Primary PTV = 35 x 200 = 7000 (BED = 7000)
High Risk Nodes = 35 x 180 = 6300 (BED = 6000)
Elective Nodes = 35 x 160 = 5600 (BED = 5000)

This is one of our most challenging cases to date and we are learning alot. For example, it may not be possible to get the usual dose homogeneity because there are four volumes plus parotids, cord, and normal tissues all in close proximity.

So what is acceptable homogeneity within the PTV? One reference is the RTOG protocol 0225 which also uses SIB. It says:

- The prescription dose is the isodose surface that encompasses at least 95% of the PTV.

- No more than 20% of the PTV will receive more than 110% of the prescribed dose.

- No more than 1% of the PTV will receive less than 93% pf the prescribed dose.

Let's assume the plan is normalized to a central point and it takes the 93% isodose line to fully enclose the PTV. As I interpret the above, it seems to allow at least two options:

1. Prescribe 7000 to 100% as long as the PTV is fully enclosed by the 93% isodose line and the maximum dose is 110%. That means the PTV gets a minimum dose of 6510 and a maximum dose of 7700.

2. Prescribe 7000 to the 93% line as long as the maximum dose is 102%. Then the PTV gets a minimum of 7000 and a maximum of 7677.

What do you do?

De:	HARRY F PALMER
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle Service
Fecha:	viernes, 29 de octubre de 2004 2:08:39
Archivos adjuntos:	

Hi,

Ditto Bill Horn's comments. I do miss the continuity and the people of the old dispatch system, but just today Jo Campbell told me there are now 150 dispatchers so that era is gone.

The new crew mainly has been friendly and helpful. And at the end of the call ,there are the same wonderful ,dare I say ADAC, people to solve problems.

Aloha,

Harry Palmer

On Thu, 28 Oct 2004 09:45:02 -0700 "Horn, Bill (SFMH)" <BHorn@chw.edu> writes:
> Hi,
> I agree with Joe, CJ was a very helpful dispatcher...got so he
> recognized my
> voice and I his. Nice relationship. And he went out of his way to
> be
> helpful. Now that calls route to Georgia though, I guess we won't be
> talking
> to CJ anymore. By and large I have had very good, and prompt
> service from
> ADAC tech support. If I had to leave my desk after placing a call,
> it is not
> uncommon to have voice mail responses every 15 minutes looking for
> me...my
> fault for being away. So my experience has been very favorable of
> late.
>
> Bill

> Bill Horn, BA, CMD
> Medical Dosimetrist
> St. Francis Memorial Hospital
> Radiation Oncology Department
> 900 Hyde Street
> San Francisco, CA 94109
> voice 415-353-6424
> facsimile 415-353-6428
> bhorn@chw.edu
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###
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###

De:	Glossner Bob
A:	Pinnacle Users List (E-mail);
Cc:	
Asunto:	Export wedged fields to Varis
Fecha:	viernes, 29 de octubre de 2004 14:43:16
Archivos adjuntos:	

Dear Pinnacle and Varis users:

If you have been successful at exporting fields with physical wedges from Pinnacle to Varis please contact me. Thanks.

Bob Glossner, M.S.
Medical Physicist
Lewis-Gale Medical Center
Salem, VA 24153
540-776-4160

De:	Ozard, Siobhan
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	combining Varian BrachyVision doses with Pinnacle external beam
Fecha:	lunes, 01 de noviembre de 2004 21:59:26
Archivos adjuntos:	

Dear Listers,

We're interested in combining Varian BrachyVision HDR dose distributions with Pinnacle external beam distributions. The goal is to sum the Varian Brachy DVH with the Pinnacle external beam DVH. One route I've thought of would be to commission the Pinnacle Brachy option, then enter the dwell times optimised from the Varian BrachyVision system. I'm wondering if anyone has tried to combine these two dose data sets and I'm interested in comments on the best route to take. Please reply via email (see below).

Much thanks,
Siobhan

Siobhan Ozard, Ph.D., MCCPM
Department of Medical Physics
Windsor Regional Cancer Centre
2220 Kildare Rd.
Windsor, ON
CANADA
N8W 2X3

Siobhan_Ozard@wrh.on.ca
Phone: (519) 253-3191 xtn 58718
Pager: (519) 251-6401

members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	hugo.tremblay@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Heterogeneity correction and dose to muscle
Fecha:	lunes, 01 de noviembre de 2004 23:03:16
Archivos adjuntos:	

Dear list members,

I am a new Pinnacle3 user and I have a question regarding dose to muscle.

For homogeneous calculations, I was used to calibrate in water and then apply the (u/p) muscle to water correction since we generally treat in muscle. We now want to treat with the heterogeneity correction turned ON. I was asking myself if I should keep the (u/p) muscle to water correction. I did the following experiment with this setup geometry:

- water cubic phantom large enough to get full scattering
- 10x10 field size in our reference condtions (SSD=100, d=10cm) which gives 1 cGy/MU at dmax
- 6 MV beam
- 100 MU
- 0.2 mm grid size around the point of measurement

We then overided the whole phantom at 1.04 (muscle density relative to water), repeated the same experiment (same setup, same number of MUs...) and got a sligthly higher dose in the muscle phantom. This is not supposed to be since (u/p) muscle to water is about 0.99. I would expect Pinnale to give a lower dose in muscle. Pinnacle3 support team got the same kind of results.

Does Pinnacle3 deposit dose in water even if the heterogeneity correction is turned ON ?

Should we use the (u/p) muscle to water correction ratio to get Pinnacle reference conditions closer to reality?

Thank you very much for your attention,

Regards,

Hugo

Hugo Tremblay, M.Sc.

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: combining Varian BrachyVision doses with Pinnacle external beam
Fecha:	martes, 02 de noviembre de 2004 2:20:39
Archivos adjuntos:	

I would recommend commissioning the source in Pinnacle. I recently modeled the Nucletron source in Pinnacle. In my opinion the Pinnacle system does a better job at modeling than Nucletron does as Nucletron only allows a one dimensional table of anisotropy factors. I find that amusing the actual vendor of the TPS does a poorer job of source modeling than a secondary system. I did the modeling for MammoSite planning only, not for routine multi-dwell position plans.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Sean White
A:	<;
Cc:	
Asunto:	Pinnacle Planar Doses
Fecha:	martes, 02 de noviembre de 2004 6:02:01
Archivos adjuntos:	

Hi All,

We are implementing IMRT in our centre, and are using Doselab v7.04 to perform our film analysis.

Unforutnately Doselab cannot import 32 bit images. Does anyone know whether it is possible to export a planar dose map in 16Bit binary format?

Sean White
Medical Physicist Ph: +612 47341401
Nepean Cancer Care Centre Fax: +612 47343570
PO BOX 63 whites@wahs.nsw.gov.au
Penrith NSW 2751

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##

De:	Bawa, Walter
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle service
Fecha:	martes, 02 de noviembre de 2004 14:48:46
Archivos adjuntos:	

I could sing a song about that.
I Canada also
it is kind worse for us b/c, in addition to the RTP we have a Marconi CTSIM serviced by phillips. This machine sometime has been down for 3days, they have to ordered parts from Europe.plus sending us a reuse counter for the CT, amazingly poor.

Walter

> -----Original Message-----
> **From:** Kent Krugh [mailto:kkrugh@goodnews.net]
> **Sent:** Thursday, October 28, 2004 11:16 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Pinnacle service
>
> It seems to have gotten worse when Philips bought ADAC. In the last several months, response time for us has been between 0.5 and 3 hours. Once no one called back until the next day.
>
> Regarding a new email support system: I have not heard about it.
>
> Kent Krugh
> ICC
> Cincinnati
>
> At 01:19 PM 10/28/2004 +0000, you wrote:
>
> > Dear Pinnacle users
> >
> > Does anybody else have a problem with ADAC's customer service or am I alone?
> >
> > If you have a planning problem and you need help

you call the 800 number and somebody will get back to you - eventually-

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle Planar Doses
Fecha:	martes, 02 de noviembre de 2004 17:39:38
Archivos adjuntos:	

Sean - I have been using Doselab 7.04 for the last year with Pinnacle 6.2b.

Note that you have to use the "Planar Dose" dialog selected from the Beams spreadsheet. You cannot just export the ODM from the IMRT window.

There is a different process depending on if you want a composite dose, a single beam fluence (one beam to a flat phantom), or a composite fluence (all beams directed to a flat phantom). All of which use the Planar Dose dialog box. It only takes about 10-15 minutes to do a QA plan and export fluence maps.

Which are you trying to perform? Let me know and I will send you the details...

Steve T

==========
Stephen K. Thompson, M.S.
Department of Radiation Oncology
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Sean White
Sent: Monday, November 01, 2004 8:55 PM
To: <
Subject: Pinnacle Planar Doses

Hi All,

We are implementing IMRT in our centre, and are using Doselab v7.04 to perform our film analysis.

Unforutnately Doselab cannot import 32 bit images. Does anyone know whether it is possible to export a planar dose map in 16Bit binary format?

Sean White
Medical Physicist Ph: +612 47341401
Nepean Cancer Care Centre Fax: +612 47343570
PO BOX 63 whites@wahs.nsw.gov.au
Penrith NSW 2751

to majordomo@explode.unsw.edu.au.

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##

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle Planar Doses
Fecha:	martes, 02 de noviembre de 2004 20:52:10
Archivos adjuntos:	

Oops - I typo'd the version number of Doselab. We are using version 3.04 not 7.04.

Steve T

==========
Stephen K. Thompson, M.S.
Department of Radiation Oncology
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Thompson, Stephen K
Sent: Tuesday, November 02, 2004 8:19 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle Planar Doses

Sean - I have been using Doselab 7.04 for the last year with Pinnacle 6.2b.

Note that you have to use the "Planar Dose" dialog selected from the Beams spreadsheet. You cannot just export the ODM from the IMRT window.

There is a different process depending on if you want a composite dose, a single beam fluence (one beam to a flat phantom), or a composite fluence (all beams directed to a flat phantom). All of which use the Planar Dose dialog box. It only takes about 10-15 minutes to do a QA plan and export fluence maps.

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Steve T

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Department of Radiation Oncology
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Sean White
Sent: Monday, November 01, 2004 8:55 PM
To: <
Subject: Pinnacle Planar Doses

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Unforutnately Doselab cannot import 32 bit images. Does anyone know whether it is possible to export a planar dose map in 16Bit binary format?

Sean White
Medical Physicist Ph: +612 47341401
Nepean Cancer Care Centre Fax: +612 47343570
PO BOX 63 whites@wahs.nsw.gov.au
Penrith NSW 2751

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account will not be distributed unless that account is also subscribed.
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De:	Sean White
A:	pinnacle-users@explode.unsw.edu.au; ThompsSK@sutterhealth.org;
Cc:	
Asunto:	RE: Pinnacle Planar Doses
Fecha:	miércoles, 03 de noviembre de 2004 4:18:22
Archivos adjuntos:	

Hi all,

We are actually using Doselab 3.5 with Pinnacle version 7.0g, I was misinformed yesterday.

We have been exporting from the Beams spreadsheet, and still no luck. Thanks to everyone for your help. We now have a few things to look at. I'll post a reply when we have discovered the cause of our problems.

Best Regards

Sean White
Medical Physicist Ph: +612 47341401
Nepean Cancer Care Centre Fax: +612 47343570
PO BOX 63 whites@wahs.nsw.gov.au
Penrith NSW 2751

>>> ThompsSK@sutterhealth.org 11/03/04 03:19am >>>
Sean - I have been using Doselab 7.04 for the last year with Pinnacle 6.2b.

Note that you have to use the "Planar Dose" dialog selected from the Beams spreadsheet. You cannot just export the ODM from the IMRT window.

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Steve T

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Stephen K. Thompson, M.S.
Department of Radiation Oncology
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Sean White
Sent: Monday, November 01, 2004 8:55 PM
To: <
Subject: Pinnacle Planar Doses

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Nepean Cancer Care Centre Fax: +612 47343570
PO BOX 63 whites@wahs.nsw.gov.au
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##

De:	Glennon, Patrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Heterogeneity correction and dose to muscle
Fecha:	miércoles, 03 de noviembre de 2004 16:33:21
Archivos adjuntos:	

Dear Hugo,
I don't have an answer for you but would appreciate it if you sent me a copy of any answer that you might get off-list. I'm also interested in your question.
Thanks
Pat

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	MLC print on paper
Fecha:	viernes, 05 de noviembre de 2004 13:07:53
Archivos adjuntos:	

Dear all,

As constancy check of our MLC we would like to project the light field for an actual MLC shape on sheet of paper placed on the couch with a SSD of for instance 100 cm. On the same paper I would like to have printed the expected positions of the MLC's. Thus I need a method on the pinnacle system that can print the shape of the MLC on paper. This is possible on our film printer were we can print BEV with a given scale factor. However this features is based on DICOM print which is not supported by our paper printer.

Are there someone how knows how to print the MLC shape on paper with a given scale factor

Even further is there someone who knows how to pre-set the scale factor to unity using the dicom print functionality of BEV images?

All the best,

Carsten

==========
Ph.D.
Carsten Brink
Radiofysisk laboratorium / Laboratory of radiation physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
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##

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: MLC print on paper
Fecha:	viernes, 05 de noviembre de 2004 14:41:04
Archivos adjuntos:	

Why don't you simply print a DRR of the field with the MLC leaves filled in? You can print the DRR at any mag you want. Am I missing something here?

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	John Sage
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: MLC print on paper
Fecha:	viernes, 05 de noviembre de 2004 14:54:20
Archivos adjuntos:	

Hi Carsten,

All you need to do is right click on the BEV and select print. From this window you have the option to set the scale factor to 1.00. You have to have the paper printer selected first (go to print window to select printer) otherwise the system will dicom print with no option to change printer. You can set up the A4 printer to work as a colour printer if you don't want to use an A3 sheet every time.

John

De:	Joe Wong
A:	ADAC Users; Medical Physics Listing;
Cc:	
Asunto:	Re: Mirror program for Unix computer
Fecha:	viernes, 05 de noviembre de 2004 19:12:19
Archivos adjuntos:	

While talking to various vendors about a program similar to the WebX for PC, someone mentioned that there is a similar package for use with Unix that could be used with the Phillips-ADAC Pinnacle3. Can anyone in the know confirm this, and if so, where can we obtain such a program? Vendors are welcome. Please respond privately so as not to clog the users-group list.
Thanks.

Joe Wong

De:	Chen, Hansen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Mirror program for Unix computer
Fecha:	viernes, 05 de noviembre de 2004 19:31:44
Archivos adjuntos:	

Joe, I know one company called CrossTec, they have a software called "NetOp Remote Control", that can support the Solaris remote desktop function:
here is their web site.
www.CrossTecCorp.Com

Unfortunately, their software has to use UDP port so that it will not penerate firewall that usually applied on the most of the hospitals. So we still can not remotelly review our plans outside of hospital.

I would be interested to know if someone has the solution that can make the Solaris CDE published over Internet port 80 and then I can review the plan while I am holding my little son.

Best wishes,
Hansen Chen

-----Original Message-----
From: Joe Wong [mailto:joewongt@yahoo.com]
Sent: Friday, November 05, 2004 1:03 PM
To: ADAC Users; Medical Physics Listing
Subject: Re: Mirror program for Unix computer

While talking to various vendors about a program similar to the WebX for PC, someone mentioned that there is a similar package for use with Unix that could be used with the Phillips-ADAC Pinnacle3. Can anyone in the know confirm this, and if so, where can we obtain such a program? Vendors are welcome. Please respond privately so as not to clog the users-group list.
Thanks.

Joe Wong

Do you Yahoo!?
Check out the new Yahoo! Front Page.
www.yahoo.com

Important news about our email communications

Saint Barnabas Health Care System has implemented secure messaging services.

To learn more about SBHCS Secure Messaging, go to:
http://www.zixcorp.com/evangelism/sbhcs/

If you need assistance with retrieving a secure email, please email sbhcsaccounts@sbhcs.com or visit http://www.zixcorp.com/evangelism/sbhcs/partners/receiving.php

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De:	Heaps, Gregory B
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Changing number of decimal places
Fecha:	viernes, 05 de noviembre de 2004 20:50:12
Archivos adjuntos:	

Does anyone know how to change the number of decimal places for the volume on the Tabular DVH dialog? On my system, these are displayed to two decimal places (0.00 cc), and I wanted to change it. I've looked through the manuals and the online help, but if it's there I haven't been able to find it.

Thanks

Greg Heaps, M.S., DABR
Texas Cancer Center-Dallas Southwest

De:	Graham Freestone
A:	Pinnacle List;
Cc:	
Asunto:	Pinnacle User Group meeting 2005 - Australasia
Fecha:	lunes, 08 de noviembre de 2004 4:37:59
Archivos adjuntos:	

Dear All,

We have now settled on a venue and dates for next years PUG – Australasia:

The dates are 25th to 27th Feb 2005

The venue is the 'Stamford Plaza' hotel in the Adelaide CBD.
Registration forms will be available in the near future.

The format of the meeting will be similar to previous meetings:

Registration and 'Meet & greet' cocktails on the Friday evening at the conference venue.

Registration, followed by an all-day user meeting on Saturday, followed by conference dinner (to be decided)

Half day user meeting on the Sunday morning, ending at around 1pm.

More Details to follow……

You can be put on our mailing list by sending an email to: PUG2005@internode.on.net

Regards

Graham Freestone MSc CSci MIPEM MACPSEM

** please note new phone numbers **

Senior Medical Physicist

Adelaide Radiotherapy Centre,
352 South Terrace,
Adelaide,
SA5000,
Australia.

Tel: (08) 8228 6751 (direct dial)
Tel: (08) 8228 6700 (switch)
Fax: (08) 8223 6166
mobile: 0413 621 444

De:	Agapito, John
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Compensators
Fecha:	martes, 09 de noviembre de 2004 21:57:08
Archivos adjuntos:	

Hi all,

Being relatively new to Pinnacle and its compensator design utility, I am wondering if anyone would be willing to share their experience and knowledge in this regard. We are interested in compensating standard head and neck cases, and possibly breast, and thorax too. Any pearls of wisdom would be greatly appreciated with regards to optimization strategy - algorithm/method, plane depth, resolution, etc.

Feel free to contact me directly so as not to clutter the list.

John Agapito
Medical Physics Associate
Windsor Regional Cancer Centre
2220 Kildare Road, Windsor, Ontario
ON N8W 2X3
CANADA
(519) 253 3191 Ext. 58543

De:	Metzger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: to convert the DICOM image
Fecha:	miércoles, 10 de noviembre de 2004 13:26:02
Archivos adjuntos:	metzger.vcf

Hallo Marin!

XnView can do this (www.xnview.com). It's free for private purposes

Martin

Marin Bodale schrieb:

>Hi!
>
>I want to get few images (CT slice and 3D image) from
>our Voxel Q (not from Pinnacle TPS!) workstation and
>to import in a Power Point presentation. I need a
>software to convert the DICOM image (from Voxel Q) to
>.img/.tif/.jpeg/.gif file format. What can I do in
>this case?
>Thanks a lot,
>Marin
>
>=====
>"Sf.Spiridon" University Hospital-Iasi
>Medical Physics Department
>Independentei 1
>700111-Iasi, Romania
>Tel:+4-0232-240822 ext.149
>GSM:+4-0742026043
>Fax:+4-0232-217781
>E-mail: mbodale@yahoo.com
>Web: http://www.geocities.com/mbodale
>
>_____
>Do You Yahoo!?
>Tired of spam? Yahoo! Mail has the best spam protection around
>http://mail.yahoo.com
>

>
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>account will not be distributed unless that account is also subscribed.
>##
>
>
>

De:	Al Aqualino
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: to convert the DICOM image
Fecha:	miércoles, 10 de noviembre de 2004 14:22:50
Archivos adjuntos:	

At 05:12 AM 11/10/2004, you wrote:
>I want to get few images (CT slice and 3D image) from
>our Voxel Q (not from Pinnacle TPS!) workstation and
>to import in a Power Point presentation.

One Voxel option is to send images to a TIF file instead of to hardcopy film. Using that option might be your simplest bet.

De:	Marin Bodale
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	to convert the DICOM image
Fecha:	miércoles, 10 de noviembre de 2004 15:28:10
Archivos adjuntos:	

Hi!

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our Voxel Q (not from Pinnacle TPS!) workstation and
to import in a Power Point presentation. I need a
software to convert the DICOM image (from Voxel Q) to
.img/.tif/.jpeg/.gif file format. What can I do in
this case?
Thanks a lot,
Marin

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members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Butson, Martin
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	transfering planned data to a new CT
Fecha:	miércoles, 10 de noviembre de 2004 21:03:37
Archivos adjuntos:	

Dear All,

In our centre we wish to transfer an existing beam plan onto a new CT scan of the same patient. THe patient during treatment has "shrunk" and we wish to verify if the existing plan still matches our requirements. IS there any easy way of placing the existing beams, outlines etc onto the new CT scan and what considerations should we make in the process if its available.

All the best

Martin Butson
Principal Medical Physicist
Radiotherapy Department
Illawarra Cancer Care Centre
ph 61 2 42225709
fax 61 2 42265397
e-mail butsonm@iahs.nsw.gov.au

members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Dan Schifter
A:	pinnacle-users@explode.unsw.edu.au; ButsonM@iahs.nsw.gov.au;
Cc:	
Asunto:	Re: transfering planned data to a new CT
Fecha:	miércoles, 10 de noviembre de 2004 22:34:50
Archivos adjuntos:	

The easiest way will be to save the new data set as phantom, than copy the original plan to this phantom. This will transfer all the data to this data set.

Good luck

Dan

Dan Schifter
Assistant Professor of Medical Physics
Radiation Oncology Department
The Medical College of Ohio
3000 Arlington Avenue
Toledo, Ohio 43614
Phone: 419-383-6780
Fax: 419-383-3137

>>> ButsonM@iahs.nsw.gov.au 11/10/2004 2:59:57 PM >>>

Dear All,

In our centre we wish to transfer an existing beam plan onto a new CT scan of the same patient. THe patient during treatment has "shrunk" and we wish to verify if the existing plan still matches our requirements. IS there any easy way of placing the existing beams, outlines etc onto the new CT scan and what considerations should we make in the process if its available.

All the best

Martin Butson
Principal Medical Physicist
Radiotherapy Department
Illawarra Cancer Care Centre
ph 61 2 42225709
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De:	Al Aqualino
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	CT/Density tables in ADAC V7 using ROCS board?
Fecha:	jueves, 11 de noviembre de 2004 3:10:27
Archivos adjuntos:	

I have an old ROCS board containing 7 rods of different materials, having densities (which ROCS listed in units of g/cm3) ranging from 0.25 g/cc (Balsa wood) to 1.83 g/cc (RMI outer bone).

This board was scanned, and I imported the data into ADAC V7.0. I contoured the rods on many axial slices, and then used ADAC's ROI spreadsheet to view the average CT number ADAC sees for each rod. For example, ADAC saw the RMI tissue/muscle rod (alleged density = 1.05) as having a CT number of 1012.

In V7.0 Physics planning, I then created a CT/Density table of these CT #s and the allegedly known densities.

Using the same scan parameters, the CT techs then scanned a water phantom for me. For this phantom, ADAC indeed sees CT #'s of 1000 (as expected) - but since the table assigns RMI density 1.05 to CT# 1012, ADAC reports this water as having a density of 1.04 g/cc.

I have 2 ROCS boards, both of which yield similar results. Yet my only working hypothesis is that the ROCS board densities are not as advertised.

Has anyone else seen this? Am I not seeing something properly?

- Al Aqualino

De:	Gibbons, John
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: CT/Density tables in ADAC V7 using ROCS board?
Fecha:	jueves, 11 de noviembre de 2004 3:35:09
Archivos adjuntos:	

Al,

Even if this rod's density is 1.05, my guess is that the shift in ADAC CT number is due to the different effective Z. I've seen this before with an older Gammex electron density phantom. The ROI utility will report a sigma of the mean CT value, and you can use this to try and find a best curve which matches the data within the error bar. I also usually put in a value for water in the table.

Since your CT value for water is 1000 and not 1024, I assume you're running DICOM Image 4.2d. Although unrelated to your issue, we had to uninstall this version, as we discovered that it had other problems associated with our GE CT scanner.

John

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Al Aqualino
Sent: Wednesday, November 10, 2004 8:06 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: CT/Density tables in ADAC V7 using ROCS board?

I have an old ROCS board containing 7 rods of different materials, having densities (which ROCS listed in units of g/cm3) ranging from 0.25 g/cc (Balsa wood) to 1.83 g/cc (RMI outer bone).

This board was scanned, and I imported the data into ADAC V7.0. I contoured the rods on many axial slices, and then used ADAC's ROI spreadsheet to view the average CT number ADAC sees for each rod. For example, ADAC saw the RMI tissue/muscle rod (alleged density = 1.05) as having a CT number of 1012.

In V7.0 Physics planning, I then created a CT/Density table of these CT #s and the allegedly known densities.

Using the same scan parameters, the CT techs then scanned a

water phantom for me. For this phantom, ADAC indeed sees CT #'s of 1000 (as expected) - but since the table assigns RMI density 1.05 to CT# 1012, ADAC reports this water as having a density of 1.04 g/cc.

I have 2 ROCS boards, both of which yield similar results. Yet my only working hypothesis is that the ROCS board densities are not as advertised.

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##

De:	Metzger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: CT/Density tables in ADAC V7 using ROCS board?
Fecha:	jueves, 11 de noviembre de 2004 11:52:24
Archivos adjuntos:	metzger.vcf

Al Aqualino schrieb:

> Yet my only working hypothesis is that the ROCS board densities are not as advertised.
> Has anyone else seen this? Am I not seeing something properly?
> - Al Aqualino
>
>
>
>

Hallo Al,
Some years ago we bought an electron density phantom (RMI). The density of one rod was definitly wrong.
Martin

>
>##
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>
>
>

De:	Ravi Errabolu
A:	pinnacle-users@explode.unsw.edu.au; metzger@strahlentherapie-coburg.de;
Cc:	
Asunto:	Varian Clinac 4 Data
Fecha:	jueves, 11 de noviembre de 2004 16:52:11
Archivos adjuntos:	

I am in the process of putting Varian Clinac 4 / 80 data in to the Pinnacle.
Unfortunately I am unable to find data like source to flattening filter distance.
Can any one help me to provide me with this data. I would greatly appreciate your help and thank you in advance.

Ravi Errabolu Ph.D.
Medical Physicist
Methodist Medical Center
Peoria IL 61615
309 672 5700

De:	Alain Duval
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varian Clinac 4 Data
Fecha:	jueves, 11 de noviembre de 2004 18:29:05
Archivos adjuntos:	Tete Varian.JPG

---

the Clinac's head with MLC...

Bye
Alain Duval
Physicien

-----Message d'origine-----
De : owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]De la part de Ravi Errabolu
Envoye : jeudi 11 novembre 2004 16:45
A : pinnacle-users@explode.unsw.edu.au; metzger@strahlentherapie-coburg.de
Objet : Varian Clinac 4 Data

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##

De:	Shashi Perera
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	
Fecha:	viernes, 12 de noviembre de 2004 23:10:10
Archivos adjuntos:	

Hello all
Does anyone have names or suggestions of commercial products to build a custom bolus for the nose?
Thanks in advance.
Shashi

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: bolus materials
Fecha:	sábado, 13 de noviembre de 2004 7:02:30
Archivos adjuntos:	

--- Shashi Perera <Shashi.Perera@FinleyHospital.org>
wrote:

> Hello all
> Does anyone have names or suggestions of commercial
> products to build a custom bolus for the nose?
>

Use bee's wax or Whammo's superstuff.

Joe Wong

De:	Ravi Errabolu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varian Clinac 4 Data
Fecha:	lunes, 15 de noviembre de 2004 19:07:49
Archivos adjuntos:	

Thank you for sending me the diagram.
But this is CL2100 series diamgram.
Ravi Errabolu Ph.D.,
Physicist

>>> alain.duval@free.Fr 11/11/04 11:18AM >>>
the Clinac's head with MLC...

Bye
Alain Duval
Physicien

-----Message d'origine-----
De : owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]De la part de Ravi
Errabolu
Envoye : jeudi 11 novembre 2004 16:45
A : pinnacle-users@explode.unsw.edu.au;
metzger@strahlentherapie-coburg.de
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##

De:	ingridmarshall@comcast.net
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Houston pinnacle meeting
Fecha:	lunes, 15 de noviembre de 2004 19:27:11
Archivos adjuntos:	

To all

I went to the Friday and Saturday meeting in Houston. I have to commend Marc Mlyn and his group (Dayna B. , David R., David G., and Freddy) and the MD's from MD Anderson for putting together an excellent meeting. I am really recommending tis meeting to anyone who wants to learn more about IMRT. They discussed in detail all the things we are struggling with on a day to day basis. They went through different scenarios and advised us on how to set different objectives and when to use segment weighted optimization and so on.

I only can congratulate Pinnacle and MD Anderson for providing such an excellent informative meeting.

Ingrid Marshall

MUSC

De:	Cong, Sonya Ph.D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Houston pinnacle meeting
Fecha:	lunes, 15 de noviembre de 2004 19:32:48
Archivos adjuntos:	

Is there another such meeting scheduled in the near future? Thanks.

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** ingridmarshall@comcast.net
> **Sent:** Monday, November 15, 2004 09:51
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Houston pinnacle meeting
>
> To all
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>
> Ingrid Marshall
>
> MUSC

De:	ingridmarshall@comcast.net
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Houston pinnacle meeting
Fecha:	lunes, 15 de noviembre de 2004 19:33:09
Archivos adjuntos:	

I was told that there might be one in March.
Ingrid

---------- Original message ----------
Is there another such meeting scheduled in the near future? Thanks.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** ingridmarshall@comcast.net
Sent: Monday, November 15, 2004 09:51
To: pinnacle-users@explode.unsw.edu.au
Subject: Houston pinnacle meeting

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Ingrid Marshall

MUSC

De:	Sapareto, Steve
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: CT/Density tables in ADAC V7 using ROCS board?
Fecha:	lunes, 15 de noviembre de 2004 19:58:20
Archivos adjuntos:	

John
What were the issues you had with DICOM 4.2d? We also have GE scanners.
Steve

Stephen Sapareto, Ph.D.
Director of Medical Physics
Department of Radiation Oncology
Banner Good Samaritan Medical Center
1111 E McDowell Rd
Phoenix, AZ 85006
(602)239-4500

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Gibbons, John
Sent: Wednesday, November 10, 2004 7:33 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: CT/Density tables in ADAC V7 using ROCS board?

Al,

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Since your CT value for water is 1000 and not 1024, I assume you're running DICOM Image 4.2d. Although unrelated to your issue, we had to uninstall this version, as we discovered that it had other problems associated with our GE CT scanner.

John

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Al Aqualino
Sent: Wednesday, November 10, 2004 8:06 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: CT/Density tables in ADAC V7 using ROCS board?

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This board was scanned, and I imported the data into ADAC V7.0. I contoured the rods on many axial slices, and then used ADAC's ROI spreadsheet to view the average CT number ADAC sees for each rod. For example, ADAC saw the RMI tissue/muscle rod (alleged density = 1.05) as having a CT number of 1012.

In V7.0 Physics planning, I then created a CT/Density table of these CT #s and the allegedly known densities.

Using the same scan parameters, the CT techs then scanned a water phantom for me. For this phantom, ADAC indeed sees CT #'s of 1000 (as expected) - but since the table assigns RMI density 1.05 to CT# 1012, ADAC reports this water as having a density of 1.04 g/cc.

I have 2 ROCS boards, both of which yield similar results. Yet my only working hypothesis is that the ROCS board densities are not as advertised.

Has anyone else seen this? Am I not seeing something properly?

- Al Aqualino

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De:	Vicki Thompson
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: bolus materials
Fecha:	lunes, 15 de noviembre de 2004 22:37:11
Archivos adjuntos:	

Pardon my ignorance, but could I have some more information about "Whammo's Superstuff".? Do you know if it is available in Australia?
Vicki Thompson
----- Original Message -----
From: "Joe Wong" <joewongt@yahoo.com>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Saturday, November 13, 2004 4:55 PM
Subject: Re: bolus materials

>
> --- Shashi Perera <Shashi.Perera@FinleyHospital.org>
> wrote:
>
> > Hello all
> > Does anyone have names or suggestions of commercial
> > products to build a custom bolus for the nose?
> >
>
> Use bee's wax or Whammo's superstuff.
>
> Joe Wong
>
>
>
>
> _____
> Do you Yahoo!?
> Check out the new Yahoo! Front Page.
> www.yahoo.com
>
>
>
>
>

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De:	Kevin Van Tilburg
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re:
Fecha:	lunes, 15 de noviembre de 2004 22:56:37
Archivos adjuntos:	

We use Paraffin Wax that comes in small sheets that you can make pliable in warm water and then mould and build up as desired. Though we are just about to look at a commercial product from WFR Aquaplast corp which is some sort of bonded thermoplastic bolus. Does any of the listers have any experience with this product?

Kevin Van Tilburg

Director - Radiation Therapy
Nepean Cancer Care Centre
PO Box 63
Penrith, 2751
Sydney, NSW, Australia

Ph: 02) 4734 3511
Fax: 02) 4734 3570
Email: vantilk@wahs.nsw.gov.au

>>> Shashi.Perera@FinleyHospital.org 11/13/04 08:59am >>>
Hello all
Does anyone have names or suggestions of commercial products to build a custom bolus for the nose?
Thanks in advance.
Shashi

****

De:	Marisa A Sheehan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: bolus materials
Fecha:	lunes, 15 de noviembre de 2004 23:05:11
Archivos adjuntos:	

---

sold in bulk powdered form by KGF enterprises in Mt. Clemens, Michigan, USA -- mix with water, form with or without mold or 'walls' ; can be loaded in liquid form into large bore syringes and 'shot' into small molds, formed in ziploc bags,etc., fun to play with leftovers (very bouncy). will dry out over time if exposed to air. can be lumpy if not thoroughly mixed, good luck!!

>>> vthompson@radoncvic.com.au 11/15/04 04:33PM >>>
Pardon my ignorance, but could I have some more information about "Whammo's
Superstuff".? Do you know if it is available in Australia?
Vicki Thompson
----- Original Message -----
From: "Joe Wong" <joewongt@yahoo.com>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Saturday, November 13, 2004 4:55 PM
Subject: Re: bolus materials

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> --- Shashi Perera <Shashi.Perera@FinleyHospital.org>
> wrote:
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> > Does anyone have names or suggestions of commercial
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> Use bee's wax or Whammo's superstuff.
>
> Joe Wong
>
>
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> _____
> Do you Yahoo!?
> Check out the new Yahoo! Front Page.
> www.yahoo.com
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##

De:	Dale Campbell
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: bolus materials
Fecha:	lunes, 15 de noviembre de 2004 23:20:03
Archivos adjuntos:	

We use thermoplastic pellets we get from WFR/Aquaplast. They become pliable in hot water and can easily be molded into a putty that can be shaped to the patient. We make a base mold about 1 cm thick with the patient in treatment position. This thickness cools in a reasonable amount of time and is rigid enough to work with later. It will also absorb "Sharpie" marks from the patients skin so you have a reference for the treatment surface area. After the patient leaves we build the bolus to the desired thickness and shape. The patient is CT'd with the bolus in place for planning. Usually we have small gaps between the patient and bolus that we have found can be readily filled with water soluble lubricating gel.

Dale Campbell

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Vicki Thompson
Sent: Monday, November 15, 2004 3:34 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: bolus materials

Pardon my ignorance, but could I have some more information about "Whammo's Superstuff".? Do you know if it is available in Australia?
Vicki Thompson
----- Original Message -----
From: "Joe Wong" <joewongt@yahoo.com>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Saturday, November 13, 2004 4:55 PM
Subject: Re: bolus materials

>
> --- Shashi Perera <Shashi.Perera@FinleyHospital.org>
> wrote:

>
> > Hello all
> > Does anyone have names or suggestions of commercial products to
> > build a custom bolus for the nose?
> >
>
> Use bee's wax or Whammo's superstuff.
>
> Joe Wong
>
>
>
>
> _____
> Do you Yahoo!?
> Check out the new Yahoo! Front Page.
> www.yahoo.com
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##

De:	Gary Hower
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Nose Bolus
Fecha:	martes, 16 de noviembre de 2004 1:58:03
Archivos adjuntos:	

We have used alginate, the material dentists use for dental impressions. It comes in a powder and sets up in a rubbery, water equivalent form. For the nose, we use a small square box as a form, pour in the aglinate slurry, and it sets up in a couple of minutes. It doesn't flow afterward like SuperStuff can. We have the mint scented kind.

De:	Dale Campbell
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Nose Bolus
Fecha:	martes, 16 de noviembre de 2004 3:13:21
Archivos adjuntos:	

The problem here, though, is the alginate material quickly dries out and changes its shape, so unless you can find a way to seal in the water, it cannot be used for more than a day or two. I'm assuming you are making it fresh in the small box mold every day.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Gary Hower
Sent: Monday, November 15, 2004 6:55 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Nose Bolus

We have used alginate, the material dentists use for dental impressions. It comes in a powder and sets up in a rubbery, water equivalent form. For the nose, we use a small square box as a form, pour in the aglinate slurry, and it sets up in a couple of minutes. It doesn't flow afterward like SuperStuff can. We have the mint scented kind.

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account will not be distributed unless that account is also subscribed.
##

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Nose Bolus
Fecha:	martes, 16 de noviembre de 2004 5:50:54
Archivos adjuntos:	

--- Gary Hower <Gary.Hower@overlakehospital.org>
wrote:

> We have used alginate, the material dentists use for
> dental impressions. It comes in a powder and sets up
> in a rubbery, water equivalent form. For the nose,
> we use a small square box as a form, pour in the
> aglinate slurry, and it sets up in a couple of
> minutes. It doesn't flow afterward like SuperStuff
> can. We have the mint scented kind.
>
>
Are there any paper written about this yet? If so,
can you please share the references? Wet gauze is
used too, but nobody did any study on it, at least not
to my knowledge. There had been papers written about
Superstuff and Superflap.

Joe Wong

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##

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Nose Bolus
Fecha:	martes, 16 de noviembre de 2004 5:52:13
Archivos adjuntos:	

--- Gary Hower <Gary.Hower@overlakehospital.org>
wrote:

> We have used alginate, the material dentists use for
> dental impressions. It comes in a powder and sets up
> in a rubbery, water equivalent form. For the nose,
> we use a small square box as a form, pour in the
> aglinate slurry, and it sets up in a couple of
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Joe Wong

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##

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Nose Bolus
Fecha:	martes, 16 de noviembre de 2004 5:54:47
Archivos adjuntos:	

--- Gary Hower <Gary.Hower@overlakehospital.org>
wrote:

> We have used alginate, the material dentists use for
> dental impressions. It comes in a powder and sets up
> in a rubbery, water equivalent form. For the nose,
> we use a small square box as a form, pour in the
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Joe Wong

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##

De:	Graham Freestone
A:	Pinnacle List;
Cc:	
Asunto:	dose points in air
Fecha:	martes, 16 de noviembre de 2004 7:18:37
Archivos adjuntos:	

Dear All,

I'd appreciate some advice on dose point positioning:

We are doing our first few H&N pinnacle 3D cases, where the fields can be pretty small, not allowing a great deal of latitude in positioning the prescription POI, which would normally avoid air, air/tissue interfaces.

Do you allow the prescription points to be in air?

In a recent patient, using the 'roving' dose tool, there does not appear to be a huge difference in the sinus air-dose from nearby tissue.

Feel free to reply off or on-list

TIA

Graham Freestone MSc CSci MIPEM MACPSEM

** please note new phone numbers and email address**

Senior Medical Physicist

Adelaide Radiotherapy Centre,
352 South Terrace,
Adelaide,
SA5000,
Australia.

gfreestone@adradcentre.com.au

Tel: (08) 8228 6751 (direct dial)
Tel: (08) 8228 6700 (switch)
Fax: (08) 8223 6166

mobile: 0413 621 444

De:	WILLIAM BICE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Nose Bolus
Fecha:	martes, 16 de noviembre de 2004 13:38:11
Archivos adjuntos:	

Joe,

You might try Dubois, et al., Moldable tissue equivalent bolus for high-energy photon and electron therapy.
Med Phys. 1996 Sep;23(9):1547-9.

Bill Bice

Joe Wong <joewongt@yahoo.com> wrote:

> --- Gary Hower
> wrote:
>
> > We have used alginate, the material dentists use for
> > dental impressions. It comes in a powder and sets up
> > in a rubbery, water equivalent form. For the nose,
> > we use a small square box as a form, pour in the
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>
> Joe Wong
>
> _____
> Do you Yahoo!?
> Meet the all-new My Yahoo! - Try it today!
> http://my.yahoo.c! om
>
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##

De:	Chris Hawkins
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Nose Bolus
Fecha:	martes, 16 de noviembre de 2004 14:44:07
Archivos adjuntos:	

A caveat on wet gauze.

I once decided to make build-up measurements to verify that the wet gauze we used was adequate. It wasn't.
we ended up using over twice the thickness, and having it a lot wetter than previously.
We switched to superflab for consistency.

^^^^^^^^^^^^^^^^^^^^^^^^^^

Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Hospital
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

>>> joewongt@yahoo.com 11/15/2004 11:41:13 PM >>>

--- Gary Hower <Gary.Hower@overlakehospital.org>
wrote:

> We have used alginate, the material dentists use for
> dental impressions. It comes in a powder and sets up
> in a rubbery, water equivalent form. For the nose,
> we use a small square box as a form, pour in the
> aglinate slurry, and it sets up in a couple of
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used too, but nobody did any study on it, at least not
to my knowledge. There had been papers written about

Superstuff and Superflap.

Joe Wong

_____

De:	Gary Hower
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Bolused Nose Data
Fecha:	martes, 16 de noviembre de 2004 19:50:24
Archivos adjuntos:	

I too found that wet gauze did not have the same water equivalent thickness as Superflab. My alginate measured data is in an old lab book somewhere but I will review the Med Phys article again about other materials.

We put the alginate in a small milk carton or juice box for the outer form. This and some plastic wrap prevents the alginate from drying out so we can use the mold for the entire treatment course.

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: bolus materials
Fecha:	martes, 16 de noviembre de 2004 20:18:47
Archivos adjuntos:	

--- Vicki Thompson <vthompson@radoncvic.com.au> wrote:

> Pardon my ignorance, but could I have some more
> information about "Whammo's
> Superstuff".? Do you know if it is available in
> Australia?
>
Vicki, actually Superstuff is a name brand for PlayDoh
which is in raw form. It comes in a powder form In
ay case, I think the company that used to market it
had sold out to Mattel. I do not know if Mattel still
seels it. In any case, you have seen the other list,
and I have been told by the author of one of the
papers that aginate is the "best of the bunch". You
can get it from any dental supply store.
Good luck.

Joe

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##

De:	ingridmarshall@comcast.net
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: bolus materials
Fecha:	martes, 16 de noviembre de 2004 21:06:03
Archivos adjuntos:	

You might also want to look into WFR's bolus. They have a need website with a video how to make a bolus.
http://www.q-fix.com/custom_bolus_instructional_video.htm
Ingrid

> ---------- Original message ----------
>
> >
> > --- Vicki Thompson wrote:
> >
> > > Pardon my ignorance, but could I have some more
> > > information about "Whammo's
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De:	Robin Miller
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: bolus materials - a cautionary tale
Fecha:	martes, 16 de noviembre de 2004 21:08:00
Archivos adjuntos:	

Beware of actually using PlayDo as bolus material, though, or of using any of the home-made recipes either. Several years ago I did an "experiment": I Ct'd PlayDo, a home-made variation, and some wax while I was checking the integrity of the CT numbers in my TPS. I was very surprised to see the CT number corresponding to PlayDo and the home-made stuff. The home-made stuff has lots of salt which should have been a clue to begin with. The PlayDo was far from tissue equivalent which surprised me. What ever you decide to use, you may want verify its tissue equivalence as well as bolus properties.

R-

~~~~~~~~~~~~~~~~~~~~~~~~~
Robin Miller
Institute for Radiation Therapy
office phone 678.466.1341
fax 770.997.8449
rmiller@rosonline.net
~~~~~~~~~~~~~~~~~~~~~~~~~

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Joe Wong
Sent: Tuesday, November 16, 2004 2:16 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: bolus materials

--- Vicki Thompson <vthompson@radoncvic.com.au> wrote:

> Pardon my ignorance, but could I have some more
> information about "Whammo's
> Superstuff".? Do you know if it is available in
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De: ingridmarshall@comcast.net

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: bolus materials

Fecha: miércoles, 17 de noviembre de 2004 16:13:54

Archivos adjuntos:

I meant "neat". My fingers were faster than my brain.

> ---------- Original message ----------
> You might also want to look into WFR's bolus. They have a need website with a video how to make a bolus.
> http://www.q-fix.com/custom_bolus_instructional_video.htm
> Ingrid
>
> > ---------- Original message ----------
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De:	Cong, Sonya Ph.D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT for lung cancer
Fecha:	jueves, 18 de noviembre de 2004 16:38:35
Archivos adjuntos:	

Dear All, We are getting ready to do our first case on Lung IMRT. I was wondering whether I could get some response on the following questions from those of you who are currently doing IMRT for lung cancer. 1) Are you using any kind of gating system? 2) What kind of margin are you using for your GTV (with or without gating)? 3) Heterogeneity correction used? 4) Objectives for lung, heart and esophagus. In our case, we do not have a gating system. And heterogeneity correction is used for the planning. In this particular case, a 5 mm margin was used for the GTV. Since our physician felt that there was going to be minimum GTV motion due to its location. In general, we are thinking of a much larger margin on the GTV. And our speculation is that IMRT technique, even with increased margin to account for the breathing, would still out perform 3D conformal planning on both the tumor coverage and critical organ sparing. Your thought and experience? Thanks much. Sonya

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle tips and hints
Fecha:	martes, 23 de noviembre de 2004 18:42:59
Archivos adjuntos:	

I posted some Pinnacle "tips and hints" in a thread on www.medphysics.info

Take a look and add your own!

Regards,

Steve T

==========

Stephen K. Thompson, M.S.
Department of Radiation Oncology
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237
thompssk@sutterhealth.org

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMPAC Error with IMRT
Fecha:	miércoles, 24 de noviembre de 2004 19:05:34
Archivos adjuntos:	

Hello,
I got an error which I think I understand but would like to see if there is a work-around.

In treating (well, checking in QA mode) an IMRT H&N plan I get a message from IMPAC to the effect: "unable to execute command SETPATH" The MLC field stays lit up, red, and I can't deliver the field.
The field in question is 14cm wide (symmetric, as it happens) and so the maximal leaf extension is 7.5 cm (the linac is a Varian 6EX w/ MMLC)

I *suspect* that if I shrink the field by 2 mm (and re-convert) it'll work , I'll confirm this tonight, but it SHOULD work at 14.0, don't you agree?

Any particular advice pertinent to this problem? any insight into to this error message?

many TIA

Martin Fraser

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMPAC Error with IMRT
Fecha:	miércoles, 24 de noviembre de 2004 19:17:49
Archivos adjuntos:	

---

14 cm should work. Just make sure that no leaf pairs abut outside the collimator edges. During the conversion, you can set a parameter that defines where abutting leave match. If the field is a little big, we set this to 0, so the leaves match right at the collimator edge.

Greg Gibbs

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Martin Fraser
Sent: Wednesday, November 24, 2004 10:56 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMPAC Error with IMRT

Hello,
I got an error which I think I understand but would like to see if there is a work-around.

In treating (well, checking in QA mode) an IMRT H&N plan I get a message from IMPAC to the effect: "unable to execute command SETPATH" The MLC field stays lit up, red, and I can't deliver the field.
The field in question is 14cm wide (symmetric, as it happens) and so the maximal leaf extension is 7.5 cm (the linac is a Varian 6EX w/ MMLC)

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Any particular advice pertinent to this problem? any insight into to this error message?

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Martin Fraser

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the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMPAC Error with IMRT
Fecha:	miércoles, 24 de noviembre de 2004 19:31:34
Archivos adjuntos:	

HI Greg.

Thanks - that's a goo idea. might save me compromising those field margins a tad.

regards
martin

At 01:14 PM 11/24/2004, you wrote:
>14 cm should work. Just make sure that no leaf pairs abut outside the
>collimator edges. During the conversion, you can set a parameter that
>defines where abutting leave match. If the field is a little big, we
>set this to 0, so the leaves match right at the collimator edge.
>
>Greg Gibbs
>
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Martin
>Fraser
>Sent: Wednesday, November 24, 2004 10:56 AM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: IMPAC Error with IMRT
>
>Hello,
>I got an error which I think I understand but would like to see if there
>is a work-around.
>
>In treating (well, checking in QA mode) an IMRT H&N plan I get a message
>from IMPAC to the effect: "unable to execute command SETPATH" The MLC
>field stays lit up, red, and I can't deliver the field.
>The field in question is 14cm wide (symmetric, as it happens) and so the
>maximal leaf extension is 7.5 cm (the linac is a Varian 6EX w/ MMLC)
>
>I *suspect* that if I shrink the field by 2 mm (and re-convert) it'll
>work , I'll confirm this tonight, but it SHOULD work at 14.0, don't you
>agree?

>
>Any particular advice pertinent to this problem? any insight into to
>this error message?
>
>many TIA
>
>Martin Fraser
>
>
>
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##

De:	Albert.Yan@providence.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMPAC Error with IMRT
Fecha:	miércoles, 24 de noviembre de 2004 19:37:36
Archivos adjuntos:	

We have seen the same error before. The solution is to find the segment that sets off the error and manually move the leaf by 2 mm. Usually it is the leaf on the field edge give rise the error and need to be modified. This will not alter the plan significantly and saves re-convert.

Albert Yan.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Martin Fraser
Sent: Wednesday, November 24, 2004 9:56 AM
To: pinnacle-users@explode.unsw.edu.au
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many TIA

Martin Fraser

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##

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMPAC Error with IMRT
Fecha:	miércoles, 24 de noviembre de 2004 19:44:45
Archivos adjuntos:	

Yes, the carriage width must be carefully considered. The maximum travel for any leaf pair is 14.4 cm. When you convert you can set a parameter called leaf/field edge overlap. If the jaws are x1=7.0 and x2=7.0, then you have to set the leaf/field edge overlap to 0.4 cm or less so that the maximum leaf travel does not exceed 14.4 cm.

Similarly, if your jaw setting is something like x1=8.4 x2=6.0, then the leaf/field edge overlap MUST be 0.0 cm.

You can manually fix it by adjusting the leafs in each segment for that beam as the others have pointed out. It is tedious but I have done it!

==========
Stephen K. Thompson, M.S.
Department of Radiation Oncology
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Greg Gibbs
Sent: Wednesday, November 24, 2004 10:15 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMPAC Error with IMRT

14 cm should work. Just make sure that no leaf pairs abut outside the collimator edges. During the conversion, you can set a parameter that defines where abutting leave match. If the field is a little big, we set this to 0, so the leaves match right at the collimator edge.

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Martin Fraser

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De:	Dr. Hui Li
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMPAC Error with IMRT
Fecha:	miércoles, 24 de noviembre de 2004 20:30:06
Archivos adjuntos:	

Hi Albert,

How is everything? What is Mindy up to these days? Is Sahara in kindergarten already and Betty in high school? Things have changed a lot here. Sue left dosimetry to do billing. A new dosimetrist will start next week. Everyone that you know in front office quit. The department got a new manager last year. Carlie left too. Three therapists are having babies. Two new physicians started this past summer. I feel like an old timer now just like Carolyn. She is still here and still threatens us with her retirement. Please say Hi to your family. Have a great holiday!

Hui

-----Original Message-----
From: Albert.Yan@providence.org [mailto:Albert.Yan@providence.org]
Sent: Wednesday, November 24, 2004 12:32 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMPAC Error with IMRT

We have seen the same error before. The solution is to find the segment that sets off the error and manually move the leaf by 2 mm. Usually it is the leaf on the field edge give rise the error and need to be modified. This will not alter the plan significantly and saves re-convert.

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##

De:	Dr. Hui Li
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMPAC Error with IMRT
Fecha:	miércoles, 24 de noviembre de 2004 21:06:32
Archivos adjuntos:	

Sorry to the list about my last email. I meant to reply to Albert only.

Hui Li, PhD
Senior Medical Physicist
Hall Radiation Center
Mercy Medical Center
Cedar Rapids, Iowa

319-398-6705

-----Original Message-----
From: Albert.Yan@providence.org [mailto:Albert.Yan@providence.org]
Sent: Wednesday, November 24, 2004 12:32 PM
To: pinnacle-users@explode.unsw.edu.au
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De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	number of beam models per photon energy
Fecha:	miércoles, 24 de noviembre de 2004 22:49:53
Archivos adjuntos:	

Hello all,

Given a single photon beam energy, I am curious to know how many of you who have commissioned an _open beam_ energy have done so using more than one source model. If so, how many sources/field sizes per photon energy?

Please respond to me individually at the below e-mail address. If there is larger interest, I will publish my findings on the user list.

Thanks in advance,

Parminder S. Basran
pbasran@yahoo.com

=====
-
Parminder
pbasran@yahoo.com

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##

De:	WILLIAM BICE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: number of beam models per photon energy
Fecha:	jueves, 25 de noviembre de 2004 4:41:47
Archivos adjuntos:	

---

open plus one for each wedge.

Bill Bice

"Parminder S. Basran" <pbasran@yahoo.com> wrote:

> Hello all,
>
> Given a single photon beam energy, I am curious to
> know how many of you who have commissioned an _open
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> model. If so, how many sources/field sizes per photon
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> Thanks in advance,
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> Parminder S. Basran
> pbasran@yahoo.com
>
> =====
> -
> Parminder
> pbasran@yahoo.com
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De:	Graham Freestone
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: number of beam models per photon energy
Fecha:	jueves, 25 de noviembre de 2004 4:58:49
Archivos adjuntos:	

Parminder,

We have three models for the open field (5,20,40cm), and 2 per hard wedge (5,27cm)

Regards

Graham Freestone MSc CSci MIPEM MACPSEM

** please note new phone numbers and email address**

Senior Medical Physicist

Adelaide Radiotherapy Centre,
352 South Terrace,
Adelaide,
SA5000,
Australia.

gfreestone@adradcentre.com.au

Tel: (08) 8228 6751 (direct dial)
Tel: (08) 8228 6700 (switch)
Fax: (08) 8223 6166

mobile: 0413 621 444

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle tips and hints
Fecha:	sábado, 27 de noviembre de 2004 3:20:34
Archivos adjuntos:	

Steve

I wasn't familiar with the medphysics web site, looks good.

I managed to get in touch with my friends who live in Modesto. It turns out Lori works at Memorial Medical Center, so I will almost certainly be coming on Tues afternoon. I will still check the course to see when I can get off and call Monday. Is (209) 572-7237 the best number to get you on?

Bye for now

Nick

At 09:31 AM 23/11/2004 -0800, you wrote:

> I posted some Pinnacle "tips and hints" in a thread on www.medphysics.info
>
> Take a look and add your own!
>
> Regards,
>
> Steve T

==========
Stephen K. Thompson, M.S.
Department of Radiation Oncology
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237
thompssk@sutterhealth.org

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: number of beam models per photon energy
Fecha:	lunes, 29 de noviembre de 2004 19:09:19
Archivos adjuntos:	

Sometimes, depending on how well or how picky you are
in modelling, you can even split the open to a small
field plus the larger fields.

Joe Wong

--- WILLIAM BICE <bice@prodigy.net> wrote:

> open plus one for each wedge.
>
> Bill Bice
>
> "Parminder S. Basran" <pbasran@yahoo.com> wrote:
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Read only the mail you want - Yahoo! Mail SpamGuard.
http://promotions.yahoo.com/new_mail

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De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: number of beam models per photon energy
Fecha:	martes, 30 de noviembre de 2004 1:08:18
Archivos adjuntos:	

It's been a few years since I attended the Pinnacle Physics Course, which primarily covered beam modeling. At that time, they recommended using one model for all open field sizes and one model for each wedge-all field sizes. The instructor said this would generally produce good agreement if the proper beam modeling procedure was used and if the scan data was accurate and complete. This is what we have followed at our clinic with relatively good results.

Joe Herrick
Radiation Oncology Associates
Reno, NV

>From: Joe Wong <joewongt@yahoo.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Re: number of beam models per photon energy
>Date: Mon, 29 Nov 2004 09:57:18 -0800 (PST)
>
>Sometimes, depending on how well or how picky you are
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>Joe Wong
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De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: number of beam models per photon energy
Fecha:	martes, 30 de noviembre de 2004 2:19:35
Archivos adjuntos:	

It is pretty obvious that you can always get a better looking curve by increasing the number of available model parameters. But even when introducing another model, I would expect that only a few parameters would change and the rest would remain constant.

I have received several comments from users discussing the use of single to multiple models per single photon energy of a photon beam. This leads me to think that the physical characteristics of these beams have attributes such that the model parameters may -in some instances- be insufficient to describe the open beam phase space.

Has anyone noticed trends in specific machines (ex: different flavours of Varian, Siemens, etc) that -due to the physical attributes of these machines- necessitate the use of multiple models? Or, is Pinnacle really that good at achieving a sufficient set of model parameters for an arbitrary linac?

=====
-
Parminder
pbasran@yahoo.com

_____

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A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: number of beam models per photon energy
Fecha:	martes, 30 de noviembre de 2004 5:25:24
Archivos adjuntos:	

>
> I have received several comments from users
> discussing
> the use of single to multiple models per single
> photon
> energy of a photon beam.

What is good for the goose may not necessarily be good for the gander. It all depends on what you defined as sufficiently adequate for your machine. I have modelled so many machines that I do not want to bother to keep track of the numbers. In most instances, one model for open plus one each for the wedges was sufficient. However, I have one machine when no matter how I model, I could not get a model I was comfortable with, especially in the smaller field size. Hence, after much discussion with the Pinnacle3 physics people, I split off that open beam into two and the result was much more pallatable. I cannot remember what that machine in particular was, but I believe it was an old Siemens 6700.
Let's not use our own experience to try to tell others that what one did was the correct one, there are always exceptions.

Joe Wong

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Exceptional
Fecha:	martes, 30 de noviembre de 2004 5:41:48
Archivos adjuntos:	

"... Let's not use our own experience to try to tell others that what one did was the correct one, there are always exceptions."

> And Joe, you are definitely exceptional.

De:	Graham Freestone
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	number of beam models per photon energy
Fecha:	martes, 30 de noviembre de 2004 6:15:48
Archivos adjuntos:	

Dear Parminder,

We have Siemens linacs here, and had a lot of problems getting a satisfactory result.

(I had previously modelled a Varian 600C, and a 2100CD fairly easily straight after doing the ADAC physics course).

The Philips people generally recommend that you have one (all field size) model for open fields, and one (all field size) model for each hard wedge, per energy.

This is good advice!

Keep with this if you can, i.e. the only parameters changing with field size are C1,2,3 for the electron contamination, which is incorporated into the all field size model parameter set.
Once you have multiple field size models, you run into problems with elongated fields and asymmetric fields, as P3 calcs the equivalent square, then uses that to select the model it uses (it interpolates parameters). If you need to split the models to allow parameters other than C1,2,3 to change this is what causes the problems.

I did a bit of beta testing with v7.4, and as a first cut, the arbitrary profile editor looks like it will solve this problem.

One problem we have not been able to address is that for hard wedges, we get a very low tail on the heel side of the wedges.....

Regards

Graham Freestone MSc CSci MIPEM MACPSEM

** please note new phone numbers and email address**

Senior Medical Physicist

Adelaide Radiotherapy Centre,
352 South Terrace,
Adelaide,
SA5000,
Australia.

gfreestone@adradcentre.com.au

Tel: (08) 8228 6751 (direct dial)
Tel: (08) 8228 6700 (switch)
Fax: (08) 8223 6166
mobile: 0413 621 444

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Ram and monitors
Fecha:	martes, 30 de noviembre de 2004 12:13:49
Archivos adjuntos:	

Dear all,

We have recently board sun fire V250 workstations (which have not been delivered yet) to replace our Ultra5 and 10 computers. If we wanted additional ram we have agreed to bye this at our local sun representative but let Philips do the installation. We have also agreed that we should deliver the monitors.

I currently have two questions which I have forwarded to Philips, but they can not return on these issues before next week. Thus I would like to hear if someone has some preliminary information.

1) Are the ram in the computers separate for the two processors or is it a common ram storage area. The machines are in the standard configuration delivered with 2 GB. I assume that this is the total amount of storage and not per processor. Is this correct? Or to state the question differently: If I want to upgrade to 4 GB I do not need to bye 2GB RAM per processor but 2 GB in total. I have all the time assumed that it is a common ram storage unit, but the local sun representative made me in doubt.

2) What type of monitor plugs are the computers delivered with in the standard configuration. Is it still the old sun standard or have they changed to standard VGA plugs.

All the best,

Carsten

==========

Ph.D.
Carsten Brink
Radiofysisk laboratorium / Laboratory of radiation physics

Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 19
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: number of beam models per photon energy
Fecha:	martes, 30 de noviembre de 2004 17:15:50
Archivos adjuntos:	

Generally, for Varian 21EX machines, my experience was the differences in
models between field sizes were minor and predictable. I only tweaked 5 parameters
with changes in field size, the others remained constant. As field size increased,
1) beams got softer (high end spectral components decreased)
2) EC surface dose increased
3) depth coefficient could increase or decrease
Note: 2) and 3) had to be adjusted as a unit
4) fluence increase/cm increased
5) jaw transmission increased
All changes were very small, but gave much better fits.

It turns out that the modeling is much better with v. 7.4. Only one open field model
and one model per wedge is necessary.

E. Joseph (Joe) Grant, M.S., D.A.B.R.
Medical Physicist
C.A.R.T.I.-P.O. Box 55050
Little Rock, AR 72215
(501)296-3269

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Parminder S. Basran
Sent: Monday, November 29, 2004 7:16 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: number of beam models per photon energy

It is pretty obvious that you can always get a better
looking curve by increasing the number of available

model parameters. But even when introducing another model, I would expect that only a few parameters would change and the rest would remain constant.

I have received several comments from users discussing the use of single to multiple models per single photon energy of a photon beam. This leads me to think that the physical characteristics of these beams have attributes such that the model parameters may -in some instances- be insufficient to describe the open beam phase space.

Has anyone noticed trends in specific machines (ex: different flavours of Varian, Siemens, etc) that -due to the physical attributes of these machines- necessitate the use of multiple models? Or, is Pinnacle really that good at achieving a sufficient set of model parameters for an arbitrary linac?

=====
-
Parminder
pbasran@yahoo.com

the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: number of beam models per photon energy
Fecha:	martes, 30 de noviembre de 2004 18:46:41
Archivos adjuntos:	

I thought the whole point of forums like this is to hear what is "good for the goose"?

>From: Joe Wong <joewongt@yahoo.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Re: number of beam models per photon energy
>Date: Mon, 29 Nov 2004 20:21:11 -0800 (PST)
>
> >
> > I have received several comments from users
> > discussing
> > the use of single to multiple models per single
> > photon
> > energy of a photon beam.
>
>What is good for the goose may not necessarily be good
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>to keep track of the numbers. In most instances, one
>model for open plus one each for the wedges was
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>matter how I model, I could not get a model I was
>comfortable with, especially in the smaller field
>size. Hence, after much discussion with the Pinnacle3
>physics people, I split off that open beam into two
>and the result was much more pallatable. I cannot
>remember what that machine in particular was, but I
>believe it was an old Siemens 6700.
>Let's not use our own experience to try to tell others
>that what one did was the correct one, there are
>always exceptions.
>
>Joe Wong
>

>
>
>
>
>_____
>Do you Yahoo!?
>Yahoo! Mail - You care about security. So do we.
>http://promotions.yahoo.com/new_mail
>
>
>###
>To unsubscribe (yourself or other account) from the pinnacle-users mailing
>list, send the message
>unsubscribe pinnacle-users <e-mail address>
>to majordomo@explode.unsw.edu.au.
>
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###

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: number of beam models per photon energy
Fecha:	miércoles, 01 de diciembre de 2004 1:37:46
Archivos adjuntos:	

--- Joe Herrick <herrick_js@hotmail.com> wrote:

> I thought the whole point of forums like this is to
> hear what is "good for
> the goose"?
>
>
The whole point of this forum is to SHARE each others experience. In any case, we are learning from each other now.

Joe Wong

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Exceptional
Fecha:	miércoles, 01 de diciembre de 2004 3:25:13
Archivos adjuntos:	

>
> > And Joe, you are definitely exceptional.
>
>
Yes, Scott, like everybody else, I KNOW I AM.

Joe

_____
Do you Yahoo!?
Yahoo! Mail - Helps protect you from nasty viruses.
http://promotions.yahoo.com/new_mail

De:	forest.gary@marshfieldclinic.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Ram and monitors
Fecha:	viernes, 03 de diciembre de 2004 19:48:43
Archivos adjuntos:	

*** Comments by Forest, Gary Fri Dec 03, 2004 -- 12:37:55 PM
When we configured our machines for upgrade I had the same question as you did regarding the memory, I had found Sun documentation indicating there were seperate memory banks for each processor and they should be upgraded in pairs across the processors, thus we tried to order memory upgrades in that manner.

When the installer came to do our upgrade I noticed he was putting the additional memory we ordered all into one memory bank. I had a bit of a discussion with him, looked at the Sun documentation, looked at how the machine comes from the factory without any upgrade, looked at the side panel of the SunFire machine which documents how memory should be installed, etc...

It seems to run regardless of how the memory is put into the machine. While the side panel of the machine (which needs removal to insert the memory) clearly states on it that the memory should be installed in a given manner, when the machine is shipped from the Pinnacle factory the memory is not installed in that manner and is installed all on one processor. The installer (who I am assuming is relying on information from the factory) is told to fill the memory bank that is paritally full before moving to the other bank.

Note that while I am saying that it seems to run regardless of how the memory is put into the machine I am not saying that it is necessarily running optimal. Just because my car will run on 87 octane gas while the owner's manual asks for 92 doesn't mean that the vehicle is running in an optimal condition. I asked the installer to reconfigure the memory sticks to how the manuals describe and he did as I asked after making sure it worked in the factory configuration. I did not do any tests to check machine performance between these changes, but am glad the installer responded to my request.

As for the video plug, the video card on the computer has both a HD-15 (standard VGA) and the white rectangular digital video plug (that I cannot remember the name of.) An adapter comes with to convert the hd-13 to the 13-w3 old style connector if you need to connect to an older sun montior.

We updated to the new phillips 20" lcd screens. They are very nice to look at and take minimal desk space. The only disadvantage is their native resolution is not the 1280x1024 that pinnacle runs and since by default they are connected analog through the HD-15 jack, they do not always properly sync to the correct screen size. In other words sometimes when the monitor comes on from the sleep state part of your screen is not shown and you need to manually power it off and back on. I believe that if pinnacle would either connect to the

digital jack, or increase the video card resolution to the native screen resolution this would not be a problem.

Hope this helps and answers yours and other peoples questions regarding this.

Gary Forest
Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

*** Original message by "Carsten Brink" <carsten.brink@ouh.fyns-amt.dk>
Dear all,

We have recently board sun fire V250 workstations (which have not been delivered yet) to replace our Ultra5 and 10 computers. If we wanted additional ram we have agreed to bye this at our local sun representative but let Philips do the installation. We have also agreed that we should deliver the monitors.

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All the best,

Carsten

==========

Ph.D.
Carsten Brink
Radiofysisk laboratorium / Laboratory of radiation physics
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DK-5000 Odense C
Denmark

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##

De:	Lars Ewell
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Lars Ewell;
Asunto:	Beam Modelling for an Elekta Sli
Fecha:	sábado, 04 de diciembre de 2004 1:15:09
Archivos adjuntos:	

To Whom it May Concern,

We recently purchased Pinnacle for our Elekta therapy machine here.

We availed ourselves of the service by which Phillips will do external beam modeling after scanning data has been sent back to them.

We are generally happy with the results, and most of the different modelled beam sizes and energies meet the Van Dyke criteria. However, we noticed that for a 1x1cm field, the modelled depth dose curve is substantially different from actual data in both 6 and 15MV energies, and does not meet the Van Dyke criteria.

We communicated this back to Phillips, and they replied that this lack of a match is a 'known issue' and they are working on it.

Since IMRT fields frequently use a field size of 1x1cm, we are concerned that perhaps this beam model may not work so well for IMRT.

Have any other Elekta users experienced this same problem? If so, any resolutions?

What about for machines other than Elektas?

Posts and email welcome.

Thanks in advance.

regards,

Lars Ewell

Lars Ewell
Assistant Professor
Department of Radiation Oncology
University of Arizona School of Medicine
PO Box 245081
Tucson, AZ 85724-5081

Phone: (520)626-5769
Fax: (520)626-9328
email: lewell@email.arizona.edu

De: Butson, Martin

A: "pinnacle-users@explode.unsw.edu.au";

Cc:

Asunto: modelling enhanced dynamic wedge for varian

Fecha: lunes, 06 de diciembre de 2004 4:40:44

Archivos adjuntos:

Dear All,

just in the process of beginning to model EDW for a varian 2100C at 6MV and 10MV. Any tips or tricks from the experts to help speed up the process. Is it similar to normal wedges?

All the best

Martin Butson
CAncer CAre Centre
Wollongong
Australia

De:	John Sage
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Beam Modelling for an Elekta Sli
Fecha:	lunes, 06 de diciembre de 2004 11:35:06
Archivos adjuntos:	

Hi Lars,

We did some small field modelling for our mini mlc radiosurgery on our Elekta at 6MV. We also found the results were less good at 1cm square but fine at 2cm square. We did find the grid size made a huge difference and therefore only plan these with a 2mm grid. Even with a 2mm grid we found errors in PDD > 2% at around 3cm deep and at depths > 15cm Penumbra modelling was good but only with the 2mm grid. Even so we allow ourselves to use an occasional beam this size because the error will be diluted by other larger beams. Also radiosurgery dosimetry tolerances are wider. For IMRT I would have thought you could allow yourself a wider tolerance on the 1cm field on the grounds that not all segments will be this size so the error will be somewhat diluted.

Of course the differences we found may be because it is so hard to measure the data at this field size. We used a diamond detector and before acquiring the PDD we took inplane and crossplane profiles at Dmax and 20 cm deep to ensure we were running down the CAX.

Hope this all helps
John

-----Original Message-----
From: Lars Ewell [mailto:lewell@email.arizona.edu]
Sent: 04 December 2004 00:09
To: pinnacle-users@explode.unsw.edu.au
Cc: Lars Ewell
Subject: Beam Modelling for an Elekta Sli

To Whom it May Concern,

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We availed ourselves of the service by which Phillips will do external beam modeling after scanning data has been sent back to them.

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Lars Ewell

Lars Ewell
Assistant Professor
Department of Radiation Oncology
University of Arizona School of Medicine
PO Box 245081
Tucson, AZ 85724-5081

Phone: (520)626-5769
Fax: (520)626-9328
email: lewell@email.arizona.edu <mailto:lewell@email.arizona.edu>

De:	John Sage
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: modelling enhanced dynamic wedge for varian
Fecha:	lunes, 06 de diciembre de 2004 11:35:41
Archivos adjuntos:	

Hi Martin,

Not a lot in it. You have your open field model. Pinnacle has the STT table and computes the result. You do no tweaking at all. It just works! The hardest part is acquiring the data to verify the result. We used a diode array.

John.

-----Original Message-----
From: Butson, Martin [mailto:ButsonM@iahs.nsw.gov.au]
Sent: 06 December 2004 03:26
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: modelling enhanced dynamic wedge for varian

Dear All,

just in the process of beginning to model EDW for a varian 2100C at 6MV and 10MV. Any tips or tricks from the experts to help speed up the process. Is it similar to normal wedges?

All the best

Martin Butson
CAncer CAre Centre
Wollongong
Australia

those of the individual sender, except where the sender is specifically authorised by the Illawarra Health.

De:	Karen Breitman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: modelling enhanced dynamic wedge for varian
Fecha:	lunes, 06 de diciembre de 2004 17:33:36
Archivos adjuntos:	

There is also a Transmission Factor in the Edit Wedge area specific for
EDW. This can be tweaked to adjust the slope of the profile.
Karen

John Sage wrote:

> Hi Martin,
>
> Not a lot in it. You have your open field model. Pinnacle has the STT table
> and computes the result. You do no tweaking at all. It just works! The
> hardest part is acquiring the data to verify the result. We used a diode
> array.
>
> John.
>
> -----Original Message-----
> From: Butson, Martin [mailto:ButsonM@iahs.nsw.gov.au]
> Sent: 06 December 2004 03:26
> To: 'pinnacle-users@explode.unsw.edu.au'
> Subject: modelling enhanced dynamic wedge for varian
>
>
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> it similar to normal wedges?
>
> All the best
>
> Martin Butson
> CAncer CAre Centre
> Wollongong
> Australia

>
--
Karen E. Breitman
Senior Medical Physicist
Medical Physics Dept.
Tom Baker Cancer Center
1331 29th St. N.W.
Calgary, Alberta
Canada T2N 4N2
Tel (403) 944-1790
Fax 944-2327
PGR 212-8223 #0129

De:	Geoghegan, Sean
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Beam Modelling for an Elekta Sli
Fecha:	martes, 07 de diciembre de 2004 1:34:56
Archivos adjuntos:	

Lars,

we have a similar problem here with our Pinnacle models for our Elekta SLi MLC machines. We stipulate to our planners that no field below 2x2 is allowed and no MLC shape can be planned with more than 2 cm bewteen any adjacent leaf (except within 2 cm of the field edge). We are not going to IMRT with Elekta/Pinnacle until this issue is resolved. It may be known, but it is not well publicised.

Sean
Sean Geoghegan, PhD MACPSEM MAIP
Senior Medical Physicist
Medical Engineering and Physics
Royal Perth Hospital
Perth WA 6000 AUSTRALIA
e: sean.geoghegan@health.wa.gov.au
t: +61 8 9224 7015 h: +61 8 9224 2244
f: +61 8 9224 1138 m: +61 437 056 932
Replace the +61 by a 0 if calling from within Australia

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Lars Ewell
Sent: Saturday, 4 December 2004 08:09
To: pinnacle-users@explode.unsw.edu.au
Cc: Lars Ewell
Subject: Beam Modelling for an Elekta Sli

To Whom it May Concern,

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Have any other Elekta users experienced this same problem? If so, any resolutions?

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Posts and email welcome.

Thanks in advance.

regards,

Lars Ewell

Lars Ewell
Assistant Professor
Department of Radiation Oncology
University of Arizona School of Medicine
PO Box 245081
Tucson, AZ 85724-5081

Phone: (520)626-5769
Fax: (520)626-9328

email: lewell@email.arizona.edu

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Archive to CD-R
Fecha:	martes, 07 de diciembre de 2004 19:01:11
Archivos adjuntos:	

Have any users managed to archive to CD from their Blade workstations?

I'd heard once that 7.4 would support CD-R but now that I have it I learn that yes, indeed, it does support CD-R - but only for the new platform! My now ancient Blade2000 workstations are sadly obsolete ;(

stated: "Phillips is moving ahead" (actual quote from well meaning service center person)
unstated " and leaving all past users behind..." (my response)

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Error log for archives?
Fecha:	martes, 07 de diciembre de 2004 19:08:45
Archivos adjuntos:	

Is there an error log for the Philips archive? We had an offending patient file that was causing the archive to error out. We had to spend a looooonng time figuring out which one it was...

==========

Stephen K. Thompson, M.S.
Department of Radiation Oncology
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237
thompssk@sutterhealth.org

De:	Ohm, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Archive to CD-R
Fecha:	martes, 07 de diciembre de 2004 19:51:54
Archivos adjuntos:	

What I heard from the message:

"... but now that I have it ..."

Does this mean that 7.4 is shipping?

Thanks,
Mike

^^
^^^^^^^
Have any users managed to archive to CD from their Blade workstations?

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learn that yes, indeed, it does support CD-R - but only for the new
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stated: "Phillips is moving ahead" (actual quote from well meaning
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account will not be distributed unless that account is also subscribed.
##

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Solaris 10
Fecha:	miércoles, 08 de diciembre de 2004 13:20:30
Archivos adjuntos:	

Dear all,

Are there anyone how have experience with Pinnacle together with the Solaris 10 operating system. I am going to get new V250 machines within the next month. Thus this might be a good opportunity to upgrade to Solaris 10. Furthermore it seems that the Solaris 10 system is free of charge.

All the best,

Carsten

==========
Ph.D.
Carsten Brink
Radiofysisk laboratorium / Laboratory of radiation physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 19
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	monitors (was RAM and monitors)
Fecha:	miércoles, 08 de diciembre de 2004 18:11:08
Archivos adjuntos:	

Listers,

We have settled on NEC 1960NXi LCD flat panels for about $700 or less that run at native 1280x1024 pixel dimension. We connect it to the XGA HD-15 D-sub connector as for the CRT displays.

The reasoning behind this is because the viewing windows in Pinnacle draw scales, etc., under the assumption of a 5x4 aspect ratio in the display, not 4x3, which other screen resolutions like 1600x1200 run. I think this must be hard coded.

If you purchase a display capable of 1600x1200 and the Blade output is the factory 1280x1024 value, and stretch the display to fill the flat panel, you will loose scaling in one direction. This can be viewed by measuring the yellow rulers drawn in say a 2D transverse viewing window. They will be different. It's not much, but noticeable.

Running the Blade video output at 1600x1200 still produced the same scaling issues.

Running a big flat panel in native pixel resolution mode, following the 1280x1024 the video card puts out, leads to horizontal edges of the display not being filled. The tradeoff is a waste of flat panel area, but the scaling in both directions is then preserved.

I guess there are some points:

1. Purchasing the Philips Brilliance flat panels that can run 1600x1200 show this effect and apparently Philips is OK with it. I had let them know.

2. You can save cash by purchasing the 19 inch versus 20 or 21 inch flat panel displays.

3. The screen real estate for a 19 inch LCD flat panel is the same as for a 20 inch CRT, because CRT manufacturers quote structural tube size,

not viewable. There is about 1/2 inch margins for frame, etc.

Oh yeah, one last thing: Setting vertical refresh from 75 Hz to 60 Hz produced better LCD image quality. Like setting screen resolution, an endeavor to be done carefully.

Sean Frigo

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	7.4 is shipping
Fecha:	miércoles, 08 de diciembre de 2004 19:52:41
Archivos adjuntos:	

My trustworthy sources say that Pinnacle ver. 7.4 is shipping.

And to think that the news this morning spoke of an unprecedented cold snap in hell...came close to freezing over!

Sean Frigo

PS Pinnacle people please take above with dose of intended humor. I was too busy to deal with the upgrade until now anyhow.

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: 7.4 is shipping
Fecha:	miércoles, 08 de diciembre de 2004 20:44:18
Archivos adjuntos:	

Received 7.4 today.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	clarification: monitors
Fecha:	miércoles, 08 de diciembre de 2004 21:26:20
Archivos adjuntos:	

Listers,

I was trying to do the post from memory. Always bad idea.

The best way to determine equal scaling in both horizontal and vertical is to look at a BEV DRR where scales in both directions are drawn at the same time.

Sean

De:	St. George, Franz
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	SRS w/ Pinnacle P3IMRT?
Fecha:	jueves, 09 de diciembre de 2004 20:39:29
Archivos adjuntos:	St. George, Franz.vcf

We are considering establishing an SRS service for our neurosurgeons. I am posting this to the list to determine if anyone is using or is considering using Pinnacle P3IMRT to plan IMRT treatments of cranial lesions using either 120 leaf mlc or a docked micro-mlc system?

Another issue: We are also considering the use of a frameless head fixation system with the use of the Zmed optical positioning system.

Any thoughts, opinions, suggestions, warnings, etc.?

Franz St. George, Ph.D.
Medical Physicist
Willamette Valley Cancer Center
520 Country Club Rd.
Eugene, OR 97401

De:	Luse, Ray W.
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: SRS w/ Pinnacle P3IMRT?
Fecha:	jueves, 09 de diciembre de 2004 22:57:25
Archivos adjuntos:	

Franz

We use Pinnacle for SRS with the Northwest Medical Equipment Hardware (Med Tec).
Cone data was measured, modeled and commissioned on a dedication Machine within Pinnacle.
We use the 3 intra-cranial gold markers for localization.
Currently we digitize orthogonal films but will upgrade to CR system/software.
We do SRS single fraction or SRT multiple fractions and have been pleased overall.
We immobilize with S-head frame.
It seems to lock 'em down pretty snug.

Ray

-----Original Message-----
From: St. George, Franz [mailto:Franz.St.George@USONCOLOGY.COM]
Sent: Thursday, December 09, 2004 11:31 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: SRS w/ Pinnacle P3IMRT?

We are considering establishing an SRS service for our neurosurgeons. I am posting this to the list to determine if anyone is using or is considering using Pinnacle P3IMRT to plan IMRT treatments of cranial lesions using either 120 leaf mlc or a docked micro-mlc system?

Another issue: We are also considering the use of a frameless head fixation system with the use of the Zmed optical positioning system.

Any thoughts, opinions, suggestions, warnings, etc.?

Franz St. George, Ph.D.
Medical Physicist
Willamette Valley Cancer Center

520 Country Club Rd.
Eugene, OR 97401

De:	Luse, Ray W.
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: SRS w/ Pinnacle P3IMRT?
Fecha:	jueves, 09 de diciembre de 2004 22:59:24
Archivos adjuntos:	

Opps

should have said

Ray Luse
Sacred Heart Med Center
Spokane, WA

-----Original Message-----
From: Luse, Ray W.
Sent: Thursday, December 09, 2004 1:53 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: SRS w/ Pinnacle P3IMRT?

Franz

We use Pinnacle for SRS with the Northwest Medical Equipment Hardware (Med Tec).
Cone data was measured, modeled and commissioned on a dedication Machine within Pinnacle.
We use the 3 intra-cranial gold markers for localization.
Currently we digitize orthogonal films but will upgrade to CR system/software.
We do SRS single fraction or SRT multiple fractions and have been pleased overall.
We immobilize with S-head frame.
It seems to lock 'em down pretty snug.

Ray

-----Original Message-----
From: St. George, Franz [mailto:Franz.St.George@USONCOLOGY.COM]
Sent: Thursday, December 09, 2004 11:31 AM
To: pinnacle-users@explode.unsw.edu.au

Subject: SRS w/ Pinnacle P3IMRT?

We are considering establishing an SRS service for our neurosurgeons. I am posting this to the list to determine if anyone is using or is considering using Pinnacle P3IMRT to plan IMRT treatments of cranial lesions using either 120 leaf mlc or a docked micro-mlc system?

Another issue: We are also considering the use of a frameless head fixation system with the use of the Zmed optical positioning system.

Any thoughts, opinions, suggestions, warnings, etc.?

Franz St. George, Ph.D.
Medical Physicist
Willamette Valley Cancer Center
520 Country Club Rd.
Eugene, OR 97401

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: SRS w/ Pinnacle P3IMRT?
Fecha:	jueves, 09 de diciembre de 2004 23:16:00
Archivos adjuntos:	

We use Pinnacle to plan minimlc SRS treatments, using an MRC mini multileaf. Extensive use of scripting is used. We use Zmed to define our stereotactic space. We love it. Franz - give me a call any time.

Greg Gibbs pager 719.389.2898 glgibbs@qwest.net
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of St. George, Franz
Sent: Thursday, December 09, 2004 12:31 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: SRS w/ Pinnacle P3IMRT?

We are considering establishing an SRS service for our neurosurgeons. I am
posting this to the list to determine if anyone is using or is considering
using Pinnacle P3IMRT to plan IMRT treatments of cranial lesions using either 120 leaf mlc or a docked micro-mlc system?

Another issue: We are also considering the use of a frameless head fixation
system with the use of the Zmed optical positioning system.

Any thoughts, opinions, suggestions, warnings, etc.?

Franz St. George, Ph.D.
Medical Physicist
Willamette Valley Cancer Center
520 Country Club Rd.
Eugene, OR 97401

De:	Cheryl.Dozler@providence.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Archive to CD-R
Fecha:	jueves, 09 de diciembre de 2004 23:27:10
Archivos adjuntos:	

I Have been archiving to CD by using an FTP program. Save it to a file and transfer to a computer with CDR.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Martin Fraser
Sent: Tuesday, December 07, 2004 9:53 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Archive to CD-R

Have any users managed to archive to CD from their Blade workstations?

I'd heard once that 7.4 would support CD-R but now that I have it I learn that yes, indeed, it does support CD-R - but only for the new platform! My now ancient Blade2000 workstations are sadly obsolete ;(

stated: "Phillips is moving ahead" (actual quote from well meaning service center person)
unstated " and leaving all past users behind..." (my response)

De:	John Sage
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: SRS w/ Pinnacle P3IMRT?
Fecha:	viernes, 10 de diciembre de 2004 10:49:38
Archivos adjuntos:	

We use Pinnacle with the MRC mini MLC (2.5mm @ iso) and a Leibinger frame. We do not do IMRT since the mini MLC is not yet integrated with our linac or R+V. However with nine non-coplanar beams it is incredible what 3D conformation you do get and I doubt a conventional coplanar IMRT would do much better. As discussed recently Pinnacle does not do so well with very small fields (~1.5cm and less). Also we find the stereotactic localisation a little tricky. Generally where you have a fiducial in a CT slice Pinnacle tends to place a point on the 'top' of the marker, rather than in the middle. If you accept the automatic fiducial detection this will result in a systematic error close to 1mm in the AP direction. We always manually correct the fiducials. This is laborious but at least you only have to do it on the isocentre slice. Pinnacle only uses the fiducials on the isocentre slice to calculate the CT to stereotactic transformation.

Hope this helps
John

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Archive to CD-R
Fecha:	viernes, 10 de diciembre de 2004 14:23:37
Archivos adjuntos:	

Thanks for the help.
Martin
At 05:23 PM 12/9/2004, you wrote:
>I Have been archiving to CD by using an FTP program. Save it to a file and transfer to a computer with CDR.
>
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Martin
>Fraser
>Sent: Tuesday, December 07, 2004 9:53 AM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Archive to CD-R
>
>
>Have any users managed to archive to CD from their Blade workstations?
>
>I'd heard once that 7.4 would support CD-R but now that I have it I learn that yes, indeed, it does support CD-R - but only for the new platform! My now ancient Blade2000 workstations are sadly obsolete ;(
>
>
>stated: "Phillips is moving ahead" (actual quote from well meaning service center person)
>unstated " and leaving all past users behind..." (my response)
>
>
>
>##
>To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
>unsubscribe pinnacle-users <e-mail address>
>to majordomo@explode.unsw.edu.au.
>
>Note: To avoid non-delivery error messages being sent to all list

>members, the list has been configured so that messages can only be
>sent from a subscribed account. Messages sent from a users secondary
>account will not be distributed unless that account is also subscribed.
>##
>
>
>DISCLAIMER:
>This message is intended for the sole use of the addressee, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.
>
>
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account will not be distributed unless that account is also subscribed.
##

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: SRS w/ Pinnacle P3IMRT?
Fecha:	viernes, 10 de diciembre de 2004 15:14:04
Archivos adjuntos:	

About 8 months ago we started looking at SRS systems so that we could add Stereotactic to our list of capabilities. During this phase I decided to play with Pinnacle a little. Two of the plans I came up with were fixed gantry, static MLC conformal plans to a small intracranial target. One plan had 18 beams the other 21 or 22 - I can't remember how many exactly. Anyway, the dose distribution from this simple beam arrangement was pretty good with minor improvement when you go from 18 to 21(22) beams. I haven't done any analysis yet, but would be willing to bet that conformality and the likes would be < 1.3 - 1.4. One of my goals was to demonstrate that Pinnacle and a 120 leaf MLC was just as good as something like BrainLab.

My thoughts - if we wouldn't have purchased a dedicated system i.e. CyberKnife - were these.

1. Set up a standard beam arrangement in Pinnacle External Beam mode. My beam distribution was non-coplanar to estimate SRS arcs.
2. Optimize beam weights - not IM - as this will be very quick.
3. Perform localization with Pinnacle in SRS mode.

I think you could deliver a very conformal dose with large dose fall off using stereotactic localization.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

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account will not be distributed unless that account is also subscribed.
##

De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	profile statistic reports
Fecha:	martes, 14 de diciembre de 2004 23:26:57
Archivos adjuntos:	

Hi there,

I am just beginning commissioning of some beams and while checking some PDDs with the profile statistics tool, I noticed that while the columnar data of % discrepancy is correct, the mean error (for at least the build-up region) reported beneath the columnar data is way-off.

The mean value of errors is
x^{bar} = (1/N) x Sigma{x_meas_i - X_comp_i}
connected at a given depth.

Has anyone else noticed this?

Regards,
Parminder S. Basran, PhD, MCCPM
Toronto-Sunnybrook Regional Cancer Centre
pbasran@yahoo.com

members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Oneill, Michael
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	pinnacle image format
Fecha:	miércoles, 15 de diciembre de 2004 18:58:43
Archivos adjuntos:	

Hello all,

Does anyone have a utility or a method to convert pinnacle image format back into DICOM image format? We are trying to recover dicom images from some old pinnacle backup files and the dicom images were not backed up.

Thanks

Michael O'Neill
Medical Physicist
Christus St. Joseph Hospital
Houston, Texas

De:	Eagle, Anton L
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: pinnacle image format
Fecha:	miércoles, 15 de diciembre de 2004 21:20:11
Archivos adjuntos:	

If they are DRRs or actual CT slices... then one way would be to use ADAC to perform a DICOM send to some other system that has easy DICOM image file manipulation (we use EFilm a lot). This would, in essence, do the conversion for you during the send.

-Anton Eagle
Rocky Mountain Cancer Centers

From: Oneill, Michael [mailto:michael.oneill@christushealth.org]
Sent: Wednesday, December 15, 2004 10:43 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: pinnacle image format

Hello all,

Does anyone have a utility or a method to convert pinnacle image format back into DICOM image format? We are trying to recover dicom images from some old pinnacle backup files and the dicom images were not backed up.

Thanks

Michael O'Neill
Medical Physicist
Christus St. Joseph Hospital
Houston, Texas

De:	mmlyn@optonline.net
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	QA Position at Philips
Fecha:	miércoles, 15 de diciembre de 2004 21:57:16
Archivos adjuntos:	

Philips Radiation Oncology Systems (PROS) is seeking a QA Medical Physicist or QA Dosimetrist to join the R&D organization that produces the Pinnacle3 Radiation Treatment Planning System as well as the AcQSim3 CT Simulation and Syntegra Image Fusion products. Relocation to Madison, Wisconsin is necessary.

Areas of Responsibility:
Develops and executes software test procedures. Performs Risk Assessments. Provides clinical input into development, testing and documentation. Maintains documentation of test results to assist in debugging and modification of software. Analyzes test results to ensure existing functionality and recommends corrective action. Consults with development engineers in resolution of problems.

Job Requirements:
Minimum 2-5 years clinical experience as a medical physicist or dosimetrist. MS or PhD in physics, medical physics or related field is preferred for physicists, and CMD for dosimetrists. Demonstrated computer literacy and treatment planning experience is necessary; significant Pinnacle experience, UNIX knowledge and shell or other programming skills is preferred. Demonstrated aptitude in performing testing or quality assurance. Team oriented individual with demonstrable analytical and problem solving skills. Excellent communication skills, both written and verbal.

For more information, please apply for job ID 20454 at http://www.philips.com/about/careers

Please do not contact me directly for specifics regarding this job. This position will not report to me within the Philips organization.

Best Regards and Happy Holidays,

Marc Mlyn
Philips Radiation Oncology Systems

the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

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account will not be distributed unless that account is also subscribed.
##

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Oops
Fecha:	jueves, 16 de diciembre de 2004 1:18:35
Archivos adjuntos:	

Sorry, Marc, that was supposed to have been a private
mail.

Joe

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: QA Position at Philips
Fecha:	jueves, 16 de diciembre de 2004 1:19:36
Archivos adjuntos:	

--- mmlyn@optonline.net wrote:

>
Marc, looks like you are not using the official
Phillips e-mail adress.
My physicist, Kristi Garcia, who attended the Houston
course, had been e-mailing you about your (Phillips)
promise that the attendees' institutions will get the
7.4 first, and you have not replied her at all. It is
nearly the end of 2004, and we have not seen a whiff
of that version yet. What happened? Can you move
Gibralter? Hope you can respond to this e-mail.
Happy Holidays.

Joe

De:	mmlyn@optonline.net
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: QA Position at Philips
Fecha:	jueves, 16 de diciembre de 2004 17:31:17
Archivos adjuntos:	

Hi Joe,

I just reviewed my emails and I don't see anything from Kristi. Sorry about that.

For the Pinnacle User List's infromation, we have prioritized the shipments of 7.4 for beta sites, IMRT customers, DMPO and Biological IMRT customers, and customer sites that had reported some issue to Philips that was resolved in the new software. The vast majority of the attendees to the MD Anderson program were already IMRT customers, and they have been "pushed up". We will then start shipping to all sites that have a support contract.

This being said, we will have shipped out a couple of hundred packages through the end of this month, and will push a little harder in January. We need to do this in a measured fashion, otherwise my support organization could have a hard time meeting the demand from the field.

Best Regards to all,
Marc Mlyn
Philips Radiation Oncology Systems

De:	Blayne Rush
A:	medphys@LISTS.WAYNE.EDU;
Cc:	pinnacle-users@explode.unsw.edu.au; meddos@yahoogroups.com;
Asunto:	Contact information Change
Fecha:	jueves, 16 de diciembre de 2004 23:10:54
Archivos adjuntos:	

I am writing to inform you that Chris Tittle and I (Blayne Rush) are relocating.

It was tough decision because we have enjoyed our 4 years with Kaye/ Bassman. We are leaving on great terms and will continue business as usual. Kaye/Bassman will not be working in Radiation Oncology.

Chris and I continue to specialize in hard to fill Radiation Oncology Searches. Having completed 160 medical physicist and Dosimetrist searches during the last 4 years, with a 95% retention rate, we are recognized as the premier search professionals in Radiation Oncology

As of January 2005, our new contact information is....

Chris@RushSearchPartners.com

Rush Search Partners, Ltd.
Web: www.RushSearchPartners.com
3401 Custer Rd, Ste 112
Plano, TX 75023
Office-469-385-7790
Cell-972-841-1061
Fax-443-946-2439
Blayne@RushSearchPartners.com

Happy Holidays-

Blayne Rush, MHP, MBA

Managing Partner

De:	Oneill, Michael
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: pinnacle image format
Fecha:	viernes, 17 de diciembre de 2004 19:06:40
Archivos adjuntos:	

Good thought, but Pinnacle cannot perform a DICOM image send if the DICOM formatted images don't already exist in the data base. If you want to test this create a test patient with some dicom images, delete all the files in the folder named ImageSet_0.DICOM located in that patients folder, then try to do a DICOM image send.

> -----Original Message-----
> **From:** Eagle, Anton L [mailto:Anton.Eagle@USONCOLOGY.COM]
> **Sent:** Wed 12/15/2004 12:19 PM
> **To:** 'pinnacle-users@explode.unsw.edu.au'
> **Cc:**
> **Subject:** RE: pinnacle image format
>
> If they are DRRs or actual CT slices... then one way would be to use ADAC to perform a DICOM send to some other system that has easy DICOM image file manipulation (we use EFilm a lot). This would, in essence, do the conversion for you during the send.
>
> -Anton Eagle
> Rocky Mountain Cancer Centers
>
> ---
>
> **From:** Oneill, Michael [mailto:michael.oneill@christushealth.org]
> **Sent:** Wednesday, December 15, 2004 10:43 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** pinnacle image format
>
> Hello all,
>
> Does anyone have a utility or a method to convert pinnacle image format back into DICOM image format? We are trying to recover dicom images from some old pinnacle backup files and the dicom images were not backed up.
>
> Thanks

Michael O'Neill
Medical Physicist
Christus St. Joseph Hospital
Houston, Texas

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Contouring Tips?
Fecha:	lunes, 20 de diciembre de 2004 17:57:41
Archivos adjuntos:	

Hi,
Can anyone offer any tips on creating a "skin" structure?

in H&N we want to constrain dose and particularly those nuisance hot spots, from the skin surface.

Seems a simple matter to autocontour the external, contract it by 3 mm to a second contour and then Expand (0mm) the external, excluding the 3mm contraction, to the new "Skin"

Fine, but it rarely works smoothly - invariably I get large segments of the CT set where the Skin, which should be the 3mm rind at the surface, fills the entire body (i.e., it was not willing or able to subtract the contracted volume)

If I inspect, I find no areas of confusion - where the external and contracted contours touch. The end slices are edited since they will not have any contracted contour by auto-contraction.

There must be a trick. I don't want the skin any thicker than 3mm (I'd prefer 2 I think) which may be making it tough.

Any tips?

Many TIA
Martin

account will not be distributed unless that account is also subscribed.
##

De:	Shackford, Hobart W
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Martin Fraser;
Asunto:	RE: Contouring Tips?
Fecha:	lunes, 20 de diciembre de 2004 18:24:43
Archivos adjuntos:	

Martin:

I haven't really tried your technique but I wonder if it might be a problem with the grid size since you are only dealing with 3mm changes. The default grid voxel on our system is 4mm in all directions.

Hobie Shackford
Roger Williams Medical Center
Providence, RI 02908
(401) 456-6528
Fax: (401) 456-6540
hshackford@rwmc.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Martin Fraser
Sent: Monday, December 20, 2004 8:49 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Contouring Tips?

Hi,
Can anyone offer any tips on creating a "skin" structure?

in H&N we want to constrain dose and particularly those nuisance hot spots, from the skin surface.

Seems a simple matter to autocontour the external, contract it by 3 mm to a second contour and then Expand (0mm) the external, excluding the 3mm contraction, to the new "Skin"

Fine, but it rarely works smoothly - invariably I get large segments of the CT set where the Skin, which should be the 3mm rind at the surface, fills the entire body (i.e., it was not willing or able to subtract the contracted volume)

If I inspect, I find no areas of confusion - where the external and contracted contours touch. The end slices are edited since they will not have any contracted contour by auto-contraction.

There must be a trick. I don't want the skin any thicker than 3mm (I'd prefer 2 I think) which may be making it tough.

Any tips?

Many TIA
Martin

##
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##

De:	Horn, Bill (SFMH)
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Contouring Tips?
Fecha:	lunes, 20 de diciembre de 2004 20:22:43
Archivos adjuntos:	

Hi,
We have used this technique occasionally to add bolus to a plan consisting of manually entered contours and it's worked well. Wouldn't contouring resolution depend on the pixel size of the CT dataset (~0.9mm e.g.) rather than the calculation grid resolution? Or am I confused?

Bill
Bill Horn, BA, CMD
Medical Dosimetrist
St. Francis Memorial Hospital
Radiation Oncology Department
900 Hyde Street
San Francisco, CA 94109
voice 415-353-6424
facsimile 415-353-6428
bhorn@chw.edu

-----Original Message-----
From: Shackford, Hobart W [mailto:hshackford@rwmc.org]
Sent: Monday, December 20, 2004 9:15 AM
To: pinnacle-users@explode.unsw.edu.au
Cc: Martin Fraser
Subject: RE: Contouring Tips?

Martin:

I haven't really tried your technique but I wonder if it might be a problem with the grid size since you are only dealing with 3mm changes. The default grid voxel on our system is 4mm in all directions.

Hobie Shackford
Roger Williams Medical Center
Providence, RI 02908

(401) 456-6528
Fax: (401) 456-6540
hshackford@rwmc.org

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Any tips?

Many TIA
Martin

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##

De:	JacobsCMD@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Contouring Tips?
Fecha:	martes, 21 de diciembre de 2004 6:03:58
Archivos adjuntos:	

My 2 cents:

Or maybe it could be related to your slice thickness. Are you using 3mm? I have never seen this problem at 2.5 mm or 3mm. But I would imagine that at 5mm you may have a problem. Let the group know what you find.

Donald Jacobs CMD, R.T.(T)
Consulting Medical Dosimetrist
541-301-6071
JacobsCMD@aol.com

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Contouring Tips?
Fecha:	martes, 21 de diciembre de 2004 15:10:38
Archivos adjuntos:	

At 11:56 PM 12/20/2004, you wrote:

> My 2 cents:
>
> Or maybe it could be related to your slice thickness. Are you using 3mm? I have never seen this problem at 2.5 mm or 3mm. But I would imagine that at 5mm you may have a problem. Let the group know what you find.

slices are 2 mm. (I've never done IMRT at over 2mm, 'not that there's anything wrong with that...' ;)

I'm not sure why I cannot auto-create a structure 3 mm thick but I can't . If I expand the external by, say, 1 cm, and contract it by 3mm I can create the resultant rind, at 13mm thick, 3mm into the skin.

this serves my purpose but is not really what I wanted.

I tried shrinking the calc grid to 2mm - to no effect as we might expect.

still experimenting

regards
Martin

Donald Jacobs CMD, R.T.(T)
Consulting Medical Dosimetrist
541-301-6071
JacobsCMD@aol.com

De:	Cheryl.Dozler@providence.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Contouring Tips?
Fecha:	lunes, 27 de diciembre de 2004 17:26:20
Archivos adjuntos:	

I Have had success by contracting the external contour 3mm and then creating a second roi and contracting it another 3mm. Then subtract the second roi from the external for skin. Is a little thicker but you don't end up with filled contours. You can then edit the thicker skin by subtracting PTV or editing by hand on critical slices. It seems to be an easier trade of then trying to edit all the filled in contours.
good luck

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account will not be distributed unless that account is also subscribed.
##

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Digitizer cursor source?
Fecha:	martes, 04 de enero de 2005 15:51:55
Archivos adjuntos:	

Hello,

Has anyone managed to second source the standard digitizer 4-button cursor provided with the Pinnacle Digitizer?

I need to replace mine and I fear that Phillips might be a tad pricey in this instance. There are no identifying mfgr's marks that I can find on, in, or near it, save the ADAC (sic) logo.

Thanks for any leads.

Martin

De:	Mark A. Jackson
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Digitizer cursor source?
Fecha:	martes, 04 de enero de 2005 16:34:44
Archivos adjuntos:	

Here is a source I discovered:
http://www.bhinneka.com/Engine/detail.asp?i=4467
Mark Jackson

-----Original Message-----
From: Martin Fraser [mailto:mwfraser@comcast.net]
Sent: Tuesday, January 04, 2005 6:34 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Digitizer cursor source?

Hello,

Has anyone managed to second source the standard digitizer 4-button cursor provided with the Pinnacle Digitizer?

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Thanks for any leads.

Martin

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##

De:	Morton, Kim C.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	MLC Script for Siemens Users?
Fecha:	martes, 04 de enero de 2005 20:03:16
Archivos adjuntos:	

Does anyone know of a Script that Philips provides for Siemens users for MLC fields? We've been having "MLC Interface-1072" faults, which are especially irritating for our IMRT patients. Our Siemens service person informed our engineer that ADAC provides a script for any MLC Siemens patient. Of course we are using the "SiemensCPExport" script, but he states that there is another that we are not currently using.

Thank you for your time and info!!

Kim Morton, M.S.

De:	Graham Freestone
A:	Pinnacle List;
Cc:	
Asunto:	test
Fecha:	miércoles, 05 de enero de 2005 0:15:32
Archivos adjuntos:	

---

test

De:	Ese Enari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: test
Fecha:	miércoles, 05 de enero de 2005 1:13:51
Archivos adjuntos:	

It works.....

How are things in Adelaide Graham?

Cheers,
Ese

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Graham Freestone
> **Sent:** Wednesday, January 05, 2005 10:04 AM
> **To:** Pinnacle List
> **Subject:** test
>
> test

De:	Graham Freestone
A:	Pinnacle List;
Cc:	
Asunto:	Australasian Pinnacle User Group Meeting 2005 - Announcement
Fecha:	miércoles, 05 de enero de 2005 3:03:05
Archivos adjuntos:	PUG2005 pamphlet page1.jpg

Dear Colleagues,

(This is a re-send, as I don't think it went out to the list properly last time. Apologies if you already have this email)……..

I am pleased to formally invite you to attend the 6th Australasian Pinnacle User Group Meeting, to be held at the Stamford Plaza Hotel, Adelaide, South Australia, on 25-27th February 2005.

Please see attached pamphlet/registration form for more information.

Your prompt registration would be appreciated, as this will enable us to plan the scientific program with greater ease, and to plan numbers for catering.

The organising committee would like to invite those people interested in presenting at the meeting to contact the appropriate program coordinator, or the convenor. Please remember that the existence of this meeting is driven by you, the users, being willing to attend and present!

We have traditionally had only 2 streams of presentations i.e. Radiation Therapy and Physics, but in the last couple of years there has been an increasing number of Radiation Oncologists attending**;** we would like to encourage more Radiation Oncologists to attend. If there is sufficient interest, then our venue can cope with an additional stream of presentations.

Please pass this email and attachments to any other interested parties in your organisation, education officers and staff notice board locations in your respective organisations.

We will be using the format that previous meetings have used**:**

- Pre-registration and drinks on the Friday evening at the meeting venue.
- Registration, followed by a full day session on Saturday, then the conference dinner at the nearby Adelaide Oval, in the historic Bradman

Room.

- Part-day session on the Sunday (until approx 2pm).

We should have some great weather in Adelaide in February next year, and with the WOMADelaide world music festival taking place on the following weekend, it is a good time to take a week off from work, enjoy the meeting, then take the opportunity to sample some of the best of South Australia's wine, cuisine and culture.

We look forward to meeting you in Adelaide in February.

Regards

Graham Freestone

Convenor, PUG2005

gfreestone@adradcentre.com.au

pug2005@internode.on.net

Senior Medical Physicist

Adelaide Radiotherapy Centre,
352 South Terrace,
Adelaide,
SA5000,
Australia.

Tel: (08) 8228 6751 (direct dial)
Tel: (08) 8228 6700 (switch)
Fax: (08) 8223 6166
mobile: 0413 621 444

De:	Graham Freestone
A:	Pinnacle List;
Cc:	
Asunto:	PUG2005 Australasia cont"d
Fecha:	miércoles, 05 de enero de 2005 3:22:10
Archivos adjuntos:	PUG2005 pamphlet page2.jpg

And here is page 2 of the flyer……

Regards

Graham Freestone MSc CSci MIPEM MACPSEM

** please note new phone numbers and email address**

Senior Medical Physicist

Adelaide Radiotherapy Centre,
352 South Terrace,
Adelaide,
SA5000,
Australia.

gfreestone@adradcentre.com.au

Tel: (08) 8228 6751 (direct dial)
Tel: (08) 8228 6700 (switch)
Fax: (08) 8223 6166
mobile: 0413 621 444

De:	Chris Hawkins
A:	<;
Cc:	
Asunto:	Transfer from R & V to Pinnacle
Fecha:	miércoles, 05 de enero de 2005 15:50:40
Archivos adjuntos:	

General Question:

Is there a way to send information from an R & V system to Pinnacle? Specifically, leaf & jaw positions?

Example:

A match line between fields is changed interactively in the R & V system (LANTIS = IMPAC) at the time that the patient is being set up on the linac couch for treatment. We then recalculate the isodose distribution in Pinnacle to document the actual treatment. We would like to be able to import the leaf and jaw settings into Pinnacle for this calculation, both to save some time but also to eliminate a human error in transcribing the settings. Is this possible?

If not, please add to the wish list.

^^^^^^^^^^^^^^^^^^^^^^^^^^
Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Hospital
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

De:	Luo, Hai
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Digitizer cursor source?
Fecha:	miércoles, 05 de enero de 2005 21:03:13
Archivos adjuntos:	

Martin:

We have an extra one still in the box. Give me an offer see our hospital like it or not.

Hai Luo, Ph.D., DABMP
Orange Regional Medical Center
75 Crystal Run Road
Middletown, NY 10940
(845)695-5938

-----Original Message-----
From: Martin Fraser [mailto:mwfraser@comcast.net]
Sent: Tuesday, January 04, 2005 9:34 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Digitizer cursor source?

Hello,

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I need to replace mine and I fear that Phillips might be a tad pricey in this instance.
There are no identifying mfgr's marks that I can find on, in, or near it, save the ADAC (sic) logo.

Thanks for any leads.

Martin

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De:	John Sage
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Transfer from R & V to Pinnacle
Fecha:	jueves, 06 de enero de 2005 10:41:26
Archivos adjuntos:	

Hi Chris,

In theory if you R+V system can dicom export a plan then yes. However there are two main flavours of dicom RT plan defined by the RT plan geometry tag, which can either be PATIENT or TREATMENT DEVICE. The patient geometry is referenced to a RT Structure Set and contains isocentre co-ordinates. The treatment device geometry is referenced to a patient setup and has couch positions. Many planning systems will not accept dicom plans which do not contain isocentre co-ordinates, or a referenced RT Structure Set . This is why it is often hard to set up transfers from conventional simulators to planning systems. Unless the R+V is very clever and remembers these details from the imported plan I would expect the transfer to fail.

Hope I'm wrong
John

De:	Albert.Yan@providence.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Digitizer cursor source?
Fecha:	jueves, 06 de enero de 2005 17:34:10
Archivos adjuntos:	

We have just replaced our digitizer by Phillips last year. The field engineer stopped by and dropped a new one. I don't recall the exact price, but it's less than $200.

Albert Yan

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Luo, Hai
Sent: Wednesday, January 05, 2005 11:55 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: Digitizer cursor source?

Martin:

We have an extra one still in the box. Give me an offer see our hospital like it or not.

Hai Luo, Ph.D., DABMP
Orange Regional Medical Center
75 Crystal Run Road
Middletown, NY 10940
(845)695-5938

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De:	Eric Ford
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	switching IMRT plans between linacs
Fecha:	viernes, 07 de enero de 2005 21:10:58
Archivos adjuntos:	

Hello, all.
I just realized that in Pinnacle you cannot switch the beams in a converted IMRT plan from one linac to another. All the control points get set to a 10x10 field if you try it. The linac switch works fine on fields with blocks (even a step-and-shoot beam with multiple control points made by hand). This is apparently a well-known behavior of the system but somehow passed me by. I discussed it with ADAC support and there is no known solution.
Does anyone have a work-around?

This came up because we were trying to evaluate the dosimetric effect of switching a patient from one linac to another for three or more IMRT fractions.

Cheers, Eric

Eric Ford, PhD
Radiation Oncology / Medical Physics
University of Washington Medical Center
email: eford@u.washington.edu

De:	Glennie, Gilbert
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: switching IMRT plans between linacs
Fecha:	viernes, 07 de enero de 2005 21:39:30
Archivos adjuntos:	

We recently conducted the same sort of test. Switching from one linac to another similar linac we didn't feel the need to recompute the plan in ADAC, so we just changed the "machine" in IMPAC. This seemed to work fine and the ion chamber and film qa were within 1 - 2% of what they were on the original linac. Gil

"Eric Ford" <eford@u.washington.edu>

Sent by: owner-pinnacle-users@explode.unsw.edu.au

01/07/2005 03:04 PM

Please respond to pinnacle-users

To: <pinnacle-users@explode.unsw.edu.au>

cc:

Subject: switching IMRT plans between linacs

Hello, all.

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IMRT plan from one linac to another. All the control points get set to a

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fractions.

Cheers, Eric

Eric Ford, PhD

Radiation Oncology / Medical Physics

University of Washington Medical Center

email: eford@u.washington.edu

---

account will not be distributed unless that account is also subscribed.

##

De:	Sapareto, Steve
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Problems with the listserver
Fecha:	viernes, 07 de enero de 2005 22:28:58
Archivos adjuntos:	

I have been getting double copies of each email to the pinnacle list. I have tried to contact the list manager with no success. Does anyone know who I should contact or what I can do to stop getting two copies of everything? Thanks

Stephen Sapareto, Ph.D.
Director of Medical Physics
Department of Radiation Oncology
Banner Good Samaritan Medical Center
1111 E McDowell Rd
Phoenix, AZ 85006
(602)239-4500

De:	Kasper Pasma
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Connect MD PC with Fire using 1000-Mbps to improve performance contouring?
Fecha:	lunes, 10 de enero de 2005 11:20:03
Archivos adjuntos:	

Hello,

Has anyone tried to connect a PC with a P3 MD license to a Sun Fire using 1000-Mbps Ethernet? Does contouring with the paint tool/rolling ball work fast enough on such a system?

At present we use a PC with P3 MD connected to a Blade using a 100-Mbps network. In theory this should be fast enough. However, there is a (too long) delay between the cursor movements on the PC and what happens in the background when contouring with the paint tool/rolling ball. When you move the pc cursor (black dot) fast it can move outside the rolling ball (white circle). When you do this on a blade or even an U10 that doesn’t happen.

We use reflection X on the PC. Maybe changing the settings of reflection X, e.g. decreasing the color depth can also solve it. Has anyone had success with that?

Best regards,

Kasper Pasma, PhD
ARTI
Arnhem
The Netherlands
k.pasma@radian.nl

De:	Jaime Martínez Ortega
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Problems with the listserver
Fecha:	martes, 11 de enero de 2005 19:28:13
Archivos adjuntos:	

I have the same problem since I'm a member of the list

> ----- Original Message -----
> **From:** Sapareto, Steve
> **To:** pinnacle-users@explode.unsw.edu.au
> **Sent:** Friday, January 07, 2005 10:23 PM
> **Subject:** Problems with the listserver
>
> I have been getting double copies of each email to the pinnacle list. I have tried to contact the list manager with no success. Does anyone know who I should contact or what I can do to stop getting two copies of everything? Thanks
>
> Stephen Sapareto, Ph.D.
> Director of Medical Physics
> Department of Radiation Oncology
> Banner Good Samaritan Medical Center
> 1111 E McDowell Rd
> Phoenix, AZ 85006
> (602)239-4500

De:	Graham Freestone
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	V7.0 backup problem
Fecha:	miércoles, 19 de enero de 2005 8:29:41
Archivos adjuntos:	

Dear Colleagues,

We have just done an upgrade from v6.2b Pinnacle, (and v4.0g DICOM import), to v7.0, and v4.2d respectively.

We have created a new CT table, and set the default version to v7.0, so all new patient scans imported will use v7.0, and the new CT table.

We have one institution with all our 3D patients in, that now contains a few v7.0 patients as well as a lot of v6.2b pats.

The unattended backup that we set every day has failed since the upgrade took place, and by playing around I have determined that v7.0 patients cannot be backed up either to DLT tape or a file from the main 3D patient institution, or from a newly created institution with only v7.0 pats in it.

Has anybody had this problem before, or any idea what causes it?

TIA

Regards

Graham Freestone MSc CSci MIPEM MACPSEM

** please note new phone numbers and email address**

Senior Medical Physicist

Adelaide Radiotherapy Centre,
352 South Terrace,
Adelaide,
SA5000,
Australia.

gfreestone@adradcentre.com.au

Tel: (08) 8228 6751 (direct dial)
Tel: (08) 8228 6700 (switch)
Fax: (08) 8223 6166
mobile: 0413 621 444

De:	Jaime Martínez Ortega
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Average dose at DVH"s
Fecha:	miércoles, 19 de enero de 2005 20:43:43
Archivos adjuntos:	

Dear colleagues,

I wonder if it is possible knowing the average dose for a volume whitout printing the plan.

Thanks

De:	Terwilliger, Lacy
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Average dose at DVH"s
Fecha:	miércoles, 19 de enero de 2005 21:05:20
Archivos adjuntos:	

In the ROI Spreadsheet, under the tab called Statistics change the Data Set to whichever trial plan you wish to evaluate. The min, max, and mean doses will be computed just as they are when the text plan is actually printed.

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Jaime Martínez Ortega
> **Sent:** Wednesday, January 19, 2005 2:21 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Average dose at DVH's
>
> Dear colleagues,
>
> I wonder if it is possible knowing the average dose for a volume whitout printing the plan.
>
> Thanks

De:	Ed McPadden
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Average dose at DVH"s
Fecha:	miércoles, 19 de enero de 2005 21:27:08
Archivos adjuntos:	

---

then print to file , open and view the file...

-----Original Message-----
From: Terwilliger, Lacy [mailto:terwilliger@radonc.musc.edu]
Sent: Wednesday, January 19, 2005 1:58 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Average dose at DVH's

In the ROI Spreadsheet, under the tab called Statistics change the Data Set to whichever trial plan you wish to evaluate. The min, max, and mean doses will be computed just as they are when the text plan is actually printed.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Jaime Martínez Ortega
Sent: Wednesday, January 19, 2005 2:21 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Average dose at DVH's

Dear colleagues,

I wonder if it is possible knowing the average dose for a volume whitout printing the plan.

Thanks

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Commission Cs137 tube sources
Fecha:	miércoles, 19 de enero de 2005 21:51:18
Archivos adjuntos:	

I'm looking for someone to commission some "new-to-me" Cs137 tube sources in Pinnacle - 2 3M sources and 4 Amersham CDCT1 sources. I just don't have the time to get it done and of course the physicians have some patients they want to use them on "yesterday." :)

Please contact me at the number/email address below.

Regards,

Steve T

==========

Stephen K. Thompson, M.S.
Department of Radiation Oncology
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237
thompssk@sutterhealth.org

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Version 7.4f bugs?
Fecha:	jueves, 20 de enero de 2005 0:02:21
Archivos adjuntos:	

I wonder if any other 7.4 users have discovered the following "features",
or if this is something that only affects us:

1) This one is potentially disastrous, as our dosimetrist found out the hard way.
Try this - add a test patient to your planning list, using the mouse as usual.
Now, hit the space bar. A new patient will be added! Do it several more times;
a new patient will be added each time. Now, starting at the bottom of the list,
delete the last patient added, using the mouse. Then, VERY CAREFULLY, tap the
space bar. The patients will be deleted from the bottom of the list up.
Very, very fast. And without warning. Yikes!

2) If you do a homogeneous calc, an effective depth will still be calculated in
the MU window (as though it were a heterogeneous calc). However, it's not clear
whether the effective depth is included in the MU calculation. If it's not,
then I wouldn't really call this a "bug"; however, it is a change from the
previous version (6.2b).

Just curious if any others have found these same problems.

E. Joseph (Joe) Grant, M.S., D.A.B.R.
Medical Physicist
C.A.R.T.I.-P.O. Box 55050
Little Rock, AR 72215
(501)296-3269

De:	Linda Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Version 7.4f bugs?
Fecha:	jueves, 20 de enero de 2005 3:22:32
Archivos adjuntos:	

The space bar thing has always been there. We thought that someone was messing with our system, and then we found a book resting on the keyboard at the edge!

This was a long time ago.

As for the depth report, I just happened to have the release notes here on my desk, and this is listed on page 2-14. FYI, it really wouldn't matter, anyway. My understanding of the convolution algorithm is that each ray is attenuated as it passes through the voxels, and the kernels are scaled and everything is mushed together. There is really no such thing as a single depth. We never use this value as we think it can be misleading. If the central ray of a large beam is in the mediastinum, the depth will show very little change, but the scatter component is quite different.

L.Smith

> ----- Original Message -----
> **From:** Joe Grant
> **To:** pinnacle-users@explode.unsw.edu.au
> **Sent:** Wednesday, January 19, 2005 5:55 PM
> **Subject:** Version 7.4f bugs?
>
> I wonder if any other 7.4 users have discovered the following "features",
> or if this is something that only affects us:
>
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> Try this - add a test patient to your planning list, using the mouse as usual.
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Medical Physicist
C.A.R.T.I.-P.O. Box 55050
Little Rock, AR 72215
(501)296-3269

De:	Jenny Lydon
A:	pinnacle-users@explode.unsw.edu.au; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DICOM Export of DRRs to Coherence RTT
Fecha:	jueves, 20 de enero de 2005 23:07:28
Archivos adjuntos:	

We are currently using Pinnacle version 6.2b and I have set up the DICOM export of DRRs to a Siemens coherence RTT workstation Version R1.5).

The DRRs are successfully transferred, however the message I get on Pinnacle is "Computed Radiograph" successfully transmitted. And the DRRs are see as "CR" images on the RTT - not RT Images and therefore cannot be loaded into the RTT port film application.

I can export the DRRs from Pinnacle to itself and get a message "Secondary Capture" image successfully transmitted. The setup of DICOM export on Pinnacle to the RTT is identical to the setup for sending to itself (bar obvious differences in IP numbers and AE titles).

Has anyone got this working with version 6.2b? Or have any idea why Pinnacle won't transmit the DRRs as secondary capture images to RTT? I suspect it is the RTT end that is the problem but any ideas welcome.

Thanks,
Jenny

Jenny Lydon

Principal Physicist
Radiation Oncology Victoria
132 Grey Street
East Melbourne
VIC 3002

Tel: (61-3) 9 418 2210
Fax: (61-3) 9 418 2288
Mob: 0409 559 366
mailto:jenny@mira.net

De:	Deshpande, Nigel
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: DICOM Export of DRRs to Coherence RTT
Fecha:	viernes, 21 de enero de 2005 15:43:12
Archivos adjuntos:	

Dear Jenny,

Yes, I think it is the RTT end that is a problem. We have recently set up transfer of DRRs from v6.2b to VARiS v7 as computed radiograph and it works fine.
Good luck
Nigel Deshpande
Cancer Treatment Centre
Royal Free Hospital
London, UK.
0207 794 0500 bleep 021

-----Original Message-----
From: Jenny Lydon [mailto:jenny@mira.net]
Sent: 20 January 2005 22:52
To: pinnacle-users@explode.unsw.edu.au; pinnacle-users@explode.unsw.edu.au
Subject: DICOM Export of DRRs to Coherence RTT

We are currently using Pinnacle version 6.2b and I have set up the DICOM export of DRRs to a Siemens coherence RTT workstation Version R1.5).

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132 Grey Street
East Melbourne
VIC 3002

Tel: (61-3) 9 418 2210
Fax: (61-3) 9 418 2288
Mob: 0409 559 366
mailto:jenny@mira.net

De:	Horn, Bill (SFMH)
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Pinnacle backup
Fecha:	viernes, 21 de enero de 2005 20:01:31
Archivos adjuntos:	

Hello All,
I'm looking for information about backing up our work on Pinnacle for security purposes on a daily basis. Since our system is used into the evening we can't use the unattended backup feature which locks the patient list. I'm hoping to have our PACs system do the chore for us in the middle of the night. Has anyone experience with this process who can tell me which directories would be candidates for daily backup? Thanks,

Bill

Bill Horn, BA, CMD
Medical Dosimetrist
St. Francis Memorial Hospital
Radiation Oncology Department
900 Hyde Street
San Francisco, CA 94109
voice 415-353-6424
facsimile 415-353-6428
bhorn@chw.edu

De:	Deshpande, Nigel
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Pinnacle backup
Fecha:	viernes, 21 de enero de 2005 20:01:32
Archivos adjuntos:	

Dear Bill

We backup everything under /PrimaryPatientData/NewPatients to an external SCSI drive connected to ours server every night. Philips tell me that should save everything except for some scripting information. We will change this soon to backup the same directory over our hospital newtork to a more remote location for better security.

We use a simple unix copy command (cp -Rp /PrimaryPatientData/NewPatients /disk_2) in a script that runs at 1am every night

Nigel Deshpande
Cancer Treatment Centre
Royal Free Hospital
London, UK.
0207 794 0500 bleep 021

-----Original Message-----
From: Horn, Bill (SFMH) [mailto:BHorn@chw.edu]
Sent: 21 January 2005 18:52
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: Pinnacle backup

Hello All,
I'm looking for information about backing up our work on Pinnacle for security purposes on a daily basis. Since our system is used into the evening we can't use the unattended backup feature which locks the patient list. I'm hoping to have our PACs system do the chore for us in the middle of the night. Has anyone experience with this process who can tell me which directories would be candidates for daily backup? Thanks,

Bill

Bill Horn, BA, CMD
Medical Dosimetrist
St. Francis Memorial Hospital
Radiation Oncology Department
900 Hyde Street
San Francisco, CA 94109
voice 415-353-6424
facsimile 415-353-6428
bhorn@chw.edu

De:	Raver, Richard K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	HIPAA Madness
Fecha:	viernes, 21 de enero de 2005 22:49:47
Archivos adjuntos:	

I have been going round and round for months with our hospital's HIPAA "expert". He has apparently deluded himself into thinking that ADAC will make changes to their software based on his homebrewed definition of a HIPAA-compliant system. I suppose that I am searching for a little moral support from the group in addition to any practical or anecdotal advice from others who have endured similar trials. Searching through the archives, I just find a few questions, with replies similar to "it's a waste of time" and "don't worry about it". That isn't working with this guy.

Our "guru's" complaints with the software:

1. Dosimetrists and physicists don't have their own usernames and passwords. Even it they would, any operations within Pinnacle are logged as a generic user, so the audit logs are rather useless.

2. The usernames and passwords don't expire after 90 days (I guess he prefers post-it notes stuck to the monitors).

3. Strong passwords cannot be enforced. This one really annoys the $%^* out of me ;)

4. The system won't automagically log out a user after a 3-minute period of inactivity. Oh yeah, that would be a great idea.

5. Logs of successful and unsuccessful logins, with dates and times. When a user was logged in, a record of everything that they printed, viewed, added, deleted and changed.

6. That these audit logs are not backed up to tape.

7. He went ballistic when I told him that we have a modem for PROS to be able to log in and fix our system.

Thanks in advance for any help!

Rick
--
Rick Raver, Medical Physicist
Lancaster General Cancer Center
mailto:rkraver@lancastergeneral.org
~~~~~ There are only 10 types of people in the world:
~~~~~ Those who understand binary, and those who don't.

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: HIPAA Madness
Fecha:	viernes, 21 de enero de 2005 23:13:40
Archivos adjuntos:	

I heard similar complaints.
The login issue was a problem but they accepted that it could not be changed practically and accepted that we were in a 'secure area' (Non-public).
The modem was more of a concern here but I asserted that the modem was always physically turned off until I have someone dial in and so it is only supervised access.
This satisfied them.

good luck
Martin

At 04:37 PM 1/21/2005, you wrote:
>I have been going round and round for months with our hospital's HIPAA
>"expert". He has apparently deluded himself into thinking that ADAC
>will make changes to their software based on his homebrewed definition
>of a HIPAA-compliant system. I suppose that I am searching for a little
>moral support from the group in addition to any practical or anecdotal
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>
>7. He went ballistic when I told him that we have a modem for PROS to
>be able to log in and fix our system.
>
>Thanks in advance for any help!
>
>Rick
>--
>Rick Raver, Medical Physicist
>Lancaster General Cancer Center
>mailto:rkraver@lancastergeneral.org
>~~~~~ There are only 10 types of people in the world:
>~~~~~ Those who understand binary, and those who don't.
>
>
>##
>To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
>unsubscribe pinnacle-users <e-mail address>
>to majordomo@explode.unsw.edu.au.
>
>Note: To avoid non-delivery error messages being sent to all list
>members, the list has been configured so that messages can only be
>sent from a subscribed account. Messages sent from a users secondary
>account will not be distributed unless that account is also subscribed.
>##

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account will not be distributed unless that account is also subscribed.
##

De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Ira J Kalet;
Asunto:	HIPAA and other security concerns
Fecha:	sábado, 22 de enero de 2005 2:22:51
Archivos adjuntos:	

Hi, everyone,

I am a senior medical physicist at the University of Washington, responsible for the department's computer infrastructure. We have been in this business for over 25 years, and have recently begun the process of acquiring a Pinnacle system to take over responsiblity for RTP from our locally developed software, Prism, which is now over 10 years old. We are keeping Prism under active development for research.

Since we have had a cluster of computers with our own software for a long time, and were one of the first radiation oncology departments nationally to connect to the Internet (1989), we have been dealing with user authorization, security, etc. for a long time. At first we had VAXen, then HP, Sun, IBM and SGI Unix workstations, more recently PC's running Linux. We are very proactive about host based security and do not rely on firewalls, since they are known to be inadequate. Our experience with Internet intrusions has been that systems we manage our selves generally do not get compromised, but systems that are vendor supplied often are vulnerable.

To prevent problems with the Pinnacle systems, we have a cooperative arrangement with ADAC to insure host level protection, and this includes individual usernames (this IS required by HIPAA, and has been our policy from 1981 when we got our first VAX), auditing of logins including failed logins, and generally monitoring the computers for signs of possible intrusion. We do this, and ADAC has agreed to work with us to configure the systems to support it. They do not need to change their software.

In general, medical physicists must take seriously the requirement to secure computers connected to the Internet. You cannot solve the problem by just putting up a "firewall". Vendors too must take seriously that these systems are not isolated medical devices, but are in fact general purpose computers which need to be managed

intelligently. I would like to encourage vendors and customers alike to work cooperatively to adopt reasonable practices and policies to deal with Internet and local security and audit requirements.

It does not help to take an antagonistic stance toward your hospital IT people. You need them and they need you. Learn from each other.

Now to specifics of a posting that Eric Ford was kind enough to forward to me:

1. At our site we went even further than having each user with their own ID and password. The University of Washington maintains a central authentication server (Kerberos) and every UW employee (including hospital employees) gets a UW NetID, which is what they use to get access to any UW campus computing resources. We have all our radiation oncology Unix class machines control authentication through the UW central server. That way each person has to only remember one user ID and one password. It has saved us a lot of extra work, and the users like it better too.

Auditing at the operations level is not possible yet, and may not be realistic for RTP systems. This is mainly aimed at database transactions, i.e., computerized medical record systems. For now, I don't think anyone needs to obsess over it.

2. Password expiration policy is enforced (or not) by the UW central administration. At present passwords don't expire. We don't have a problem with this. The next item is far more important.

3. Strong passwords are enforced by the UWNetID system. This is very important. Sharing passwords (one dosimetrist telling another and so on) is forbidden by HIPAA, and has never been acceptable practice in the best run environments.

4. We do not set our systems to ever autologout anyone. Same for screen locking. It is extremely important to have everyone trained about basic security and privacy practices, and have individuals take responsibility for themselves. This is required by HIPAA. Autologout is NOT required by HIPAA.

5-6. Logs are easy to keep, copy to tape and archive if you want. As I said, how much logging and auditing will ultimately be required is still unclear. Our current practice is to track only logins and failed logins, and other system events, but not individual user activities, *even for our locally developed software*, with one exception. We DO log DICOM transfers of all types. Our locally developed DICOM software has this capability and we use it. It is really helpful for tracking

down non-compliant DICOM implementations and for debugging our own. To my knowledge no other DICOM implementation has this. It would be a nice addition - vendors take note.

7. We deleted the modem from our purchase and got ADAC to agree that remote access would be over the Internet, using ssh, NOT telnet.

One more comment, and that is enough from me. As shipped by vendors, most computer systems, whether they are MS-Windows, MAC or Unix/Linux, generally do not come out of the box in a condition safe to connect to the Internet. Someone must take the time to figure out what to do, and get authorization to do it, right at the outset, and to keep the systems maintained in a safe state. This includes installing security patches to system software. It should not require any changes to application software like Pinnacle, but in any case this is something that should be a cooperative effort between customers and vendors like ADAC. Our experience with ADAC so far has been good, and we believe that it is to the benefit of both UW and ADAC that we work together to do a good job with this. I'd like to encourage medical physicists to take this on and develop a good cooperative relationship with vendors on this stuff. If you don't, you will likely be having a relationship with the Federal auditors, the FBI and lots of other fun people, instead.

Best regards to all,

Ira Kalet, Ph.D.
Professor, Radiation Oncology (medical physics)
University of Washington
Seattle, Washington

De:	Royal, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Truncating of IMRT mus in Impac - from ADAC plan
Fecha:	lunes, 24 de enero de 2005 17:19:26
Archivos adjuntos:	

To those IRMT users out there:

We have Impac and our first patient had been planned with ADAC, and one field was reported by ADAC as 61 mus.
The ADAC sum of the control points was 60.9 mus.
This same field in Impac had 61 (60) mus being reported in the Diagnosis&Interventions page.
So, Impac reported only 60 mus being delivered.
On the Elekta linac, it delivered 60.8 mus, so it was being truncated by Impac to 60.
The therapists write down 60 mus in the patient's chart, because that's what Impac says.
And of course, the cGy delivered is now reported by Impac as 1 less. But, changing the cGy/mu in Impac can fix that.

How are others handling this issue?

Jim Royal
Nebraska Methodist Hospital
Omaha, NE

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: HIPAA Madness
Fecha:	lunes, 24 de enero de 2005 17:28:49
Archivos adjuntos:	

--- Martin Fraser <mwfraser@comcast.net> wrote:

> I heard similar complaints.
> The login issue was a problem but they accepted that
> it could not be changed practically and accepted
> that we were in a 'secure area' (Non-public).
> The modem was more of a concern here but I asserted
> that the modem was always physically turned off
> until I have someone dial in and so it is only
> supervised access. This satisfied them.
>
>
In addition, we have an alarm system that only
authorized personnel, including the janitors, have
access into the dosimetry room.

Joe Wong

sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Chihray Liu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Truncating of IMRT mus in Impac - from ADAC plan
Fecha:	lunes, 24 de enero de 2005 17:41:58
Archivos adjuntos:	

Jim;

We will write down 61 MU in your case. The other issue is some time Elekta will report 1 MU short and ask if IMPAC want to deliver an addition MU. It is all because ELEKTA choose to round down the MU instead of round up, i.e. 60.9 MU = 60 MU. The only way to solve this problem is to put the pressure from us to ELEKTA to solve this problem. The other issue we have currently is for IMRT delivery, the total MU is correct, but if you check each control point, it is incorrect and they have not been able to fix this problem yet.

Chihray Liu, Ph.D.
Associate Professor
Department of Radiation Oncology
University of Florida, Gainesville, FL 32610-0385
Tel: (352) 265-8217
Fax: (352) 265-8417

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Royal, James
> **Sent:** Monday, January 24, 2005 11:06 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Truncating of IMRT mus in Impac - from ADAC plan
>
> To those IRMT users out there:
>
> We have Impac and our first patient had been planned with ADAC, and one field was reported by ADAC as 61 mus.
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Nebraska Methodist Hospital
Omaha, NE

De:	Sotnick, Steven
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle backup
Fecha:	lunes, 24 de enero de 2005 22:05:13
Archivos adjuntos:	

Bill,

For many years now, I do my backup on a semi-daily basis using the backup utility on the launchpad. I sort by "last date modified" and include everything from the last back up date forward. I do this about every other day, even though some would do it daily. Check your file size first, UNIX does not like files over 2G. I store the file in /home/p3rtp before I ftp it to a windows pc. Thw whole process takes less than 15 minutes. I like this method for several reasons. 1) I never did believe in redundant information in my backups. Why use storage space on the same file twice? 2) Pinnacle prints out a patient list of every patient in the file. 3) I can delete completed patients more easily. I keep 2 months of backups on the pc in individual monthly folders. I then delete a month at a time.3) If I were to continually back up the entire hard drive, that would take a lot of space, and if that file was ever corrupted...you're toast. This way everything is compartmentalized. Mostly, All this requires is a ftp program...many are free.(I use smart office).and a network connection to another PC. I had the IT guys put an 80G drive in my desktop to accomadate this.
Hope this helps.

Steve Sotnick, CMD
Palmetto General
Hialeah, (warm) florida

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au on behalf of Horn, Bill (SFMH)
> **Sent:** Fri 1/21/2005 12:51 PM
> **To:** 'pinnacle-users@explode.unsw.edu.au'
> **Cc:**
> **Subject:** Pinnacle backup
>
> Hello All,
> I'm looking for information about backing up our work on Pinnacle for security purposes on a daily basis. Since our system is used into the evening we can't use the unattended backup feature which locks the patient list. I'm hoping to have our PACs system do the chore for us in the middle of the night. Has anyone experience with this process who can tell me which

directories would be candidates for daily backup? Thanks,

Bill

Bill Horn, BA, CMD
Medical Dosimetrist
St. Francis Memorial Hospital
Radiation Oncology Department
900 Hyde Street
San Francisco, CA 94109
voice 415-353-6424
facsimile 415-353-6428
bhorn@chw.edu

De:	Erdal Gurgoze
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	BEV Block Outline
Fecha:	lunes, 24 de enero de 2005 23:15:42
Archivos adjuntos:	

Hello All,
My first posting here ...
We are running Pinnacle v6.2. I'm trying to find a way to differentiate (on the BEVs) the colors of the block outlines from the crosshair and from the block hatch marks. Right now they all print out as the same color and our docs. say that it is confusing for them to separate colors especially on small fields.
Anyone with a solution?
Thank You.
erdal gurgoze
AOS

De:	Kevin Van Tilburg
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: BEV Block Outline
Fecha:	martes, 25 de enero de 2005 0:13:32
Archivos adjuntos:	

I think it is under 'Utilities' that you will find the 'Display Parameters' spreadsheet and it is here you can change a multitude of things including the ability to colour the MLC to whatever you like. It colours the hatch marks as well as the MLC leaves.

Kevin

>>> erdal@azoncology.com 01/25/05 08:45am >>>

Hello All,
My first posting here ...
We are running Pinnacle v6.2. I'm trying to find a way to differentiate (on the BEVs) the colors of the block outlines from the crosshair and from the block hatch marks. Right now they all print out as the same color and our docs. say that it is confusing for them to separate colors especially on small fields.
Anyone with a solution?
Thank You.
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AOS

the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

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##

De:	John Sage
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: HIPAA Madness
Fecha:	martes, 25 de enero de 2005 12:22:39
Archivos adjuntos:	

Hi Rick,

Where we have systems connected via modem we have a policy of leaving the modem disconnected unless a connection is to be made by the company. We also only allow such connections at times where users are not also clinically using the system. Our Pinnacle system does have a password enabled screensaver so the screen gets locked but you get back straight into where you left off.

At the end of the day your expert might not like it but what can he do? He can't pull the plug. The most he can do is jump up and down and scream at Philips, but you now have evidence from Ira that Philips are actively working on this. The quickest way for them to do this would be to work solidly with the University of Washington to come with a good solution and then roll it out to the rest of us. I doubt it would be helpful to force them to come up with ad-hoc solutions for every centre.

John

De:	Ray Kaczur
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Virus Warning!
Fecha:	viernes, 28 de enero de 2005 0:59:51
Archivos adjuntos:	

These are Bagle Virus variants.

Read about it here http://vil.nai.com/vil/content/v_131351.htm

Ray Kaczur, M.S.

> ----- Original Message -----
> **From:** rkover1@comcast.net
> **To:** pinnacle-users@explode.unsw.edu.au
> **Sent:** Thursday, January 27, 2005 6:28 PM
> **Subject:** RE: Delivery by mail
>
> Where are these coming from? I've received a ton of these messages today, from several sources. I'm deleting them, sight unseen, until I have a better idea of what they are and where they're coming from.
>
> Robert Kover, BS, CMD, RT(R)(T)
>
> > ---------- Original message ----------
> > what software?
> >
> > ---
> >
> > **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Jeffrey. Campbell
> > **Sent:** Thursday, January 27, 2005 4:53 PM
> > **To:** Pinnacle-users
> > **Subject:** Delivery by mail

> Thanks for use of our software.

De:	DAVID E. WEIMER
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Varian and rounded leaves
Fecha:	viernes, 28 de enero de 2005 15:52:27
Archivos adjuntos:	

To those of you out there using Pinnacle with Varian who have not been lucky enough to get the updated software, what if anything are you doing to compensate for the differences seen between calculated and measured? Are your docs looking at your measurements and just accepting the fact that they are possibly giving the patient 3-4% higher dose than prescribed? or Are they adjusting their prescriptions down, knowing that the linac is delivering 3-4% more than Pinnacle says?

David Weimer, MS

De: Glennie, Gilbert

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: Virus Found in message "Delivery by mail"

Fecha: viernes, 28 de enero de 2005 16:00:42

Archivos adjuntos:

"Jeffrey.Campbell" <Jeffrey.Campbell@integris-health.com>

Sent by: owner-pinnacle-users@explode.unsw.edu.au

01/27/2005 04:53 PM

Please respond to pinnacle-users

To: Pinnacle-users <pinnacle-users@explode.unsw.edu.au>@SMTP@Exchange

cc: (bcc: Gilbert D. Glennie/MJH)

Subject: Virus Found in message "Delivery by mail"

Symantec AntiVirus found a virus in an attachment from owner-pinnacle-users@explode.unsw.edu.au@SMTP@Exchange.

Attachment: guupd02.com

Virus name: W32.Beagle.BA@mm

Action taken: Delete succeeded :

File status: Deleted

Thanks for use of our software.

De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Varian and rounded leaves
Fecha:	viernes, 28 de enero de 2005 16:31:31
Archivos adjuntos:	

David,
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AJ

Andrew O. Jones, PhD
System Director, Medical Physics
Department of Radiation Oncology
Geisinger Medical Center
N. Academy Ave
Danville, PA 17822
570 271-6304

>>> DEWEIMER@sentara.com 01/28/05 09:45AM >>>
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David Weimer, MS

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De:	hugo.tremblay@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Réf. : Re: Varian and rounded leaves
Fecha:	viernes, 28 de enero de 2005 17:30:57
Archivos adjuntos:	pic10755.pcx

Hi David,

We have version 6.2b and got very good results with our Varian MLC inside the radiation field (less than 1 %). However, P³ underestimates the dose under the MLC and in the penumbra region (near the tail). We do not scale the isodoses as Andrew does. Do you get 3% inside or outside the field?

Hugo

De :
"Andrew Jones" <aojones@geisinger.edu>@explode.unsw.edu.au

Envoyé par :
owner-pinnacle-users@explode.unsw.edu.au

Pour :
<pinnacle-users@explode.unsw.edu.au>
cc :
(ccc : Hugo Tremblay/CH de la Sagamie/Reg02/SSSS)
Objet :
Re: Varian and rounded leaves

2005-01-28 10:28
Veuillez répondre à
pinnacle-users

David,
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David Weimer, MS

(Embedded image moved to file: pic10755.pcx)

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Varian and rounded leaves
Fecha:	viernes, 28 de enero de 2005 17:42:50
Archivos adjuntos:	

Are you using sliding window? (why?) - if not then why is the correction so consistently high?
is that published?
My S&S QA is *usually* fine - though the occasional H&N (read: many segs) may approach 3% (high)
I apply a correction when the aggregate of 3 chamber points exceeds 2%

I've got 7.4, installed but not commissioned yet :(

Would anyone who HAS commissioned 7.4 IMRT care to offer any feedback or advice??

thanks
Martin Fraser

At 10:28 AM 1/28/2005, you wrote:
>David,
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>isodose line up 3% (ie if the doc writes for the 95% line we print the
>MU for the 98% line). If the phantom comes out closer without the
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##

De: Joe Grant

A: Pinnacle users (Pinnacle users);

Cc:

Asunto: RE: Varian and rounded leaves

Fecha: viernes, 28 de enero de 2005 19:12:08

Archivos adjuntos:

-No split field size models. 7.4 does a much better job modeling across the field size range. We just use
5 models for each energy , one open field and one for each hard wedge.
-We used the standard automodeling sequence, takes about 3-4 hours to run for each model. It helps if
you have a good starting point, like your current model. One very interesting problem we ran into
was the 6x automodeling sequence; the model seemed to diverge when calculating Gaussian height and width.
The width sent from a starting point of about 0.1 to about 0.4. The only way we caught it was the resulting
OF_c values were about 0.9 (they should be close to 1.0). So I just changed the value manually back to 0.1, and the fits, and theOF_c values looked much better.
- No change in the output factor table. There are no separate output factors for MLC-defined fields. The algorithm supposedly
gets the information it needs from the MLC profiles. You need profiles and depth doses for MLC fields from 2x2
up to 20x20 within a 30x30 jaw setting.
Hope that helps!

Joe Grant

> -----Original Message-----
> **From:** Martin Fraser [mailto:mwfraser@comcast.net]
> **Sent:** Friday, January 28, 2005 9:24 AM
> **To:** Joe Grant
> **Subject:** RE: Varian and rounded leaves
>
> Ah, Joe - the first respondent gets peppered with questions! :
>
> - So when you remodeled for 7.4 did you end up with any split models in the small field size range?
> - Do you recall which scripts you used (I assume that there are new ones-?) that were most effective?
> - Did the output factor table change?
>
> Many thanks!
>
> Martin
>
> At 12:04 PM 1/28/2005, you wrote:
>
> > Yes, we've commissioned 7.4 about 3 weeks ago, and we've found on average
> > a 3-4% increase in Pinnacle dose/MU (for IMRT), compared to v. 6.2.
> > Using v. 6.2 we also found that our chamber QA's were consistently high, compared to plan doses, typically 2-3% for an average prostate with 500-600 MU's.
> > Head and neck QA's (800-1200 MU's, high segmentation) typically were 4-5% high.
> > Using 7.4 now for a limited time, chamber QA is running very close to 1.000 (chamber v. plan), or a little low, maybe 2% at most. It appears that 7.4 is doing a better job accounting for the MLC rounded leaf

problem.

E. Joseph (Joe) Grant, M.S., D.A.B.R.
Medical Physicist
C.A.R.T.I.-P.O. Box 55050
Little Rock, AR 72215
(501)296-3269

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Martin Fraser
Sent: Friday, January 28, 2005 8:38 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Varian and rounded leaves

Are you using sliding window? (why?) - if not then why is the correction so consistently high?
is that published?
My S&S QA is *usually* fine - though the occasional H&N (read: many segs) may approach 3% (high) I apply a correction when the aggregate of 3 chamber points exceeds 2%

I've got 7.4, installed but not commissioned yet :(

Would anyone who HAS commissioned 7.4 IMRT care to offer any feedback or advice??

thanks
Martin Fraser

At 10:28 AM 1/28/2005, you wrote:
>David,
> We put in a 3% correction factor on all of our plans by scaling the
>isodose line up 3% (ie if the doc writes for the 95% line we print the
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>>>> DEWEIMER@sentara.com 01/28/05 09:45AM >>>
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De:	Royal, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	ELEKTA and rounded leaves
Fecha:	viernes, 28 de enero de 2005 20:14:36
Archivos adjuntos:	

Anyone have tips for commissioning v7.4 with Elekta linacs? All of my previous data, down to a 1x1, was with the mlcs (Elekta X field dimension). Do I really need profiles with Y jaws and X backup jaws only (for the same field sizes, down to a 2x2 f.s.)? Or is there just a single transmission factor to enter for both Y and X backup jaw? Hopefully, my software will arrive soon.

Jim Royal

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Joe Grant
Sent: Friday, January 28, 2005 12:06 PM
To: Pinnacle users (Pinnacle users)
Subject: RE: Varian and rounded leaves

-No split field size models. 7.4 does a much better job modeling across the field size range. We just use 5 models for each energy , one open field and one for each hard wedge.
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up to 20x20 within a 30x30 jaw setting.
Hope that helps!

Joe Grant

De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Varian and rounded leaves
Fecha:	viernes, 28 de enero de 2005 20:24:55
Archivos adjuntos:	

We see that as well. Generally, if the number of segments is high and the MU/beam is high, the dose to the chamber is also high. I have seen it go as high as 10% on very highly segmented plans (we redo those). Most of the "simpler" cases with regularly shaped isodose lines and fewer segments (ie prostate only, pancreas, brain boosts) come within 2-3% without the correction. I would hazard a guess that if you really push the system to create very complex plans you will also see this more often. I believe that our chamber size may also be an issue when using many segments. Although we try to put it in an area of low dose gradient, the individual beams may create a high dose gradient in the volume. Has anyone compared 0.6 cc vs 0.125cc or smaller for complex IMRT cases?

AJ

>>> mwfraser@comcast.net 01/28/05 11:38AM >>>
Are you using sliding window? (why?) - if not then why is the correction so consistently high?
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###

De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: version 7.4 modeling quirks
Fecha:	viernes, 28 de enero de 2005 21:29:36
Archivos adjuntos:	

A word of caution regarding the automodeling of off-axis correction factors in 7.4.

While this has worked really nicely for our Siemens machines, one problem we encountered was that the automodel doesn't have data for points at radial distances greater than 20 cm from the central ray (ie., the corners of 40x40 fields). The modeller will, however, return values of off-axis correction factors for distances extending out to the maximum distance subtended from the primary collimator angle specification.

We (tediously) checked diagonal profiles and realized that off-axis factors were not really representative of what is happening in the linac head, but more importantly, the dose was *way* off. This required manual fitting of the off-axis factors as well as adjustments of the primary collimator angle. It was ugly.

These fields are, argueably, not relevant for most clinical scenarios; however, if you don't want to take chances with your new model, I would highly recommend checking a diagonal profile... if not at least with a film or two.

Parminder S. Basran PhD, MCCPM
Toronto-Sunnybrook Regional Cancer Centre
parminder.basran@sw.ca

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varian and rounded leaves
Fecha:	viernes, 28 de enero de 2005 23:18:27
Archivos adjuntos:	

Yes, we've commissioned 7.4 about 3 weeks ago, and we've found on average
a 3-4% increase in Pinnacle dose/MU (for IMRT), compared to v. 6.2.
Using v. 6.2 we also found that our chamber QA's were consistently high, compared to plan doses, typically 2-3% for an average prostate with 500-600 MU's.
Head and neck QA's (800-1200 MU's, high segmentation) typically were 4-5% high.
Using 7.4 now for a limited time, chamber QA is running very close to 1.000 (chamber v. plan), or a little low, maybe 2% at most. It appears that 7.4 is doing a better job accounting for the MLC rounded leaf problem.

E. Joseph (Joe) Grant, M.S., D.A.B.R.
Medical Physicist
C.A.R.T.I.-P.O. Box 55050
Little Rock, AR 72215
(501)296-3269

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Martin Fraser
Sent: Friday, January 28, 2005 8:38 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Varian and rounded leaves

Are you using sliding window? (why?) - if not then why is the correction so consistently high?
is that published?
My S&S QA is *usually* fine - though the occasional H&N (read: many segs) may approach 3% (high) I apply a correction when the aggregate of 3 chamber points exceeds 2%

I've got 7.4, installed but not commissioned yet :(

Would anyone who HAS commissioned 7.4 IMRT care to offer any feedback or advice??

thanks
Martin Fraser

At 10:28 AM 1/28/2005, you wrote:
>David,
> We put in a 3% correction factor on all of our plans by scaling the
>isodose line up 3% (ie if the doc writes for the 95% line we print the
>MU for the 98% line). If the phantom comes out closer without the
>factor we take it out. The majority of our plans come within 2% of the

>chamber readings.
>
>AJ
>
>
>
>Andrew O. Jones, PhD
>System Director, Medical Physics
>Department of Radiation Oncology
>Geisinger Medical Center
>N. Academy Ave
>Danville, PA 17822
>570 271-6304
>
>
>>>> DEWEIMER@sentara.com 01/28/05 09:45AM >>>
>To those of you out there using Pinnacle with Varian who have not been
>lucky enough to get the updated software, what if anything are you
>doing to compensate for the differences seen between calculated and
>measured?
>
>Are your docs looking at your measurements and just accepting the fact
>that they are possibly giving the patient 3-4% higher dose than
>prescribed? or Are they adjusting their prescriptions down, knowing
>that the linac is delivering 3-4% more than Pinnacle says?
>
>David Weimer, MS
>
>

>It is intended solely for the addressee. Access to this message by
>anyone else is unauthorized. If you are not the intended recipient, any

>disclosure, copying, distribution or any action taken, or omitted to be

>taken, in reliance on it is prohibited and may be unlawful. If you have

>received this message in error, please delete all electronic copies of
>this message (and the documents attached to it, if any), destroy any
>hard copies you may have created and notify me immediately by replying
>to this email. Thank you.
>
>
>##
>To unsubscribe (yourself or other account) from the pinnacle-users
>mailing list, send the message unsubscribe pinnacle-users <e-mail
>address> to majordomo@explode.unsw.edu.au.
>
>Note: To avoid non-delivery error messages being sent to all list
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##

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle launch script
Fecha:	domingo, 30 de enero de 2005 22:16:00
Archivos adjuntos:	

Dear all,

I have recently been informed that each time a pinnacle application is launch it searches for a script file in the home directory which is executed before the application is launched. This file can be used to set default setting. Ex. setting the default filename used for laser export. I thought the file name was Pinnacle.Init. However, this seems not to be correct. Are there anyone how know the correct file name.

All the best,

Carsten

==========
Ph.D.
Carsten Brink
Radiofysisk laboratorium / Laboratory of radiation physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 19
e-mail: carsten.brink@ouh.fyns-amt.dk

##

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle launch script
Fecha:	domingo, 30 de enero de 2005 23:57:54
Archivos adjuntos:	

Carsten

Use PinnacleInit (no ".").
We still use it to set the background colour with Irregs.

Regards

Nick

At 09:52 PM 30/01/2005 +0100, you wrote:
>Dear all,
>
>I have recently been informed that each time a pinnacle application is
>launch it searches for a script file in the home directory which is
>executed before the application is launched. This file can be used to
>set default setting. Ex. setting the default filename used for laser
>export. I thought the file name was Pinnacle.Init. However, this seems
>not to be correct. Are there anyone how know the correct file name.
>
>All the best,
>
>Carsten
>
>
>==========
>Ph.D.
>Carsten Brink
>Radiofysisk laboratorium / Laboratory of radiation physics
>Odense Universitetshospital / Odense University Hospital
>DK-5000 Odense C
>Denmark
>Phone (+45) 65 41 29 19
>e-mail: carsten.brink@ouh.fyns-amt.dk
>
>
>

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account will not be distributed unless that account is also subscribed.
##

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Varian and rounded leaves
Fecha:	lunes, 31 de enero de 2005 2:37:53
Archivos adjuntos:	

--- Martin Fraser <mwfraser@comcast.net> wrote:

> Are you using sliding window? (why?) - if not then
> why is the correction so consistently high?
> is that published?
> My S&S QA is *usually* fine - though the occasional
> H&N (read: many segs) may approach 3% (high)
> I apply a correction when the aggregate of 3 chamber
> points exceeds 2%
>
> I've got 7.4, installed but not commissioned yet :(
>
> Would anyone who HAS commissioned 7.4 IMRT care to
> offer any feedback or advice??
>
>
Yes, be sure to fock out more $$$ for the sliding
window. I noticed in the release notes that sliding
window is an option and need another license, which
translates to $$$ for Philips-ADAC.

Joe Wong

unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

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account will not be distributed unless that account is also subscribed.
##

De:	Linda Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Varian and rounded leaves
Fecha:	lunes, 31 de enero de 2005 3:35:24
Archivos adjuntos:	

They told us that it is free if you bought IMRT before the release of 7.4.

----- Original Message -----
From: "Joe Wong" <joewongt@yahoo.com>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Sunday, January 30, 2005 8:32 PM
Subject: Re: Varian and rounded leaves

>
> --- Martin Fraser <mwfraser@comcast.net> wrote:
>
> > Are you using sliding window? (why?) - if not then
> > why is the correction so consistently high?
> > is that published?
> > My S&S QA is *usually* fine - though the occasional
> > H&N (read: many segs) may approach 3% (high)
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> > points exceeds 2%
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> > Would anyone who HAS commissioned 7.4 IMRT care to
> > offer any feedback or advice??
> >
> >
> Yes, be sure to fock out more $$$ for the sliding
> window. I noticed in the release notes that sliding
> window is an option and need another license, which
> translates to $$$ for Philips-ADAC.
>
> Joe Wong

>
>
>
>
> _____
> Do you Yahoo!?
> Read only the mail you want - Yahoo! Mail SpamGuard.
> http://promotions.yahoo.com/new_mail
>
>
>
##
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list, send the message
> unsubscribe pinnacle-users <e-mail address>
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account will not be distributed unless that account is also subscribed.
##

De:	Joe Grant
A:	Pinnacle users (Pinnacle users);
Cc:	
Asunto:	v 7.4 automodeling
Fecha:	lunes, 31 de enero de 2005 17:42:57
Archivos adjuntos:	

Martin,
It occurred to me that my response may have been a little mis-leading, plus I glossed over a couple of important details regarding the auto-modeling process for v. 7.4. After you have all the scan data necessary for modeling, and you've entered the mechanical data to describe the MLC leaf end geometry, do the following for each photon energy.

1) Create an open field model for 'All Field Sizes'. Just use your current model parameters to start. Note that a couple of parameters have changed. Flattening filter attenuation is now modeled as an arbitrary profile, rather than a linear fluence increase per cm. Limit the profile edge for automodeling to 0.5 cm.
Also, there is now an MLC transmission factor in addition jaw transmission.
2) Run these 2 automodeling sequences for your open field model:
    i) FineTuneECandSpectrum (takes about 3 hours on a Blade)
    ii) FineTuneCrossBeam (another 3-4 hours)
3) Check the resulting fit. If it's good, copy the resulting model to your 15 degree wedge model. Then, run the FineTuneAllForWedge sequence. Again, about 3-4 hours on a Blade.
4) Copy this model to the 30 wedge model, repeat the FineTuneAllForWedge sequence. Do the same for other wedges.
5) As always, calculate your output factors. If the OF_c values are between .95 and 1.05, your models are probably OK.
If not, check to make sure there is no radical divergence from the original model. For example, Gaussian width should not change by a factor of 4, which is what happened to us.

E. Joseph (Joe) Grant, M.S., D.A.B.R.
Medical Physicist
C.A.R.T.I.-P.O. Box 55050
Little Rock, AR 72215
(501)296-3269

>>Ah, Joe - the first respondent gets peppered with questions! :
>So when you remodeled for 7.4 did you end up with any split models in the small field size range?
>Do you recall which scripts you used (I assume that there are new ones-?) that were most effective?
>Did the output factor table change?
>Many thanks!

>Martin

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Sliding window license.
Fecha:	lunes, 31 de enero de 2005 17:58:50
Archivos adjuntos:	

--- Linda Smith <lsmi80@optonline.net> wrote:

> They told us that it is free if you bought IMRT
> before the release of 7.4.
>
>
>
Good question. Are there any Philips-ADAC reps montoring the list to give us the correct respond, or am I (as usual) skeptical (again)? I will wait a day or two before I make a call to customer service (when I miss those "your call is important to us,....." messages) for clarification. Marc, are you monitoring this list? If so, how about an answer?

Joe Wong

account will not be distributed unless that account is also subscribed.
##

De:	Graham Freestone
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: v 7.4 automodeling
Fecha:	martes, 01 de febrero de 2005 1:00:50
Archivos adjuntos:	

Martin,

If at all possible, stick with an all field size model, as you will run into trouble with elongated and assym fields. The exception to this is I gather most users have a small field model for IMRT treatments (1cm plus a 3cm or 5cm models?), due to the change in profiles at small field sizes.

For my 2 centimes, don't bother with automodelling the spectrum, you can do it in about 30mins tops manually. I usually pick the 20x20 f.s. %dd curve (preferably at both 100 and short SSD's), and get a fit. This will normally suit across the field size range.

From memory, the beam data collection guide does not really emphasise the collection of short SSD data: this is a must, as we have seen significant changes in the calc'd profiles between 100 & shorter SSD (e.g.80cm). Almost all of our treatments are isocentric now, so really the bulk of the data should be taken at short SSD, with fewer scans at 100 & 120cm.

I did a bit of beta testing last year on v7 and the automodelling for the profiles worked pretty well on open fields. The EC automodelling didn't do a very good job though, but that is not a long manual job once you get the hang of it.

Regards

Graham Freestone MSc CSci MIPEM MACPSEM

** please note new phone numbers and email address**

Senior Medical Physicist

Adelaide Radiotherapy Centre,
352 South Terrace,

Adelaide,
SA5000,
Australia.

gfreestone@adradcentre.com.au

Tel: (08) 8228 6751 (direct dial)
Tel: (08) 8228 6700 (switch)
Fax: (08) 8223 6166
mobile: 0413 621 444

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Sliding window license.
Fecha:	martes, 01 de febrero de 2005 2:58:44
Archivos adjuntos:	

> --- Linda Smith <lsmi80@optonline.net> wrote:
>
> > They told us that it is free if you bought IMRT
> > before the release of 7.4.
> >
>
Linda, you are correct. Called Customer Support.
Dialed in and gave us the license. How well that
works, yet to try.

Joe

_____

De:	Lars Ewell
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Lars Ewell; Russell J. Hamilton;
Asunto:	Voxel Q Workstation Contours and Isocenter to Pinnacle
Fecha:	martes, 01 de febrero de 2005 3:18:05
Archivos adjuntos:	

To Whom it May Concern,

We are having a problem with our DICOMRT image transfer to Pinnacle, and I was hoping that someone may be able to help us out.

We are currently commissioning our recently purchased version 7.0g of Pinnacle, and have been sending DICOMRT CT images from our Voxel Q workstation to Pinnacle.

The actual images make it through fine. However, the contours that were drawn on the Voxel Q workstation do not make it through and, more importantly, neither does the isocenter.

Has anybody else experienced similar difficulties? If so, any resolution?

Thanks in advance.

regards,

Lars Ewell

Lars Ewell
Assistant Professor
Department of Radiation Oncology
University of Arizona School of Medicine
PO Box 245081
Tucson, AZ 85724-5081

Phone: (520)626-5769

Fax: (520)626-9328
email: lewell@email.arizona.edu

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Voxel Q Workstation Contours and Isocenter to Pinnacle
Fecha:	martes, 01 de febrero de 2005 5:01:51
Archivos adjuntos:	

Lars

The contours should get though. Excuse me if you already know this, the CT image data you import in the image import tool at Patient Definition, remember Patient ID. The contours you import after you have started a plan with the relevent CT assigned. The tool is the Import tool under the File menu. I believe there is still a problem with points, only the iso of a beam comes though. The suggested work around is to assign a dummy beam for all other points of interest. Then in Pinnacle, delete the beam but keep the "iso" point.

To help in debugging, look in the DICOM dir (/autoDataSets/DICOM) after a send from the Voxel Q. The CT image slices should all be approx 512kb, then there should be either 1 or 2 others ie the DICOM-RT plan file and the DICOM-RT structure set file. There is a tool DICOMlist in Pinnacle that will help you check the contents of these files.

Hope that helps

Regards

Nick

At 07:14 PM 31/01/2005 -0700, you wrote:

> To Whom it May Concern,
>
> We are having a problem with our DICOMRT image transfer to Pinnacle, and I was hoping that someone may be able to help us out.
>
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Thanks in advance.

regards,

Lars Ewell

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PO Box 245081
Tucson, AZ 85724-5081

Phone: (520)626-5769
Fax: (520)626-9328
email: lewell@email.arizona.edu

De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Voxel Q Workstation Contours and Isocenter to Pinnacle
Fecha:	martes, 01 de febrero de 2005 5:22:41
Archivos adjuntos:	

There is another potential problem with the Voxel-Q. Depending on which screen and function, the contours may be sent as ROI contours instead of structure sets. In this case it is likely the Pinnacle software will not recognize them as they will be labeled differently. I don't know the Voxel-Q well enough to remember the details, but we had this trouble in Israel when I was there. We were using my Prism RTP system, not Pinnacle, but the Prism DICOM software has really thorough logging facilities so that is how we found out what was going on.

Ira Kalet
University of Washington

Nick Bennie wrote:
> Lars
>
> The contours should get though. Excuse me if you already know this, the
> CT image data you import in the image import tool at Patient Definition,
> remember Patient ID. The contours you import after you have started a
> plan with the relevent CT assigned. The tool is the Import tool under
> the File menu. I believe there is still a problem with points, only the
> iso of a beam comes though. The suggested work around is to assign a
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> the DICOM-RT structure set file. There is a tool DICOMlist in Pinnacle
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> Hope that helps
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> Regards
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>> contours that were drawn on the Voxel Q workstation do
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>>
>> Has anybody else experienced similar difficulties? If
>> so, any resolution?
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>> Thanks in advance.
>>
>> regards,
>>
>> Lars Ewell
>>
>>
>> ----------
>> Lars Ewell
>> Assistant Professor
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De:	John Sage
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Voxel Q Workstation Contours and Isocenter to Pinnacle
Fecha:	martes, 01 de febrero de 2005 10:21:11
Archivos adjuntos:	

Hi Lars,

How are you sending the studies from VoxelQ? Structure Sets and plans/etc are not sent if you send the whole study from the file menu. RT objects must be explicitly sent from the connectivity option in the virtual simulation workspace. You can also send the CTs from this option. This is a little odd because you often enter virtual sim only to send the structure sets.

I like the workaround with the beam to send the isocentre. We've been trying to work out how to do that for ages.

John

De:	DAVID E. WEIMER
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Archiving
Fecha:	martes, 01 de febrero de 2005 15:54:45
Archivos adjuntos:	

I am looking for information from people who are using something other than the 4mm tapes, to archive. What are you using? Cost of device and media? Shelf life of media? Is it a destructive process like 4mm tapes or can you add on? Likes? Dislikes?

Dave Weimer

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: v 7.4 automodeling
Fecha:	martes, 01 de febrero de 2005 16:35:04
Archivos adjuntos:	

Graham,
Thanks SO much for the helpful tips. I do have a split model now, for small FS (IMRT). I split at 5 cm.
I was hoping to avoid that but accept whatever produces the best result.

Did you scan many MLC Defined fields to check the leaf end model?

regards
Martin
(from the home of the now and future Champion New England Patriots - but I guess that doesn't mean much down under, eh? ;))

At 06:50 PM 1/31/2005, you wrote:

> Martin,
>
> If at all possible, stick with an all field size model, as you will run into trouble with elongated and assym fields. The exception to this is I gather most users have a small field model for IMRT treatments (1cm plus a 3cm or 5cm models?), due to the change in profiles at small field sizes.
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> For my 2 centimes, don't bother with automodelling the spectrum, you can do it in about 30mins tops manually. I usually pick the 20x20 f.s. %dd curve (preferably at both 100 and short SSD's), and get a fit. This will normally suit across the field size range.
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> I did a bit of beta testing last year on v7 and the automodelling for the profiles worked pretty well on open fields. The EC automodelling didn't do a very good job though, but that is not a long manual job once you get the hang of it.
>
> Regards
>
> Graham Freestone MSc CSci MIPEM MACPSEM
>
> ** please note new phone numbers and email address**

Senior Medical Physicist

Adelaide Radiotherapy Centre,
352 South Terrace,
Adelaide,
SA5000,
Australia.

gfreestone@adradcentre.com.au

Tel: (08) 8228 6751 (direct dial)
Tel: (08) 8228 6700 (switch)
Fax: (08) 8223 6166
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Martin Fraser, MS DABR
Medical Physicist
CHEM Center for Radiation Oncology
48 Montvale Ave (781)279-2289
Stoneham, MA 02180 Fax(781)279-0409

mwfraser@comcast.net
mfraser@chem-center.com

De:	tspeck@nrad.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Hard copy from GE CTsim
Fecha:	martes, 01 de febrero de 2005 18:18:51
Archivos adjuntos:	

We recently purchased the GE CTSIM and have not yet purchased an printer. We do not have an Image package with our IMPAC nor are our machines equiped with portal imaging, so quality of our DRR's is important

Question: what hardcopy device have people used for DRR's? We have a lexmark now attached to pinnacle but think we could do better with the resolution Thanks !!

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	NTCP calculations
Fecha:	martes, 01 de febrero de 2005 20:54:39
Archivos adjuntos:	

Are there any experts on Pinnacle's NTCP calculations here?

I noticed today when running an NTCP calculation on 6.2b, that the result is calculated based on the dose specified in the DVH window and that value for "max dose" is not reported anywhere in the plan.

So for example, I am curious about the NTCP for liver. I previously had set the max dose in the DVH to a particular value, say 4000, to evaluate how much of the liver gets more than 4000. When I initiate the NTCP value, the result of the calculation is lower than if I had simply left the DVH on "calculate max dose" - which for my plan was around 5200 cGy.

Did that make sense?

Then when the plan is printed and the NTCP calcs are reported, nowhere does the NTCP calc specify the "max dose" that was entered in the DVH. It's a little misleading and can result in the NTCP getting misinterpreted.

Have other people seen this too?

Steve T

==========
Stephen K. Thompson, M.S.
Department of Radiation Oncology
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237
thompssk@sutterhealth.org

the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De: Ese Enari

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: v 7.4 automodeling

Fecha: miércoles, 02 de febrero de 2005 0:12:13

Archivos adjuntos:

Wrong Martin,
Some of us downunder think the Eagles might give the Patriots a run for their money. I am still lamenting the 'just above average' performance of my beloved Redskins and await the day they will rule the roost again.

Graham, now i know who to email when we install IMRT.

Cheers,

K.F.Enari
B.Sc. , M.Sc.
Senior Medical Physicist
St George Hospital
Cancer Care Centre
Gray Street, Kogarah NSW 2217
Australia
Phone: (02) 9350 3920
Fax: (02) 9350 3958

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Martin Fraser
> **Sent:** Wednesday, February 02, 2005 2:31 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: v 7.4 automodeling
>
> Graham,
> Thanks SO much for the helpful tips. I do have a split model now, for small FS (IMRT). I split at 5 cm.
> I was hoping to avoid that but accept whatever produces the best result.
>
> Did you scan many MLC Defined fields to check the leaf end model?
>
> regards
> Martin
> (from the home of the now and future Champion New England Patriots - but I guess that doesn't mean much down under, eh? ;))
>
> At 06:50 PM 1/31/2005, you wrote:
>
> > Martin,
> >
> > If at all possible, stick with an all field size model, as you will run into
> > trouble with elongated and assym fields. The exception to this is I gather
> > most users have a small field model for IMRT treatments (1cm plus a 3cm or
> > 5cm models?), due to the change in profiles at small field sizes.

For my 2 centimes, don't bother with automodelling the spectrum, you can do it in about 30mins tops manually. I usually pick the 20x20 f.s. %dd curve (preferably at both 100 and short SSD's), and get a fit. This will normally suit across the field size range.

From memory, the beam data collection guide does not really emphasise the collection of short SSD data: this is a must, as we have seen significant changes in the calc'd profiles between 100 & shorter SSD (e.g.80cm). Almost all of our treatments are isocentric now, so really the bulk of the data should be taken at short SSD, with fewer scans at 100 & 120cm.

I did a bit of beta testing last year on v7 and the automodelling for the profiles worked pretty well on open fields. The EC automodelling didn't do a very good job though, but that is not a long manual job once you get the hang of it.

Regards

Graham Freestone MSc CSci MIPEM MACPSEM

** please note new phone numbers and email address**

Senior Medical Physicist

Adelaide Radiotherapy Centre,
352 South Terrace,
Adelaide,
SA5000,
Australia.

gfreestone@adradcentre.com.au

Tel: (08) 8228 6751 (direct dial)
Tel: (08) 8228 6700 (switch)
Fax: (08) 8223 6166
mobile: 0413 621 444

Martin Fraser, MS DABR
Medical Physicist

CHEM Center for Radiation Oncology
48 Montvale Ave (781)279-2289
Stoneham, MA 02180 Fax(781)279-0409

mwfraser@comcast.net
mfraser@chem-center.com

De:	Roger Nixon
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hard copy from GE CTsim
Fecha:	miércoles, 02 de febrero de 2005 0:36:04
Archivos adjuntos:	

Hi,
Philips organized a Codonics Horizon Multi-Media Dry Imager for us when they installed our CTSim. We export our P3RTP generated DRR's to this printer for our non epid linacs. The images are of excellent quality and the printer gives us less hassles than either the Lexmark or the Tektronix printers.
Cheers

Date sent: Tue, 01 Feb 2005 12:10:21 -0500
From: tspeck@nrad.com
Subject: Hard copy from GE CTsim
To: pinnacle-users@explode.unsw.edu.au
Send reply to: pinnacle-users@explode.unsw.edu.au

We recently purchased the GE CTSIM and have not yet purchased an printer. We do not have an Image package with our IMPAC nor are our machines equiped with portal imaging, so quality of our DRR's is important
Question: what hardcopy device have people used for DRR's? We have a lexmark now attached to pinnacle but think we could do better with the resolution Thanks !!

Roger Nixon

Planning Coordinator
Department of Radiation Oncology
Royal Adelaide Hospital
Nth Terrace, Adelaide, Sth Aust.
Australia.
+61 8 8 2225925 or 08 82224000 pager 1475
rnixon@mail.rah.sa.gov.au

De:	Graham Freestone
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Archiving
Fecha:	miércoles, 02 de febrero de 2005 4:58:23
Archivos adjuntos:	

Dear David,

We are currently using 12Gb DDS3 4mm DAT tapes to archive to(which cost AU $20 each). I do a double backup to ensure that patient data is preserved. I usually only archive off 20-30 patients in one go, so that is perhaps 5 or 6Gb. So that is not as efficient as a process as I would like, but the practicalities of waiting until I could fill a tape right up are not ideal.

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Regards

Graham Freestone

De:	David Biggs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Archiving
Fecha:	miércoles, 02 de febrero de 2005 5:12:17
Archivos adjuntos:	

Dear Graham

I noticed recently in the release notes for 7.4 in section 2.1.2 the "Note" says

You can back up to CD and DVD only on SunFire V250 workstations and Tadpole

Viper laptops.

Regards

David Biggs
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
Sydney Adventist Hospital
' 0425 293486
. dsbiggs@smartchat.net.au

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Graham Freestone
> **Sent:** Wednesday, 2 February 2005 2:48 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Archiving
>
> Dear David,
>
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Regards

Graham Freestone

De:	Graham Freestone
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	v 7.4 automodeling
Fecha:	miércoles, 02 de febrero de 2005 10:57:26
Archivos adjuntos:	

Martin,

(I was a Packers fan in the past, but do not follow the game any more. I do remember going on the ADAC physics course in Milpitas and watching a game in the Faultline brewery in San Jose back in 1999 with some of the other students. It was either the Packers or the Dolphins who whipped the Pats back then, much to the chagrin of Eric, one of the students from the East Coast :o)

Anyway: As I mentioned we do not have v7.4 yet, and are not doing IMRT, so we have not looked at the effects of the new tongue and groove factors. We have Siemens linacs so will not need the curved leaf end model. This something for the future in the run-up to IMRT……

I have been playing around with the arbitrary profile editor to try and allow us to get rid of our split field size models, as a first step.
Our fit in the penumbral regions using v6 are acceptable, but not great. They come within the Van Dyk criteria anyway. Just.
Because of the weird Siemens flattening filter we ended up splitting our field size models, which has caused us a lot of grief: don't do it unless you really need to.

I have just done the UTMB IMRT course in Galveston (recommended): They are using v6.2, and from what I saw of their models (roughly the same as ours), I am not convinced that these small differences will make a lot of difference in the patient, or in a phantom film exposure given the wonderful leaf position reproducibility of the Siemens MLC.

We did measure a couple of L-shaped fields to have a look at the profile under the leafs, and the side edge of the leafs. These were reasonable.
I also did some films and net scans of some irregular shaped fields, and compared these to P3 calc'd planar dose maps. Again reasonable.

We also saw the clipping of the field in the extreme corners, which we have not been able to model in v6.2, so will have to do some more scans and play with the arbitrary profile to get this right in v7.0

Hope this helps

Graham

De:	Jeff Limmer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Archiving (with DVD burners)
Fecha:	miércoles, 02 de febrero de 2005 14:24:29
Archivos adjuntos:	

Greetings,

We FTP our archive patients over to a PC and burn a DVD from there. To restore, we FTP it back. It works well, it is simple, it is faster than tape, it is cheap.

Jeff

Jeff Limmer MS Ed, MSc, DABR
Chief Medical Physicist - Radiation Oncology
E-Mail: jeffl@aspirus.org

UW Cancer Center Wausau
Phone: 715/847-2685
FAX: 715/847-2319
Riverview UW Cancer Center:
Phone: 715/422-9294
FAX: 715/421-7408

>>> dsbiggs@smartchat.net.au 01-Feb-05 22:10:18 >>>
Dear Graham

I noticed recently in the release notes for 7.4 in section 2.1.2 the
"Note" says

You can back up to CD and DVD only on SunFire V250 workstations and
Tadpole

Viper laptops.

Regards

David Biggs
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
Sydney Adventist Hospital

' 0425 293486
* <mailto:dsbigg@smartchat.net.au> dsbiggs@smartchat.net.au

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Graham Freestone
Sent: Wednesday, 2 February 2005 2:48 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Archiving

Dear David,

We are currently using 12Gb DDS3 4mm DAT tapes to archive to(which cost AU$20 each). I do a double backup to ensure that patient data is preserved. I usually only archive off 20-30 patients in one go, so that is perhaps 5 or 6Gb. So that is not as efficient as a process as I would like, but the practicalities of waiting until I could fill a tape right up are not ideal.

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Regards

Graham Freestone

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Archiving (with DVD burners)
Fecha:	miércoles, 02 de febrero de 2005 15:28:17
Archivos adjuntos:	

Listers,

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an NFS connection. (Otherwise, to a directory on the Sun and FTP)

2. DVD burner is on a windows box

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6. We use UDF file system on the DVD.

I have a procedure that I could e-mail any one who is interested.

Sean Frigo

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Jeff Limmer
Sent: Wednesday, February 02, 2005 07:04
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Archiving (with DVD burners)

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Jeff Limmer MS Ed, MSc, DABR
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Sent: Wednesday, 2 February 2005 2:48 PM
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Graham Freestone

will not be distributed unless that account is also subscribed.
##

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
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##

De:	Vivek Mishra
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Archiving (with DVD burners)
Fecha:	miércoles, 02 de febrero de 2005 15:59:25
Archivos adjuntos:	

I am interested in your procedure, please email me:
vivekm@baptisthealth.net

I have in the past stored Pinnacle backed up files on DLT tapes after FTPing files to PC. I am not very thrilled with the performance of DLT, hence exploring the DVD route.

Has anybody tried zipping these files? Any loss of data integrity with zipping and unzipping? I am thinking, we could probably store these back up files on a SAN attached to varies server.

I am presuming that this discussion has been towards 'archiving' patients. A related topic is backing up patient data in the event there is loss of patient database on the Pinnacle server. I would like to hear user's views. Of course now we are dealing with huge back up jobs.

Vivek Mishra
Baptist Hospital of Miami

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Sean Frigo
Sent: Wednesday, February 02, 2005 9:24 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Archiving (with DVD burners)

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From: owner-pinnacle-users@explode.unsw.edu.au
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Graham Freestone

De:	DAVID E. WEIMER
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	P3MD
Fecha:	miércoles, 02 de febrero de 2005 17:12:23
Archivos adjuntos:	

Anyone out there using P3MD that may have noticed some problems on the main workstation while the doc is working through P3MD? We had a major lock-up on Friday that lead to a hard down and some major headaches after that. When the problem happened on Friday, we were able to click on save and exit, but it did not seem as though this action was ever completed. The data in the planning windows would disappear, but the windows would never actually close. It just happened again and the doc was again using P3MD and having problems of his own.

Dave Weimer

De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: P3MD
Fecha:	miércoles, 02 de febrero de 2005 17:33:10
Archivos adjuntos:	

Dave,

Has this problem been reported to ADAC (Philips?)? It seems worthy of a formal problem report.

Ira Kalet
University of Washington

DAVID E. WEIMER wrote:
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>
> Dave Weimer

De:	Chen, Hansen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Archiving (with DVD burners)
Fecha:	miércoles, 02 de febrero de 2005 17:48:56
Archivos adjuntos:	

We can actually use DVD+R. So I guess it leaves everybody another choice.

And Zip is an excellent idea. The IMRT plan is usually "huge" and what we do is to backup as regular from Pinnacle, FTP to PC and from there we use "WinZip" to compress the file again to reduce almost half of the original file size before burning into the DVD.
Guess what, Pinnacle can restore the zip file directly!!!

Best wishes,
Hansen Chen
Monmouth Medical Center

-----Original Message-----
From: Sean Frigo [mailto:sfrigo@turvillebay.com]
Sent: Wednesday, February 02, 2005 9:24 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Archiving (with DVD burners)

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Sean Frigo

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Jeff Limmer
Sent: Wednesday, February 02, 2005 07:04
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Archiving (with DVD burners)

Greetings,

We FTP our archive patients over to a PC and burn a DVD from there. To restore, we FTP it back. It works well, it is simple, it is faster than tape, it is cheap.

Jeff

Jeff Limmer MS Ed, MSc, DABR
Chief Medical Physicist - Radiation Oncology
E-Mail: jeffl@aspirus.org

UW Cancer Center Wausau
Phone: 715/847-2685
FAX: 715/847-2319
Riverview UW Cancer Center:
Phone: 715/422-9294
FAX: 715/421-7408

>>> dsbiggs@smartchat.net.au 01-Feb-05 22:10:18 >>>
Dear Graham

I noticed recently in the release notes for 7.4 in section 2.1.2 the "Note" says

You can back up to CD and DVD only on SunFire V250 workstations and Tadpole

Viper laptops.

Regards

David Biggs
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
Sydney Adventist Hospital
' 0425 293486
* <mailto:dsbigg@smartchat.net.au> dsbiggs@smartchat.net.au

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Graham Freestone
Sent: Wednesday, 2 February 2005 2:48 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Archiving

Dear David,

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Regards

Graham Freestone

sbhcsaccounts@sbhcs.com or visit http://www.zixcorp.com/evangelism/sbhcs/partners/receiving.php

De:	Heaps, Gregory B
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Archiving (with DVD burners)
Fecha:	miércoles, 02 de febrero de 2005 18:20:35
Archivos adjuntos:	

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Chief Medical Physicist - Radiation Oncology
E-Mail: jeffl@aspirus.org

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##

De:	Ese Enari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Archiving (with DVD burners)
Fecha:	miércoles, 02 de febrero de 2005 22:33:38
Archivos adjuntos:	

Gidday,

We use a similar process described by Jeff but we do not FTP the patient file back if we want to restore it. We actually take the CD and inserted into the Pinnacle CD-Drive and restore the patient directly from the CD. It takes about 1 minute. As Jeff mentioned, it is certainly faster and cheaper.

K.F.Enari
B.Sc. , M.Sc.
Senior Medical Physicist
St George Hospital
Cancer Care Centre
Gray Street, Kogarah NSW 2217
Australia
Phone: (02) 9350 3920
Fax: (02) 9350 3958

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Jeff Limmer
Sent: Thursday, February 03, 2005 12:04 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Archiving (with DVD burners)

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Regards

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the incorrect addressing.

This email message has been virus-scanned. Although no computer viruses were detected, South East Health accepts no liability for any consequential damage resulting from email containing any computer viruses.

De:	Ed Mok
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Archiving (with DVD burners)
Fecha:	miércoles, 02 de febrero de 2005 22:37:18
Archivos adjuntos:	

I agreed with Gregory. Any media will not last long-term, not because they have short life span, but it is due to they will be replaced by other newer technologies.
We stopped using tapes 5 year ago. First we backup to PC, then copy to CD. Later on we use DVD, but we still keep the data on the PC. Recently we upgraded our IMPAC servers, which have dual mirrored servers. We moved all the data to the servers. Each server has disk shadowing. In other words, there are at least 4 copies of those data at any time. Plus our IT backup the servers every day on tapes, and move them off site once a week. So I come to think, do we really need tapes, CDs or DVDs? 5 or more years from now when we upgrade to new computers, they would have something other than tape, CD , DVD or whatever we are using now. Are we going to keep our tape or DVD drives, or make the effort to convert to the new media? Why don't we keep all the data on the PC servers? When we upgrade our servers, we can just copy to the new servers. By the mean time, we have all the data at our tip of our "mice".
In my opinion, tapes are just like security blankets. We keep them just make us feel secure.

Ed Mok

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Heaps, Gregory B
Sent: Wednesday, February 02, 2005 9:15 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: Archiving (with DVD burners)

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##

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	EMILY ROBINSON;
Asunto:	Why archive?
Fecha:	miércoles, 02 de febrero de 2005 22:47:05
Archivos adjuntos:	

"... In my opinion, tapes are just like security blankets. We keep them just make us feel secure."

> What is the value of all this archiving? I understand the need to backup the active database for patients currently under treatment in case the server crashes. But why do we need to keep patient plans after they have completed a specific course of therapy? If they come back for a new course, we will rescan and replan them at that time.

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Why archive?
Fecha:	miércoles, 02 de febrero de 2005 22:55:42
Archivos adjuntos:	

I'll give an example of why it is good to archive.
Patient finishes IMRT treatment to brain. Six months later a doctor from Florida calls and asks attending rad onc for films from treatment because patient has recurred at the posterior horn of the right ventricle. Ummm, I'm sorry but the posterior horn is not something that was contoured and he would like to know how much that area received. We were able to unarchive from tape and send by e-mail axial images with composite isodose lines (captured as jpeg's) of the area in question. Specific areas like this are not always printed out in the plan in the chart. We also archive because our server has limited space, although I don't think that is why you are asking the question. Hope that gives some understanding.
Bryan

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au; Bryan.Murray@UTSouthwestern.edu;
Cc:	
Asunto:	Why archive everything?
Fecha:	miércoles, 02 de febrero de 2005 23:05:06
Archivos adjuntos:	

That's a great example. So do you archive all cases or just select sites. For example, do you archive all the breast tangent plans or AP/PA lung plans?

>>> "Bryan Murray" <Bryan.Murray@UTSouthwestern.edu> 02/02/05 11:52AM >>>
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Bryan

De:	Bossart, Elizabeth
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Why archive everything?
Fecha:	miércoles, 02 de febrero de 2005 23:35:15
Archivos adjuntos:	

As a physicist is FL ;) who generally gets those recurrant cases, we archive everything in case the patient comes back with a recurrance or new primary. It's important to know what was treated and to how much, especially if you are trying to preserve normal tissues. Also, that way we have data when a physician wants to go back for study purposes, etc.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Scott DUBE
Sent: Wednesday, February 02, 2005 4:58 PM
To: pinnacle-users@explode.unsw.edu.au; Bryan.Murray@UTSouthwestern.edu
Subject: Why archive everything?

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De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Why archive everything?
Fecha:	jueves, 03 de febrero de 2005 0:07:57
Archivos adjuntos:	

We archive everything, I guess because we just do. It is definitely an issue because we use one of our blades as the server (80 Gig hard drive) and that is barely (not really) enough to hold all of the current patients on treatment (blame this on IMRT). We started to explore shipping the archive data to another blade and archiving from that one but hopefully the new Sun Fire will take care of our space issues.
Bryan

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Why archive?
Fecha:	jueves, 03 de febrero de 2005 0:42:08
Archivos adjuntos:	

Our doctors love to look at old dosimeter plans if a patient comes back months or years later with a problem or a recurrence. We often restore from our old tapes. For us keeping old patients on a tape is a must.

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Scott DUBE
Sent: Wed 2/2/2005 4:41 PM
To: pinnacle-users@explode.unsw.edu.au
Cc: EMILY ROBINSON
Subject: Why archive?

"... In my opinion, tapes are just like security blankets. We keep them just make us feel secure."

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De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Why archive everything?
Fecha:	jueves, 03 de febrero de 2005 1:20:05
Archivos adjuntos:	

Folks, since this is a pinnacle-users list, we all assume that Pinnacle3 will be forever. We had changed from Arctronics to Theraplan to GE Target to ROCS and now to ADAC which became Philips-ADAC. So question is do we all keep one of each system when we switch systems? This was brought up before, and as long as we have a hardcopy, do we really need archiving so much other than, maybe, for six months or one year? In fact, our medical insurance carrier recommends that we destroy all patient records who have been inactive for three years. And we had been keeping those records for more than 20 years (including those who had passed on, but we knew nothing about).

Joe Wong

##

De:	Alfred Roth
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Why archive everything?
Fecha:	jueves, 03 de febrero de 2005 2:31:51
Archivos adjuntos:	

Joe,

Your points are well taken.

Another aspect is how compatible are the patient files with all the different versions of software? In addition, when using the same patient data with different executables and different machine data files, the recall and recalc of the plan could be quite different. To have an exact back-up would require the executable and machine data for each plan. Did someone mention a change to the operating system? We have found that on the rare occasion we needed or wished we had a back-up of the patient data, that the patient had lost so much weight, had surgery etc. So the old plan was not really valid to compare. While we could match fields based on bony anatomy, the soft tissue was quite mobile.

We did discover on one system that the file ownership properties had changed from a back-up to what was now needed and it took a bit of UNIX skills to change the info on the files.

Fortunately all my planning systems currently read DICOM files (hospital save CT Images) and we can generate the fields from our IMPAC MLC data files and create a "good estimation" of what was done. If we ever want to or need to.

During the past 7 years I know of one time where it would have been nice to have the 3D plan.

How often do people check to be sure the restore actually works?

Can I interest anyone in some 8" floppies with patient data? :)

Al Roth

Joe Wong <joewongt@yahoo.com> wrote:

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> assume that Pinnacle3 will be forever. We had changed
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Joe Wong

_____
Do you Yahoo!?
The all-new My Yahoo! - What will yours do?
http://my.yahoo.com

De:	Graham Freestone
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Bug in v7.0g Pinnacle
Fecha:	jueves, 03 de febrero de 2005 6:15:54
Archivos adjuntos:	

Dear colleagues,

FYI / has anybody else seen this?

Our planners created a CT based plan for a breast cancer patient in Pinnacle v7.0g. Both beams have the same isocentre, which is in air, outside the patient body. The dose point for the beams has been set to a point within the patient body. MU's have been calculated correctly.

When trying to export the patient via RTP to Lantis, they got the following error message (or near enough):

'Field monitor units field value = -1.0, outside allowable range of 10 to 999'

The export was then terminated, and no RTP file created.

I tried a whole bunch of stuff including recreating the patient plan from a re-import of the CT dataset, none of which allowed export.

The answer turned out to be what I suspected: the fact that the isocentre was in air is the problem. I created a small ROI around the isocentre POI and overrode the density to 1g/cm3, and re-calc'ed: bingo! Exported with no problems.

This sort of plan is not uncommon for breast XRT, but possibly the first one we have planned since upgrading to v7.0.
The RT's have planned a H&N patient with an extended SSD though, so in this case there is tissue beyond the isocentre, whereas in the breast case, both beam CAX's do not intersect the patient body.

Regards

Graham Freestone MSc CSci MIPEM MACPSEM

** please note new phone numbers and email address**

Senior Medical Physicist

Adelaide Radiotherapy Centre,
352 South Terrace,
Adelaide,
SA5000,
Australia.

gfreestone@adradcentre.com.au

Tel: (08) 8228 6751 (direct dial)
Tel: (08) 8228 6700 (switch)
Fax: (08) 8223 6166
mobile: 0413 621 444

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Bug in v7.0g Pinnacle
Fecha:	jueves, 03 de febrero de 2005 6:37:06
Archivos adjuntos:	

"Our planners created a CT based plan for a breast cancer patient in Pinnacle v7.0g. Both beams have the same isocentre, which is in air, outside the patient body. ..."

Hi Grahman,

I've always known some of the smartest medical physicists live in Australia. So I am sure there is a good reason to treat breast tangents with the isocenter outside the patient body. But being from Connecticut and now living in Hawaii, I am at a loss to imagine why you would ever do that.

At the same time, I am American so believe in freedom of choice. Why do you choose to this technique for breast tangents?

Thanks, Scott

De:	Graham Freestone
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Bug in v7.0g Pinnacle
Fecha:	jueves, 03 de febrero de 2005 7:16:46
Archivos adjuntos:	

Scott,

Having had a brief chat with the chief RT here, it would appear that for a small number of cases for patients with a thin chest wall, and for historical reasons, the isocentre ends up in air.

It might be because of a limitation of our old TPS. Will let you know when I find out more.....

Graham

Hi Grahman,

I've always known some of the smartest medical physicists live in Australia. So I am sure there is a good reason to treat breast tangents with the isocenter outside the patient body. But being from Connecticut and now living in Hawaii, I am at a loss to imagine why you would ever do that.

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Thanks, Scott

to majordomo@explode.unsw.edu.au.

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members, the list has been configured so that messages can only be
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##

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send
the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

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De:	Graham Freestone
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	bug in v7.0g Pinnacle #2
Fecha:	jueves, 03 de febrero de 2005 8:34:22
Archivos adjuntos:	

Dear Colleagues,

Another interesting feature of v7.0g I have been asked to address by our RT's:

We seem to be having sporadic outlining problems in v7.0g, in various patients, as far as I can tell only in the first ROI on the ROI list of a patient in SmartSim:

1) there can be excessive waiting times after releasing the left mouse button (using the 'diameter' outlining tool) before it 'resets' and allows you to start drawing again. (up to 7 or 8 seconds). This happens on different client stations, even the SB2000 server. It seems to get worse if there are more contours, even more so if there is more than one contours on the current CT slice.

1a) sometimes after appearing to reset, you move the mouse to where you want to draw a new outline, press the LT mouse button, but nothing is drawn. Interestingly though, when it does this, it alters existing contours in the same ROI i.e. you can nudge the ROI smaller, or cut through it. I have not tried to expand an existing contour by placing the tool inside it.

2) after using auto-contouring to outline the lung on a CT dataset: using the 'diameter tool' to rub out any rogue ROI bits, the TPS has a fit, and draws in a vertical ROI 'line' from the ant surface to post surface of the patient (with a wider bit about 5mm wide in the lung bit). Again this only happens in the first ROI on the list, as I have repeated the outlining procedure on a new ROI (number 5 on the list), and it doesn't happen. I got the RT's to remove all contours from the 1st ROI, and re-contour the lung in the 5th ROI.
I also tried deleting the first ROI, and editing the existing ROI contour in the 'new' 1st ROI, but the glitch didn't happen in this one. We did not try autocontouring the lung in the 'new' first ROI, and then editing it.

Has anybody seen this?

TIA

Graham Freestone MSc CSci MIPEM MACPSEM

** please note new phone numbers and email address**

Senior Medical Physicist

Adelaide Radiotherapy Centre,
352 South Terrace,
Adelaide,
SA5000,
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Tel: (08) 8228 6700 (switch)
Fax: (08) 8223 6166
mobile: 0413 621 444

De:	ranell martos
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Bug in v7.0g Pinnacle
Fecha:	jueves, 03 de febrero de 2005 9:48:13
Archivos adjuntos:	

Field monitor units field value = -1.0, outside
allowable range of 10 to 999

We encountered similar error also, in all cases
requiring extended ssd, e.g. chestwall treatment,
where an anterior electron field in extended ssd is
matched with two opposed tangential fields. Such error
is true for all version of pinnacle, i think. We are
using v7.0g now. We had 5.2g, and v6.2b before. That
problem in exporting to LANTIS via RTPLINK was
answered by opening the Monitor Unit window under the
Windows in Beam spreadsheet and changing the Reference
point of the beam concerned to the Dose calc point
instead of the CAX point of the beam.

Ranell Razon
Makati Medical Center
Philippines

the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

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##

De:	Erik van Dieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Bug in v7.0g Pinnacle
Fecha:	jueves, 03 de febrero de 2005 9:48:46
Archivos adjuntos:	

Hi, I had the same problem a few months ago. See below. Never found the explanation. sincerely, Erik Dr E.B. van Dieren Clinical Physicist HaGaHospital, location Leyenburg The Hague, The Netherlands ----------old messages---------- Hi We tried that already (it is something we always do, since the reference point is the point checked by Lantis), but it doesn't help. () Hi, From the Fields window look under "windows" -> "monitor units". The default reference point is set to the "isocenter" which is in air. You will have to change the reference point to a "real" reference point within the body. Then your R&V parameters will then export correctly. () ----- Original Message ----- From: "Erik van Dieren" To: Sent: Friday, September 17, 2004 12:40 PM Subject: export to V&R using openRTP > Dear Collegues, > > This morning we encountered an entirely new message (for me > al least). During export to our Lantis R&V system using openRTP, > the message was: > field MU of -1. Allowed values are between 10 and 999. > All field MUs were in that range. The only explanation I found was > that the isocenter had been positioned in air (lateral neck and supraclav > irradiation), which resulted in an SSD and average SSD "invalid". So, > in able to export to Lantis, we were forced to shift the isocenter. That > did help, so the assumption "iso in air prevents R&V export" is probable > correct. My first question, is this a known problem? I never saw it before, > and haven't seen it in any manual (yet). () ----------end of old messages----------

De:	John Sage
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Breast iso in air
Fecha:	jueves, 03 de febrero de 2005 10:50:43
Archivos adjuntos:	

Hi Scott,

There are clinical techniques where they use longer tangentials then usual to treat nodes up in the armpit. That means the field width is being decided by what is happening in the armpit rather than the traditional ~2cm air rule. If your breast patients are treated on an older linac without asymmetric jaws the isocentre ends up in air. I don't know how these rate as a technique, I just know they happen.

John

De:	Dimitris Mihaildis
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Bug in v7.0g Pinnacle
Fecha:	jueves, 03 de febrero de 2005 14:59:33
Archivos adjuntos:	

Good morning,

There two issues here, from what I saw.

1) isocenter in air: It happens sometimes to find the isocenter in air for cases such as chest wall where the tissue available is not much and there and the isocenter falls either in the buildup region or practically in air. In all those cases it is dosimetrically important to define another point in the mid of the treatment area, in tissue to prescribe and do your computation of MUs. The isocenter then becomes a setup point only. Now, if you have enough setup information from the simulation stage, patient alignment based on lasers and table top heights, shifts from a reference CT original mark to the beam entrance point (where the isocenter is sitting elevated in air in this case), shifts to the prescription point (what I spoke above), SSDs for your treatment fields to the prescription point (you will need that to compute MUs manually, if you do that at all), etc, then I am not going to adopt that as a standard breast technique but I can deal with it comfortably.

2) There is no bug in the software. At least for the 'Field monitor units field value = -1.0, outside allowable range of 10 to 999' that you see. The response and fix is in the MU window and very successfully has already been discussed by others in this list. After this fix, no computation is necessary, Lantis will do the job.

Good luck,
Dimitris Mihailidis
Charleston Radiation Therapy

to majordomo@explode.unsw.edu.au.

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##

De:	Graham Freestone
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle import bug
Fecha:	lunes, 07 de febrero de 2005 7:46:42
Archivos adjuntos:	

Dear Colleagues,

As you know we have just upgraded to v7.0g P3 and v4.2d DICOM import.

The RT's have noticed that when importing a scan set (to be opened in v7.0g P3), that clicking on the 'window' button, and selecting any of the presets e.g. 'lung' that the window width and level change to a setting giving a very bright image. You are then unable to select another preset (error message appears), or type in the raw window and level values in the boxes in the window. You can however click on the icon which allows you to (successfully) manipulate the W&L in the window itself.
Once in the main planning module this appears to behave normally, so possibly a bug in v4.2d DICOM import module?

This also occurs with other CT datasets, and when the default tool is set to v6.2b, indicating that it is perhaps an import module bug. I do not believe that this occurs with the previous version of DICOM import i.e. v4.0g

Has anybody else seen this?

Regards

Graham Freestone MSc CSci MIPEM MACPSEM

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De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle import bug
Fecha:	lunes, 07 de febrero de 2005 14:37:20
Archivos adjuntos:	

Graham,
Yes, we've seen this.
In addition you may find as we did that if you attempt to delete a slice before import you'll crash Pinnacle.
This appears to be a Launchpad problem - if we work on an old patient, then try to open a new patient we see the import problem - If we close and reopen the launchpad between patients, or go from one new (post 7.4) patient to another the import (and windowing) works fine.
So that's the work-around.
Jo Campbel(sp?) in Pinnacle Support diagnosed this and has reported it as a bug.
regards
Martin
At 01:21 AM 2/7/2005, you wrote:

> Dear Colleagues,
>
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mobile: 0413 621 444

De:	Ravi Errabolu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT Talk slides
Fecha:	lunes, 07 de febrero de 2005 16:17:01
Archivos adjuntos:	

My dear friends
Is anyone out there who is kind to share IMRT talk slides (power point presentation) with me.
I have to give a talk on IMRT to our Radiology department.
I would be very grateful if you could do me this favor.
Thank you in advance

Regards
Ravi Errabolu Ph.D.

De:	Linda Miller
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT Talk slides
Fecha:	lunes, 07 de febrero de 2005 17:04:00
Archivos adjuntos:	

Dr. Errabolu,

If you would respond to me privately, I can provide you with a ppt presentation that I gave. Unfortunately, my system is blocking the transmission because the file is too large. I will have to break it up and send it in smaller file sizes.

Linda Miller, MS
lamiller@etmc.org
East Texas Medical Center
Tyler, Texas

>>> rerrabolu@mmci.org 2/7/2005 9:10:59 AM >>>
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Regards
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##

De:	Gibbons, John
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle import bug
Fecha:	lunes, 07 de febrero de 2005 17:26:08
Archivos adjuntos:	

We found this problem while completing the ATP in the release notes. We were told this problem was unique to GE CT scanners. We had to uninstall DICOM Image version 4.2d and reinstall version 4.0g. Actually, I'm surprised that I haven't received any official notifications regarding this problem from Philips.

John

P.S. The DRRs were also affected and they looked atrocious!.

John P. Gibbons, Jr., PhD.
Chief of Clinical Physics
Mary Bird Perkins Cancer Center
4950 Essen Lane, Baton Rouge, 70809
Phone: 225.215.1145, *Fax*: 225.215.1215

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Martin Fraser
Sent: Monday, February 07, 2005 7:31 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Pinnacle import bug

Graham,
Yes, we've seen this.
In addition you may find as we did that if you attempt to delete a slice before import you'll crash Pinnacle.
This appears to be a Launchpad problem - if we work on an old patient, then try to open a new patient we see the import problem - If we close and reopen the launchpad between patients, or go from one new (post 7.4) patient to another the import (and windowing) works fine.
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De:	Graham Freestone
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle import bug
Fecha:	martes, 08 de febrero de 2005 0:01:43
Archivos adjuntos:	

Hi John,

FYI: we have Toshiba CT's.

The DRR's in the main planning module are fine, apart from having to alter our prostate plan scripts to turn the automatic brightness off in the window/level tab of the BEV options window. This was causing the DRR's to come out overly bright, and altering the brightness level didn't have much effect. For in-progress plans in v6, the RT's have to turn this off manually.

Regards

Graham Freestone

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Gibbons, John
Sent: Tuesday, 8 February 2005 2:45 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle import bug

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Phone: 225.215.1145, *Fax*: 225.215.1215

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Sent: Monday, February 07, 2005 7:31 AM
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Subject: Re: Pinnacle import bug

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De:	Debbie Rothley
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT Speed
Fecha:	miércoles, 09 de febrero de 2005 18:40:50
Archivos adjuntos:	

Hi,

I would like to informally survey other Pinnacle IMRT users to learn if purchasing more RAM would improve the speed of our Blade workstations. We've been told by the local Philips technical service rep. that additional memory probably won't help and that we are "tasking" the systems beyond its capabilities. At the center in question we have two dosimetrists and two Blades, each with 2 GB of RAM. They may each have one or two IMRT plans optimizing simultaneously. The workstations run VERY slowly and opening any other 3-D plans is almost impossible.

I'd like to hear from others who have a similar arrangement and find out how much memory that they have installed. Or are the dosimetrists just limited to one IMRT plan at a time?

Thanks for your input,

Debbie J. Rothley, M.S., DABR
Director of Physics and Dosimetry
Radiation Oncology Services
Riverdale, GA
drothley@rosonline.net
678-466-1953 voice mail
770-330-8249 cell
770-254-9600 Newnan office
770-228-3737 Griffin office

De:	Dr. Hui Li
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT Speed
Fecha:	miércoles, 09 de febrero de 2005 20:04:42
Archivos adjuntos:	

We have three Blades with 1 GB each. I have sometimes run 2 IMRT plans on one station. It was somewhat slow, but not unbearable. However, one of the Pinnacle support staff told my dosimetrist that when he run a IMRT plan, no other plans (of any kind) should be open on the same workstation!!! I didn't know Pinnacle system was that crippled when IMRT is concerned.

Hui Li, PhD
Senior Medical Physicist
Hall Radiation Center
Mercy Medical Center
Cedar Rapids, Iowa

319-398-6705

> -----Original Message-----
> **From:** Debbie Rothley [mailto:DRothley@rosonline.net]
> **Sent:** Wednesday, February 09, 2005 11:30 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** IMRT Speed
>
> Hi,
>
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770-330-8249 cell
770-254-9600 Newnan office
770-228-3737 Griffin office

De:	Jennifer Buskerud
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT Speed
Fecha:	miércoles, 09 de febrero de 2005 20:27:29
Archivos adjuntos:	

Debbie,
We use 2 blades also and I believe they are 2GB each. We run up to 3 IMRT and can have 3 3D plans up at the same time. It is slower than if you had one or two but like it was with the Ultra 10 or 2. You may want to check the primary patient data in an xterm window. We used to have a problem with that slowing things down before we got the blades. We also have a sunfire but have been unable to utilize that to the full capacity due to some printing bug that causes plans and DRR's to print continuously. Waiting to hear from the engineers on that one.
Jennifer Buskerud, CMD

Debbie Rothley **<*DRothley@rosonline.net*>** wrote:

> Hi,
>
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> ***Debbie J. Rothley, M.S., DABR***
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De:	Jennifer Buskerud
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT Speed
Fecha:	miércoles, 09 de febrero de 2005 20:28:44
Archivos adjuntos:	

If this is true and your dosimetrist is half as busy as we are we would never complete any plans in less than a two week time period!
Jennifer

"Dr. Hui Li" <HLi@mercycare.org> wrote:

> We have three Blades with 1 GB each. I have sometimes run 2 IMRT plans on one station. It was somewhat slow, but not unbearable. However, one of the Pinnacle support staff told my dosimetrist that when he run a IMRT plan, no other plans (of any kind) should be open on the same workstation!!! I didn't know Pinnacle system was that crippled when IMRT is concerned.
>
> Hui Li, PhD
> Senior Medical Physicist
> Hall Radiation Center
> Mercy Medical Center
> Cedar Rapids, Iowa
>
> 319-398-6705
>
> -----Original Message-----
> **From:** Debbie Rothley [mailto:DRothley@rosonline.net]
> **Sent:** Wednesday, February 09, 2005 11:30 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** IMRT Speed
>
> Hi,
>
> I would like to informally survey other Pinnacle IMRT users to learn if purchasing more RAM would improve the speed of our Blade workstations. We've been told by the local Philips technical service rep. that additional memory probably won't help and that we are "tasking" the systems beyond its capabilities. At

the center in question we have two dosimetrists and two Blades, each with 2 GB of RAM. They may each have one or two IMRT plans optimizing simultaneously. The workstations run VERY slowly and opening any other 3-D plans is almost impossible.

I'd like to hear from others who have a similar arrangement and find out how much memory that they have installed. Or are the dosimetrists just limited to one IMRT plan at a time?

Thanks for your input,

Debbie J. Rothley, M.S., DABR
Director of Physics and Dosimetry
Radiation Oncology Services
Riverdale, GA
drothley@rosonline.net
678-466-1953 voice mail
770-330-8249 cell
770-254-9600 Newnan office
770-228-3737 Griffin office

De: Campbell, Jeffrey L

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: IMRT Speed

Fecha: miércoles, 09 de febrero de 2005 20:37:27

Archivos adjuntos:

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Jeff

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Dr. Hui Li
Sent: Wednesday, February 09, 2005 12:58 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT Speed

We have three Blades with 1 GB each. I have sometimes run 2 IMRT plans on one station. It was somewhat slow, but not unbearable. However, one of the Pinnacle support staff told my dosimetrist that when he run a IMRT plan, no other plans (of any kind) should be open on the same workstation!!! I didn't know Pinnacle system was that crippled when IMRT is concerned.

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Cedar Rapids, Iowa

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Sent: Wednesday, February 09, 2005 11:30 AM
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Subject: IMRT Speed

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drothley@rosonline.net
678-466-1953 voice mail
770-330-8249 cell
770-254-9600 Newnan office
770-228-3737 Griffin office

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT Speed
Fecha:	miércoles, 09 de febrero de 2005 20:48:49
Archivos adjuntos:	

Hello,
We have 4 Blades in our department. Initially, they all had one processor with 2 GB(?) or ram in each. We could run one optimized plan and you could see the display of the processor usage in the toolbar go to 100%. This pretty much meant it was hard to do anything else. We now have dual processors in all blades and 5 GB of ram in each and we can run 2 optimizing IMRT plans without any slow down. However, trying to do anything else while they are optimizing is not easy. I think if you pay attention to the display of the processor usage you can get a good idea of what you are able to do. 2 plans running, 2 processors, display says 100% usage. I think the ram might help with the speed of which you can do complex 3d rendering of images (skin displays, drr reconstruction, etc.). Hope that helps,
Bryan

De:	Royal, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT Speed
Fecha:	miércoles, 09 de febrero de 2005 21:35:58
Archivos adjuntos:	

"...some printing bug that causes plans and DRR's to print continuously."

We have run into that problem as well with the Sunfire 250's. When printing multiple page DRRs, the printer keeps printing page 1 over and over. They said it was a bug. It works fine on our blade2000.

Jim Royal
Nebraska Methodist Hospital

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Jennifer Buskerud
Sent: Wednesday, February 09, 2005 1:20 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: IMRT Speed

Debbie,
We use 2 blades also and I believe they are 2GB each. We run up to 3 IMRT and can have 3 3D plans up at the same time. It is slower than if you had one or two but like it was with the Ultra 10 or 2. You may want to check the primary patient data in an xterm window. We used to have a problem with that slowing things down before we got the blades. We also have a sunfire but have been unable to utilize that to the full capacity due to some printing bug that causes plans and DRR's to print continuously. Waiting to hear from the engineers on that one.
Jennifer Buskerud, CMD

Debbie Rothley <DRothley@rosonline.net> wrote:

> Hi,
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> learn if purchasing more RAM would improve the speed of our Blade

workstations. We've been told by the local Philips technical service rep. that additional memory probably won't help and that we are "tasking" the systems beyond its capabilities. At the center in question we have two dosimetrists and two Blades, each with 2 GB of RAM. They may each have one or two IMRT plans optimizing simultaneously. The workstations run VERY slowly and opening any other 3-D plans is almost impossible.

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Thanks for your input,

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drothley@rosonline.net
678-466-1953 voice mail
770-330-8249 cell
770-254-9600 Newnan office
770-228-3737 Griffin office

De:	Jeff Limmer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	SunFire Printer Bug
Fecha:	miércoles, 09 de febrero de 2005 22:56:47
Archivos adjuntos:	

Jim,

We have had this problem for quite awhile. I just heard from Philips today that there is a fix for this bug. Yes, it did not affect our Blades either, only the SunFire.

I would like to thank Pinnacle for working hard on this problem and finding a solution.

The help desk should be able to schedule a patch for you through the modem connection.

Best Regards,
Jeff

Jeff Limmer MS Ed, MSc, DABR
Chief Medical Physicist - Radiation Oncology
E-Mail: jeffl@aspirus.org

UW Cancer Center Wausau
Phone: 715/847-2685
FAX: 715/847-2319
Riverview UW Cancer Center:
Phone: 715/422-9294
FAX: 715/421-7408

>>> Jim.Royal@nmhs.org 09-Feb-05 14:31:33 >>>
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Jim Royal
Nebraska Methodist Hospital

De:	Todd, Jo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT Speed
Fecha:	miércoles, 09 de febrero de 2005 23:03:16
Archivos adjuntos:	

I run three IMRT plans at once sometimes the main thing that happens is every now and again it will give a fatal systems error

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Dr. Hui Li
Sent: Wednesday, February 09, 2005 1:58 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT Speed

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Subject: IMRT Speed

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drothley@rosonline.net
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770-228-3737 Griffin office

De: Nick Bennie
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: IMRT Speed
Fecha: miércoles, 09 de febrero de 2005 23:37:57
Archivos adjuntos:

For those with 2 or more blades with a single 900MHz processor, the clever way to upgrade is to buy 2 x 1.2GHz processors, move 1 900MHz processor from 1 into the other to get a dual 900MHz then install the 2 x 1.2GHz into the other to get a dual 1.2GHz. A similar method can be applied to the memory if you have 1Gb as 4 dimms, move one set to the dual 900 to get 2Gb, then install the new memory in the dual 1.2.

If you are limited by pure processor speed this would give a huge increase in performance eg if your limited to 10 IMRT calculations per day per single processor 900, ie 20 per day, this should allow you to run approx 47.
Note that most usage is not limited purely on processor speed. However having a dual processor does allow planning in the foreground with normal response while calculating another plan in the background.

Regards

Nick

At 01:33 PM 9/02/2005 -0600, you wrote:

> We have 3 Blades and all have dual processors. However, only 2 of the Blades have 8 GB and the other has just 2 GB. The Blades with the 8 GB do perform somewhat better, but I cant quantify the performance improvement. Most importantly is the fact that all of the Blades have the 2 processors. If only two workspaces are open, you can run two IMRT plans without any performance loss. Of course, the more workspaces opened past the two more loss in performance. So I would recommend (assuming it is within your budget) purchasing extra processors for your Blades. Then get then additional memory if you can afford it. I think youll see a vast improvement with the additional processor per Blade.
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> Jeff
>
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> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Dr. Hui Li
> **Sent:** Wednesday, February 09, 2005 12:58 PM
> **To:** pinnacle-users@explode.unsw.edu.au
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> Cedar Rapids, Iowa
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> 319-398-6705
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> -----Original Message-----
> **From:** Debbie Rothley [mailto:DRothley@rosonline.net]
> **Sent:** Wednesday, February 09, 2005 11:30 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** IMRT Speed
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Director of Physics and Dosimetry

Radiation Oncology Services

Riverdale, GA

drothley@rosonline.net

678-466-1953 voice mail

770-330-8249 cell

770-254-9600 Newnan office

770-228-3737 Griffin office

De:	Radim Cernej
A:	pinnacle-users@explode.unsw.edu.au; DRothley@rosonline.net;
Cc:	
Asunto:	Re: IMRT Speed
Fecha:	jueves, 10 de febrero de 2005 4:34:35
Archivos adjuntos:	

Dorothy & others,

to see memory and CPU utilization, type "top" (without the quotes) in a terminal window (xterm). You will the amount of RAM available and used, swap-file ("virtual RAM" in Microsoft terminology) CPU usage per-process, etc. If you see that amount of used RAM is larger than physical RAM, then RAM is your bottleneck and you will benefit from installing more of it. If there is still some physical RAM available while your programs are running slow, then your bottleneck is somewhere else, most likely the processor. But it can be also the data-bus, disk-access, etc.

Sun also have some GUI (graphical) tools that do what "top" does, look around the Desktop. Doing such analysis should take at most 30mins and it will give you some data to use when asking your money-masters for upgrades. I did this about a week ago. Also, look for RAM on the Internet (e.g. cnet, google and froogle), buying RAM directly from Sun is expensive by factor of up to 10x, buying from Philips could be even worse, I imagine. I found 1GB good-quality 3rd-party RAM for our Ultra for some $300, Sun want about $2700.

Radim Cernej
989-776-8073

>>> DRothley@rosonline.net 02/09/05 12:30 PM >>>
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770-228-3737 Griffin office

##

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT Speed
Fecha:	jueves, 10 de febrero de 2005 7:15:25
Archivos adjuntos:	

Radim

Sun aren't that bad for prices these days (not as good as PCs I admit).
Check following links
A 4Gb memory kit is list price $3800- US

http://store.sun.com/CMTemplate/CEServlet?process=SunStore&cmdViewProduct_CP&boxid=X7063A&referrer=ssh_buy

and 1.2GHz procesor is $4995- US
http://store.sun.com/CMTemplate/CEServlet?process=SunStore&cmdViewProduct_CP&boxid=%23501-6485&referrer=ssh_buy

The Sun agent should do the install for that price. Then its at least Sun certified, possibly not Philips certified.

Regards

Nick

At 09:24 PM 9/02/2005 -0600, you wrote:
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>
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>Radim Cernej
>989-776-8073
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> >>> DRothley@rosonline.net 02/09/05 12:30 PM >>>
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>
>
>
>
>_____
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>
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###

De:	DAVID SHEPARD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Splitting of fields for Varian IMRT
Fecha:	jueves, 10 de febrero de 2005 15:29:10
Archivos adjuntos:	

I have a question regarding the use of split fields when creating IMRT plans for a Varian accelerator. We are a new Varian customer, and we are now attempting our first IMRT cases that require splitting of the fields. For each beam direction, we divide the field into two subfields with a 2cm overlap.

Our film measurements show significant hot streaks along the match line of the abutting subfields. The planning was performed in Pinnacle 7.0g.

I am wondering if others have encountered these hot spots along the matchline of the subfields and what solutions have been implemented. Can the jaw positions be calibrated to reduce this error? Is this error eliminated or reduced in Pinnacle 7.4?

Thank you for your assistance.

David Shepard

* David Shepard
* Department of Radiation Oncology
* University of Maryland School of Medicine
* 22 South Greene St.
* Baltimore, MD 21201-1595
* ph. 410-328-1831 fax 410-328-5279

You should immediately notify the sender by telephone or email and delete this document.

<<<<gwavasig>>>>

De:	Ostapiak, Orest
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Splitting of fields for Varian IMRT
Fecha:	jueves, 10 de febrero de 2005 17:08:27
Archivos adjuntos:	

Are you correcting for the "leaf gap error" as pointed out by Pat Cadman? Our commissioning measurements show that the leaves must be pushed into the field by 0.7-0.8mm from their nominal positions in order for the Pinnacle planned profiles to agree with those measured with an ion chamber in a water tank for fields collimated with MLCs.
Orest.
Orest Ostapiak, Ph.D., MCCPM
Medical Physicist,
Juravinski Cancer Centre,
Hamilton, ON

-----Original Message-----
From: DAVID SHEPARD [mailto:dshepard@umm.edu]
Sent: Thursday, February 10, 2005 9:23 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Splitting of fields for Varian IMRT

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David Shepard

* David Shepard
* Department of Radiation Oncology
* University of Maryland School of Medicine
* 22 South Greene St.
* Baltimore, MD 21201-1595
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##

De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: v 7.4
Fecha:	viernes, 11 de febrero de 2005 15:08:47
Archivos adjuntos:	

In my routine efforts to compile as much inane paper as necessary, I would like to document the off-axis user-defined profiles introduced in 7.4 for our commissioning documentation. However, the 'print' command in the modeling gui doesn't provide numerical values for this function, but instead a graph.

I have two options:
1/ dig through the Machine.* file to get it
2/ write a script

I feel a bit dirty and mischevious doing 1/... I'd like to do 2/ but have had no such luck far... but I know it the object should be something like MachineList->PhotonEnergyList->PhysicsData-> PhotonModelList->MachineHeadModel-> UserDefinedFilterProfile

I know it is early days of 7.4, but if anyone has written a script for this, i'd be grateful.

=====
-
Parminder S. Basran, PhD MCCPM
pbasran@yahoo.com

De:	Graham Freestone
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: v 7.4
Fecha:	lunes, 14 de febrero de 2005 0:38:36
Archivos adjuntos:	

Parminder,

I use the xv program to do a window capture, not ideal but it works:

Open Xterm window and type 'xv' + [CR] at the prompt.

Regards

Graham Freestone

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I feel a bit dirty and mischevious doing 1/... I'd like to do 2/ but have had no such luck far... but I know it the object should be something like MachineList->PhotonEnergyList->PhysicsData-> PhotonModelList->MachineHeadModel-> UserDefinedFilterProfile

I know it is early days of 7.4, but if anyone has written a script for this, i'd be grateful.

=====
-
Parminder S. Basran, PhD MCCPM
pbasran@yahoo.com

_____

##
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the message
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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Bawa, Walter
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: v 7.4
Fecha:	martes, 15 de febrero de 2005 19:22:36
Archivos adjuntos:	

Parminder,

A followup question to this. Can you both plan with either 6.2 or 7.4?
We already have the 7.4 CDs and will be upgrading sometime in march and wondering if
there is a possibility of upgrading to 7.4 while still having the option to plan on 7.4?

Thanks

Walter Bawa

-----Original Message-----
From: Parminder S. Basran [mailto:pbasran@yahoo.com]
Sent: Friday, February 11, 2005 8:58 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: v 7.4

In my routine efforts to compile as much inane paper
as necessary, I would like to document the off-axis
user-defined profiles introduced in 7.4 for our
commissioning documentation. However, the 'print'
command in the modeling gui doesn't provide numerical
values for this function, but instead a graph.

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I know it is early days of 7.4, but if anyone has
written a script for this, i'd be grateful.

=====
-
Parminder S. Basran, PhD MCCPM
pbasran@yahoo.com

_____

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: v 7.4
Fecha:	martes, 15 de febrero de 2005 20:31:49
Archivos adjuntos:	

When you install 7.4 you can continue to plan with both v.6.2 and 7.4.
It's a good idea to commission your 7.4 machine in a new institution because the models are significantly different. You should plan exclusively with 7.4 in that institution. If you transfer an
existing patient planned under 6.2 into the 7.4 institution, you will need to change the planning tool
for that patient to v.7.4, otherwise the beams will not compute.
Obviously, once a patient is planned under 7.4, you cannot go back and plan using 6.2.

Confusing? It was to us too, but I think we finally got the hang of it.

E. Joseph (Joe) Grant, M.S., D.A.B.R.
Medical Physicist
C.A.R.T.I.-P.O. Box 55050
Little Rock, AR 72215
(501)296-3269

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bawa, Walter
Sent: Tuesday, February 15, 2005 12:12 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: v 7.4

Parminder,

A followup question to this. Can you both plan with either 6.2 or 7.4?
We already have the 7.4 CDs and will be upgrading sometime in march and wondering if
there is a possibility of upgrading to 7.4 while still having the option to plan on 7.4?

Thanks

Walter Bawa

-----Original Message-----
From: Parminder S. Basran [mailto:pbasran@yahoo.com]
Sent: Friday, February 11, 2005 8:58 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: v 7.4

In my routine efforts to compile as much inane paper as necessary, I would like to document the off-axis user-defined profiles introduced in 7.4 for our commissioning documentation. However, the 'print' command in the modeling gui doesn't provide numerical values for this function, but instead a graph.

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-
Parminder S. Basran, PhD MCCPM
pbasran@yahoo.com

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##

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Exam Id DICOM import
Fecha:	miércoles, 16 de febrero de 2005 10:26:37
Archivos adjuntos:	

Dear all,

I would like to relate the Exam Id shown during DICOM import of Images to the actual files or study type, such that we at the time of import know how the Exam Id relates to the different studies for a given patient (for instance MR T2W transversal slices). Thus are there anyone how know the origin of the Exam Id shown during DICOM import of images. It seems not to be the Study Id that has the DICOM tag (0020,0010).

Any information will be welcomed

All the best,

Carsten

==========

Ph.D.
Carsten Brink
Radiofysisk laboratorium / Laboratory of radiation physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 19
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	Deshpande, Nigel
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Pinnacle and RadCalc software & v7.4
Fecha:	miércoles, 16 de febrero de 2005 15:26:15
Archivos adjuntos:	

Dear Fellow Pinnacle users,

We are looking at buying a new system to independantly check Pinnacle's monitor units and the RadCalc system is our favoured option. Do any Pinnacle users have any words of warning that I may have missed! We have Elekta & varian linacs.

Also, if you send MLC shaped or blocked plans from Pinnacle to Radcalc does RadCalc automatically calculate the equivalent square from the shape or leaf postions imported from Pinnacle?

I have read some conversation on the mailbase about planning in 6.2 & 7.4. Whilst this is possible there are problems if you are using Dicom RT to export plans to an R&V system. 7.4 will only work with DicomRT v2.4 which is NOT back compatible to v6.2. So, if you are upgrading from 6.2 to 7.4 but will continue to plan in 6.2 while you are commissioning v7.4 make sure you don't install the new Dicom RT version otherwise you will not be able to export plans from 6.2 to you R&V!

Many Thanks
Nigel Deshpande
Nigel.Deshpande@royalfree.nhs.uk

-----Original Message-----
From: Parminder S. Basran [mailto:pbasran@yahoo.com]
Sent: 11 February 2005 13:58
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: v 7.4

In my routine efforts to compile as much inane paper
as necessary, I would like to document the off-axis user-defined profiles introduced in 7.4 for our commissioning documentation. However, the 'print' command in the modeling gui doesn't provide numerical values for this function, but instead a graph.

I have two options:
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I know it is early days of 7.4, but if anyone has written a script for this, i'd be grateful.

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Parminder S. Basran, PhD MCCPM
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##

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle and RadCalc software & v7.4
Fecha:	miércoles, 16 de febrero de 2005 18:00:51
Archivos adjuntos:	

With rare exceptions our experience with RadCalc has been very good. We are Varian/Pinnacle/RadCalc/IMPAC.
RadCalc physics and application support is very responsive, usually within the hour.
They import scan data from Pinnacle for us, and always look for potential problems with our data.
RadCalc has a very useful 'Import from Pinnacle/Export to IMPAC' feature.
Blocking information is taken directly from Pinnacle, you then have several block correction options,
e.g. Blocked eq square, Area, Clarkson etc.
We have noticed more problems since going to Pinnacle v. 7.4, but I suspect most of those problems are
related to Pinnacle, not RadCalc.
Dose/Mu agreement with Pinnacle is good for most everything except tangential breast, both conventional and
dynamic "forward-planned".
IMHO, I can think of almost no reason to discourage you away from RadCalc.

E. Joseph (Joe) Grant, M.S., D.A.B.R.
Medical Physicist
C.A.R.T.I.-P.O. Box 55050
Little Rock, AR 72215
(501)296-3269

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Deshpande, Nigel
Sent: Wednesday, February 16, 2005 8:17 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: Pinnacle and RadCalc software & v7.4

Dear Fellow Pinnacle users,

We are looking at buying a new system to independantly check Pinnacle's monitor units and the RadCalc system is our favoured option. Do any Pinnacle users have any words of warning that I may have missed! We have Elekta & varian linacs.

Also, if you send MLC shaped or blocked plans from Pinnacle to Radcalc does RadCalc automatically calculate the equivalent square from the shape or leaf postions imported from Pinnacle?

I have read some conversation on the mailbase about planning in 6.2 & 7.4. Whilst this is possible there are problems if you are using Dicom RT to export plans to an R&V system. 7.4 will only work with DicomRT v2.4 which is NOT back compatible to v6.2. So, if you are upgrading from 6.2 to 7.4 but will continue to plan in 6.2 while you are commissioning v7.4 make sure you don't install the new Dicom RT version otherwise you will not be able to export plans from 6.2 to you R&V!

Many Thanks
Nigel Deshpande
Nigel.Deshpande@royalfree.nhs.uk

-----Original Message-----
From: Parminder S. Basran [mailto:pbasran@yahoo.com]
Sent: 11 February 2005 13:58
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: v 7.4

In my routine efforts to compile as much inane paper as necessary, I would like to document the off-axis user-defined profiles introduced in 7.4 for our commissioning documentation. However, the 'print' command in the modeling gui doesn't provide numerical values for this function, but instead a graph.

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I know it is early days of 7.4, but if anyone has
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##

De:	Radim Cernej
A:	pinnacle-users@explode.unsw.edu.au; Nigel.Deshpande@royalfree.nhs.uk;
Cc:	
Asunto:	RE: Pinnacle and RadCalc software & v7.4
Fecha:	miércoles, 16 de febrero de 2005 18:12:41
Archivos adjuntos:	

Please see ##.

Radim Cernej
989-776-8073

>>> Nigel.Deshpande@royalfree.nhs.uk 02/16 9:16 AM >>>
Dear Fellow Pinnacle users,

We are looking at buying a new system to independantly check Pinnacle's
monitor units and the RadCalc system is our favoured option. Do any Pinnacle
users have any words of warning that I may have missed! We have Elekta &
varian linacs.

We have Pinnacle 6.2b, Radcalc 4.3, Lantis 5.2 and Siemens machines. RadCalc is extremely useful. For checking MUs, but also for exporting data into Lantis, for creating composite-MLC shapes, etc. Some bugs/problems, nothing major so far. Support is excellent.

Also, if you send MLC shaped or blocked plans from Pinnacle to Radcalc does
RadCalc automatically calculate the equivalent square from the shape or leaf
postions imported from Pinnacle?

I think that RadCalc imports that value from Pinnacle. I recommend that you call LSI and ask them. We did have one case where RadCalc says that the eq sq is 0.0cm. We are still investigating it.

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De:	CASEAS@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	jpena@utmb.edu; learley@rahd.com;
Asunto:	2005 AAMD ANNUAL MEETING SAN DIEGO JUNE 26-30, 2005
Fecha:	miércoles, 16 de febrero de 2005 18:34:58
Archivos adjuntos:	

The 2005 AAMD Annual meeting is scheduled for June 26-30, 2005 in San Diego, CA. The AAMD web site will be updated soon with additional details. The on-line registration process is not active yet, but should be available sometime the week of Feb. 21st.

Please be patient, and realize that the web site will be updated with additional information soon.

Chairpersons: Laura Earley, CMD & Juan Pena, CMD

De:	Sapareto, Steve
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Exam Id DICOM import
Fecha:	miércoles, 16 de febrero de 2005 18:58:10
Archivos adjuntos:	

Dear List members,
This reminds me of a major complaint I have expressed to ADAC about their DICOM import:

The DICOM server supplied with ADAC is the worst of all TP systems I have seen. DICOM image files include much header information, such as what type of file, date created, imaging system id number, medical record number, comments, etc. With all other systems, the most obvious one you would need (besides the patient name and MR number), the image type, is displayed on the list of received DICOM images so that I know what type of image they are when I select them (we frequently fuse CT, MR and PET on the same patient). Only ADAC does not tell me what type of file it is and forces me to guess. I usually have to guess based on the number of images. I have repeatedly asked that a future version of their DICOM server display this information but with no success. I bet the latest supplied with V7.4 still does not show this info (haven't installed it yet). Could someone confirm this and if so, and we all complain, maybe they will do something!
Steve

Stephen Sapareto, Ph.D.
Director of Medical Physics
Department of Radiation Oncology
Banner Good Samaritan Medical Center
1111 E McDowell Rd
Phoenix, AZ 85006
(602)239-4500

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Carsten

Brink

Sent: Wednesday, February 16, 2005 2:13 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Exam Id DICOM import

Dear all,

I would like to relate the Exam Id shown during DICOM import of Images to the actual files or study type, such that we at the time of import know how the Exam Id relates to the different studies for a given patient (for instance MR T2W transversal slices). Thus are there anyone how know the origin of the Exam Id shown during DICOM import of images. It seems not to be the Study Id that has the DICOM tag (0020,0010).

Any information will be welcomed

All the best,

Carsten

==========
Ph.D.
Carsten Brink
Radiofysisk laboratorium / Laboratory of radiation physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 19
e-mail: carsten.brink@ouh.fyns-amt.dk

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##

De:	Gary Hower
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Monitor Unit Checking
Fecha:	miércoles, 16 de febrero de 2005 19:15:32
Archivos adjuntos:	

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muCheck and IMRT Check from Oncology Data Systems are also a very good set of programs. Their new version 6 combines the set into one program. I use their programs with Pinnacle for Varian and Elekta linacs, VARiS and IMPAC V&R. Blocked field info is taken from Pinnacle or your own determination. Several methods can be selected for determining your blocked field value. There is excellent agreement with Pinnacle plans except for the usual tangential breast fields or fields that contain a lot of lung volume that no electronic or hand calc can handle well. They have excellent technical support. I do not recommend any third party software for editing the information from a treatment planning computer to the linac. That's yet another source of error. MLC field data can be examined with the MLC utility. Users at my sites have found muCheck to be very user friendly.

De:	Christine Thompson
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	FW: DRR settings in version 7.0
Fecha:	martes, 22 de febrero de 2005 20:16:34
Archivos adjuntos:	

We wish to optimise the quality of DRR's we produce to match with EPI images, pinnacle kindly provides a vast array of preset options in version 7.0.

Does anyone have experience with the best preset settings for different anatomical sites particularly using the presets for window levels and types on the control tab and the best use of bounding boxes ?

Christine Thompson

Auckland Hospital
New Zealand

De:	St. George, Franz
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Archiving (with DVD burners)
Fecha:	sábado, 26 de febrero de 2005 17:31:38
Archivos adjuntos:	

Sean,
Please send me a copy of your procedure.

Thanks, Franz

-----Original Message-----
From: Sean Frigo [mailto:sfrigo@turvillebay.com]
Sent: Wednesday, February 02, 2005 6:24 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Archiving (with DVD burners)

Listers,

We do the following:

1. Pinnacle backup to file. The directory path is on a windows server via
an NFS connection. (Otherwise, to a directory on the Sun and FTP)

2. DVD burner is on a windows box

3. Use DVD-R media (Sun Blade 2000 DVD-ROM drive won't read DVD+R)

4. Put just under 4 GB of patient data to a single backup file.
Takes about 15-20 minutes so can be done midday, but
we do unattended backups at night.

5. Immediate restore can be done from the file if it still resides on
the windows server, else we restore from the DVD using the Sun Blade drive.

6. We use UDF file system on the DVD.

I have a procedure that I could e-mail any one who is interested.

Sean Frigo

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Jeff Limmer
Sent: Wednesday, February 02, 2005 07:04
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Archiving (with DVD burners)

Greetings,

We FTP our archive patients over to a PC and burn a DVD from there. To restore, we FTP it back. It works well, it is simple, it is faster than tape, it is cheap.

Jeff

Jeff Limmer MS Ed, MSc, DABR
Chief Medical Physicist - Radiation Oncology
E-Mail: jeffl@aspirus.org

UW Cancer Center Wausau
Phone: 715/847-2685
FAX: 715/847-2319
Riverview UW Cancer Center:
Phone: 715/422-9294
FAX: 715/421-7408

>>> dsbiggs@smartchat.net.au 01-Feb-05 22:10:18 >>>
Dear Graham

I noticed recently in the release notes for 7.4 in section 2.1.2 the "Note" says

You can back up to CD and DVD only on SunFire V250 workstations and Tadpole

Viper laptops.

Regards

David Biggs
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre

Sydney Adventist Hospital
' 0425 293486
* <mailto:dsbigg@smartchat.net.au> dsbiggs@smartchat.net.au

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Graham Freestone
Sent: Wednesday, 2 February 2005 2:48 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Archiving

Dear David,

We are currently using 12Gb DDS3 4mm DAT tapes to archive to(which cost AU$20 each). I do a double backup to ensure that patient data is preserved. I usually only archive off 20-30 patients in one go, so that is perhaps 5 or 6Gb. So that is not as efficient as a process as I would like, but the practicalities of waiting until I could fill a tape right up are not ideal.

Our current SunBlade2000 servers only have DVDroms, not burners, which would be a much cheaper way to go (at AU$1 per DVD 4.7Gb), and quicker too. At a dollar a pop, I would be happy to only partially fill a DVD disc, and use a new one for the next backup rather than append.

I am not sure if our Blades can be upgraded to a DVD burner (we are running Solaris 8), and whether we would need to buy a Sun drive ($$$$$$$$$), or a cheapie from the local PC shop ($). Perhaps someone can comment on this?

We do use an intermediary image server between the CT/MRI scanners and the pinnacle server, so I have been thinking about pushing the files over the 100Meg LAN to the image server (which has 160Gb of hard drive space), and burning them onto DVD there, but it would probably still need to be done after-hours, as the LAN might be swamped by the high data load, and cause problems with Lantis and our patient appointments database.

Regards

Graham Freestone

account will not be distributed unless that account is also subscribed.
##

De:	Graham Freestone
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	PUG2005 - Australasian meeting in Adelaide
Fecha:	lunes, 28 de febrero de 2005 6:29:24
Archivos adjuntos:	

Dear Colleagues,

A quick note to say a few “Thank You’s” to those who attended the meeting in Adelaide this last weekend: we had approx 90 people at the meeting, so I hope you all had the opportunity to do a bit of networking, catch up with old friends, and swap pinnacle tips.
We had some great presentations, so I hope you all took away something useful from the meeting, and that you will feel enthused enough to volunteer your time to present at next years meeting in Canberra.

Again, a big thank you to the members of the organising committee: Ralph Nicholls (Royal Adelaide Hospital), Katrina Rech & Viv Giamarelos (Adelaide Radiotherapy Centre), and Wendy Schumer (Insight Oceania) for all their hard work prior to, and during, the meeting. Also to Insight Oceania for their continued sponsorship and support of the meeting, and to our visitors from Philip Radiation Oncology Systems: Dave Robinson and Karen Brumley.

If you have any comments about the meeting and did not have the opportunity to fill out an evaluation form, you can email either Wendy Schumer (wschumer@insight.com.au), or myself on pug2005@internode.on.net

Regards

Graham Freestone

Convenor PUG2005

Senior Medical Physicist

Adelaide Radiotherapy Centre,
352 South Terrace,
Adelaide,

SA5000,
Australia.

gfreestone@adradcentre.com.au

Tel: (08) 8228 6751 (direct dial)
Tel: (08) 8228 6700 (switch)
Fax: (08) 8223 6166
mobile: 0413 621 444

De:	Tim Barry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMPORTING NON AXIAL MR SCANS
Fecha:	lunes, 28 de febrero de 2005 22:29:55
Archivos adjuntos:	

Hello,

I beleive that this has been discussed before but here I go again.

I have a MR scan not done at 0deg scan angle. The reason I know this is that Pinnacle won't import them and I checked with the MR tech and he confirms that it was done at a non axial angle. I can view these images in a dicom viewer (Osiris) and can view/edit the header with jdicom.

I would like to get these images into Pinnacle. Is it simply a matter of changing one of the parameters in the dicom header? Which parameter does one have to change. I beleive it is the ImageOrientationPatient attribute. Is there another attribute to change?

For now let us ignore the affect changing this angle will have on the anatomy of the images and so on. I just would like to get them in for the sake of doing it. we are rescanning the patient because the angle is quite large and I am not comfortable using it for planning. BUt I have run into times when the angle is small (in a CT scan) and would have liked to use the study

Timothy Barry
Medical Physicist
Pluta Cancer Center

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMPORTING NON AXIAL MR SCANS
Fecha:	martes, 01 de marzo de 2005 0:01:01
Archivos adjuntos:	

If MRI import reports “slices must be transverse” and you think they are. Go to the patient’s record, locate the image header file, edit the value of “acquisition orientation” from 3 to 0. Save and Go.

Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tim Barry
Sent: Monday, February 28, 2005 2:13 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMPORTING NON AXIAL MR SCANS

Hello,

I beleive that this has been discussed before but here I go again.

I have a MR scan not done at 0deg scan angle. The reason I know this is that Pinnacle won't import them and I checked with the MR tech and he confirms that it was done at a non axial angle. I can view these images in a dicom viewer (Osiris) and can view/edit the header with jdicom.

I would like to get these images into Pinnacle. Is it simply a matter of changing one of the parameters in the dicom header? Which parameter does one have to change. I beleive it is the ImageOrientationPatient attribute. Is there another attribute to change?

For now let us ignore the affect changing this angle will have on the anatomy of the images and so on. I just would like to get them in for the sake of doing it. we are rescanning the patient because the angle is quite large and I am not comfortable using it for planning. BUt I have run into times when the angle is small (in a CT scan) and would have liked to use the study

Timothy Barry
Medical Physicist
Pluta Cancer Center

De:	Jaime Martínez Ortega
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	HDR with Pinnacle
Fecha:	martes, 01 de marzo de 2005 21:21:21
Archivos adjuntos:	

Does anybody know whether Pinnacle is HDR capable?

In that case, what can you tell me about your experience? Is Nucletron/ Gammamed compatible?

De:	Dan Schifter
A:	jaimemtmez@auna.com; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: HDR with Pinnacle
Fecha:	martes, 01 de marzo de 2005 22:44:18
Archivos adjuntos:	

Pinnacle is not designed for HDR. We use it for a second check to our HDR. You can only put in the dwell times, not optimize it, so it's a good solution for double check but not for planning.

Dan

Dan Schifter
Assistant Professor of Medical Physics
Radiation Oncology Department
The Medical College of Ohio
3000 Arlington Avenue
Toledo, Ohio 43614
Phone: 419-383-6780
Fax: 419-383-3137

>>> jaimemtmez@auna.com 03/01/05 3:06 PM >>>
Does anybody know whether Pinnacle is HDR capable?

In that case, what can you tell me about your experience? Is Nucletron/ Gammamed compatible?

De:	Gilio Joseph
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: HDR with Pinnacle
Fecha:	miércoles, 02 de marzo de 2005 23:43:50
Archivos adjuntos:	

We commissioned an HDR source in Pinnacle for our MammoSite treatments. There is only one source position so no optimization necessary. The CT import and planning tools in Pinnacle make the process go much easier.
Joe

Joseph P. Gilio, PhD
Physicist and Supervisor of Radiation Oncology
Medical City Dallas Hospital
Dallas, Texas 75230
972-566-8581

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Dan Schifter
> **Sent:** Tuesday, March 01, 2005 3:27 PM
> **To:** jaimemtmez@auna.com; pinnacle-users@explode.unsw.edu.au
> **Subject:** Re: HDR with Pinnacle
>
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> Dan
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> ---
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> Dan Schifter
> Assistant Professor of Medical Physics
> Radiation Oncology Department
> The Medical College of Ohio
> 3000 Arlington Avenue
> Toledo, Ohio 43614
> Phone: 419-383-6780
> Fax: 419-383-3137

>>> jaimemtmez@auna.com 03/01/05 3:06 PM >>>
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De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Corvus Question
Fecha:	jueves, 03 de marzo de 2005 20:09:34
Archivos adjuntos:	

I recently posted this question on medphys:

" I have heard two versions of what Corvus reports as the final product of IMRT planning. Does it display the Optimized Plan or the Converted Plan? If the former, how do you know what is being delivered? If the latter, how do you limit the number of segments?"

and got this private reply:

" The displayed doses and DVH's are calculated from the optimized fluence patterns; the conversion to deliverable fields takes place when you export the plan to your R&V system (you may have noticed a significant delay during this process). This approach increases the error between displayed and measured dose distributions."

Can any past or present Corvus users verify this? Thanks.

De:	Matthew McMullen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	OmniPro conversion of MLC files
Fecha:	jueves, 03 de marzo de 2005 22:02:19
Archivos adjuntos:	

Hello ALL,

I just found out when attempting to use my Pinnacle ascii conversion module (v 1.1) in Scanditronix-Wellhofer OMNIPro (v 6.1) to convert new MLC scans for 7.4 modeling it fails. Reason: The scan is offset 2.5mm to allow scanning under a leaf vs between leaves. The module cannot convert data which is offset. I contacted Wellhofer (not their first call on this issue...) and they have a somewhat tedious, but usable workaround. I may suggest to those scanning now or soon with this system to define your origin in the middle of the leaf. It did not appear Wellhofer had immediate plans to patch their sw.

I realize some of you may have already witnessed this issue; but I cannot remember seeing any threads which issued warnings to others. My apologies in advance if I missed an earlier warning thread.

M. McMullen
Ann Arbor MI USA

##

De:	jfwochos@gundluth.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: OmniPro conversion of MLC files
Fecha:	jueves, 03 de marzo de 2005 22:59:12
Archivos adjuntos:	

Regarding the off centered scans..
I found this for our Scanditronix version 5.3 software too. In fact, Scanditronix was surprised to hear that Pinnacle needed off centered scans, so I am guessing even their most up-to-date software cannot do it.
I can save people a day or two of my frustrations in the conversion. It's still tedious to do, but if you want to avoid my mistakes let me know.
Just another chapter to go into the "nothing is ever easy" book.
john

John F Wochos, MS, DABR
Radiation Oncology Dept (EB1-001)
Gundersen Lutheran Medical Center
1900 South Ave.
La Crosse, WI 54601
(608)775-2593
FAX (608)775-5578
jfwochos@gundluth.org

De:	Carolan, Martin
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Pinnacle fluence map
Fecha:	viernes, 04 de marzo de 2005 2:57:40
Archivos adjuntos:	

Dear Users,

Please pardon my ignorance if the answer to this is on page 2 of the manual.

Is there any simple way to obtain a dump of a fluence map from Pinnacle? Either in an image file format or else in ASCII would be ok. I know it is possible to get a dose map image, but can I get just the fluence before it is convolved in the phantom/patient?

Thankyou in advance for any assistance.

Martin C

Martin Carolan PhD
Senior Physicist
Illawarra Cancer Care Centre
Wollongong NSW 2500

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##

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	mantles
Fecha:	lunes, 07 de marzo de 2005 21:45:48
Archivos adjuntos:	

Pinnacle'ers,

We rarely see patients who need mantle fields and every time we have one, the staff tends to want to do the whole thing the "old way" using our conventional simulator.

It won't be too far from now that our conventional simulator is gone.

What do you guys do for virtually sim'd mantles on Pinnacle? If anyone has a written protocol, that would be great.

Specifically, I'm looking for comments on how you handle the following:

(1) positioning for CT scanning
(2) cerrobend vs MLC blocking
(3) if you need cerrobend, how are you creating the LARGE templates for cutting?

Etc

Thanks!

Steve Thompson

##

De:	Vicki Thompson
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: mantles
Fecha:	lunes, 07 de marzo de 2005 22:19:10
Archivos adjuntos:	

Dear Steve
We have been CT'ing and using virtual sim rather than conventional on mantles for a number of years now. The patients are generally positioned on a mylar. We use a carbon fibre H&N baseboard, low density headrest and a face and neck cast for positioning as this helps them to maintain the hyper extended chin position and shoulder location. Since starting to use casts we have had a marked increase in reproducibility of shoulder position verified by port films. Due to limitations in CT diameter, there is often a compromise made in terms of position of arms. We ensure that elbows are out as far as possible while still being able to fit through scanner.
We produce DRR's for the RO to outline shielding requirements and cut cerrobend blocks for the highly conformal shape of the lung shielding. We generally use MLC for any additional shielding. We cut the blocks directly from the DRR's using a scaling factor.
We often create field in field situations using MLC's to help with dose homogeniety throughout the volume, in particular, the upper chest and neck area where it can get quite hot. We also use this technique to minimise cardiac dose. ie equivalent to using a compensator.
Hope this helps a little.

Vicki Thompson
Tech Support & Developement Manager
ROV
132 Grey St
East Melbourne, Vic 3002
----- Original Message -----
From: "Thompson, Stephen K" <ThompsSK@sutterhealth.org>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Tuesday, March 08, 2005 7:33 AM
Subject: mantles

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##

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: mantles
Fecha:	lunes, 07 de marzo de 2005 22:49:01
Archivos adjuntos:	

Vicki - thanks for the tips.

Some questions I have:

(1) You use MLC where you can and cerrobend for the lung blocks? How does mixing blocks work in Pinnacle?

(2) When you cut blocks directly from the DRR's using scaling factors, does this include very LARGE lung fields? We tried to do this on a test patient and ended up with 3 sheets of paper to make the template!

Thanks again,

Steve t

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Vicki Thompson
Sent: Monday, March 07, 2005 1:19 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: mantles

Dear Steve
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Vicki Thompson
Tech Support & Developement Manager
ROV
132 Grey St
East Melbourne, Vic 3002
----- Original Message -----
From: "Thompson, Stephen K" <ThompsSK@sutterhealth.org>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Tuesday, March 08, 2005 7:33 AM
Subject: mantles

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De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	MLC Mantles
Fecha:	lunes, 07 de marzo de 2005 23:18:15
Archivos adjuntos:	

I've been trying to think of an alternative to cut blocks for mantles. How does this sound?

Divide the field into three subfields:

The first goes from far left (patient right) to the apex of the left lung block. Use MLC as needed.

The second goes from apex of left lung block to apex of right lung block. Use MCL as needed.

The third goes from the apex of the right lung block to the far right (patient left). Use MLC as needed.

That means there are two match lines which run Superior to Inferior but they are not over the cord. You could move those junctions once or twice to smooth out the junctions if you think it is necessary.

What do you think?

De:	Alfred Roth
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: mantles
Fecha:	lunes, 07 de marzo de 2005 23:45:19
Archivos adjuntos:	

For cutting cerro, make the DRR whatever size you want and just move the "film holder" on the cerro cutting device!! You can do even less than one to one.

Sort of like getting vertex field DRR's. In the Physical world the image might be difficult to acquire. In the digital world you are less restricted with physical space. Your DRR can be at any distance!

Al

Vicki Thompson <vthompson@radoncvic.com.au> wrote:

> Dear Steve
> We have been CT'ing and using virtual sim rather than conventional on mantles for a number of years now. The patients are generally positioned on a mylar. We use a carbon fibre H&N baseboard, low density headrest and a face and neck cast for positioning as this helps them to maintain the hyper extended chin position and shoulder location. Since starting to use casts we have had a marked increase in reproducibility of shoulder position verified by port films. Due to limitations in CT diameter, there is often a compromise made in terms of position of arms. We ensure that elbows are out as far as possible while still being able to fit through scanner.
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> Hope this helps a little.
>
> Vicki Thompson
> Tech Support & Developement Manager
> ROV
> 132 Grey St
> East Melbourne, Vic 3002
> ----- Original Message -----
> From: "Thompson, Stephen K"

To:
Sent: Tuesday, March 08, 2005 7:33 AM
Subject: mantles

> Pinnacle'ers,
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De:	Vicki Thompson
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: mantles
Fecha:	lunes, 07 de marzo de 2005 23:45:29
Archivos adjuntos:	

Steve
The Pinnacle does not handle a mix of blocks and MLC so we have to "fudge" the data. We plan as though we were using blocks alone for calculation of dosimetry. We then create a separate plan for export of MLC's. A bit of extra work unfortunately.
Our DRR's for these patients often have a mag factor of 0.7 or 0.8 to fit the field on 1 film page. We cut the blocks straight from the film allowing for the mag factor.
Regards
Vicki
----- Original Message -----
From: "Thompson, Stephen K" <ThompsSK@sutterhealth.org>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Tuesday, March 08, 2005 8:43 AM
Subject: RE: mantles

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> From: owner-pinnacle-users@explode.unsw.edu.au

> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Vicki
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> Sent: Monday, March 07, 2005 1:19 PM
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De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT Mantles
Fecha:	lunes, 07 de marzo de 2005 23:53:13
Archivos adjuntos:	

Has anyone tried treating a mantle with IMRT? I know Tomotherapy can do it but that's another story.

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT Mantles
Fecha:	martes, 08 de marzo de 2005 0:39:33
Archivos adjuntos:	

--- Scott DUBE <sdube@queens.org> wrote:
> Has anyone tried treating a mantle with IMRT? I
> know Tomotherapy can do it but that's another story.
>
>
Given the right resources, IMRT can do anything.
Remember those Einstein images generated by your
Varian installer as well as the "C" plans demonstrated
by Nomos Peacock?

Joe Wong

_____
Do You Yahoo!?
Tired of spam? Yahoo! Mail has the best spam protection around
http://mail.yahoo.com

De:	jfwochos@gundluth.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DMPO
Fecha:	martes, 08 de marzo de 2005 14:07:57
Archivos adjuntos:	

Anyone have any comments on DMPO? Is it worth getting?

john

John F Wochos, MS, DABR
Radiation Oncology Dept (EB1-001)
Gundersen Lutheran Medical Center
1900 South Ave.
La Crosse, WI 54601
(608)775-2593
FAX (608)775-5578
jfwochos@gundluth.org

De:	Dawn Henrich
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT Mantles
Fecha:	martes, 08 de marzo de 2005 14:51:26
Archivos adjuntos:	

I just planned an IMRT for a stage IIA lymphocyte-rich Hodgkin's last week. I used a 9 beam technique with 6MV. A few of our limiting factors were lungs, thyroid, brain, cord.

When there is a beam that needs to be cerro, we will plan with cerro so the block tray is included in the calc, and then if we decide to do combo mlc/cerro to make the block lighter, we have the therapist digitize the mlc into varis.

Dawn Henrich CMD
UW Cancer Center-Aspirus Wausau Hospital

Scott DUBE <sdube@queens.org> wrote:

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>
>

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: mantles
Fecha:	martes, 08 de marzo de 2005 15:44:45
Archivos adjuntos:	

Although Pinnacle can not handle a single beam with a mix of cerro and MLC it can handle two beams, one with MLC and the other with cerro. Has anyone bothered with that approach?

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Deshpande, Nigel
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: TBI"s on Pinnacle
Fecha:	martes, 08 de marzo de 2005 16:59:27
Archivos adjuntos:	

Hello Pinnacle Users,

Is anyone out there planning TBI treatments using Pinnacle. We are looking at two possible options.

The first is to design MLC segments for lung shielding and maybe head/neck shielding (we may do this with bolus) and use the weight optimizer in SmartSim to calculate the relative weights of the segments that gives equal dose to points we place down the patients midline.

The second is to use the Pinnacle compensator optimizer to calculate a compensator to give equal dose the the plane at the patients mid line.

If anyone has any experience of this or knows of any good references it would be lovely to hear from you.
Nigel Deshpande
Royal Free Hospital, London, UK.

-----Original Message-----
From: JGarrett@mbhs.org [mailto:JGarrett@mbhs.org]
Sent: 08 March 2005 14:36
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: mantles

Although Pinnacle can not handle a single beam with a mix of cerro and MLC it can handle two beams, one with MLC and the other with cerro. Has anyone bothered with that approach?

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##

De:	Kent Krugh
A:	Pinnacle users list;
Cc:	
Asunto:	spatial measurements and window setting
Fecha:	martes, 08 de marzo de 2005 17:07:17
Archivos adjuntos:	

I am setting up a test to verify that the spatial (width and height in cm) CT scan information is transferred properly to the Pinnacle.

A rectangular acrylic LAP laser QC phantom that is 15.0cm wide and 13.0cm high was scanned and sent over to Pinnacle and imported into a test patient plan. When I use the distance tool in Pinnacle to measure the dimensions of the LAP phantom, the results vary depending on which window setting is used. The measured width can be 14.8 cm to 15.1cm, again, dependent upon the window and level settings. Should one adjust the window and level to obtain the maximum visible phantom image on screen, and measure that image? Your thoughts, please.

Thanks,
Kent Krugh
ICC
Cincinnati

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Planning Question
Fecha:	martes, 08 de marzo de 2005 17:53:04
Archivos adjuntos:	

Quick question:
is there a way to save a plan which was set up in Version 7.4 - but there are no machines commissioned in 7.4! (oops!)

That is - once a plan is set up (structures, beams, etc.) how can I 'convert' it back to 6.2 to calculate it.

I think there's a way to save our work, by copying to phantom, er somethin' - any tips?

(got tired of waiting for the busy Phillips staff to call back, and I'm ready to scrap it but thought I'd bother you first!)

TIA
Martin

De:	Geoghegan, Sean
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Planning Question
Fecha:	miércoles, 09 de marzo de 2005 3:46:56
Archivos adjuntos:	

Yes,

I've got a script that can do that for you. Simple thing that I am happy to share with all. Please contact me directly for a copy.

Sean

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Martin Fraser
Sent: Wednesday, 9 March 2005 00:48
To: pinnacle-users@explode.unsw.edu.au
Subject: Planning Question

Quick question:
is there a way to save a plan which was set up in Version 7.4 - but there are no machines commissioned in 7.4! (oops!)

That is - once a plan is set up (structures, beams, etc.) how can I 'convert' it back to 6.2 to calculate it.

I think there's a way to save our work, by copying to phantom, er somethin' - any tips?

(got tired of waiting for the busy Phillips staff to call back, and I'm ready to scrap it but thought I'd bother you first!)

TIA
Martin

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De:	John Sage
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Control Point MUs
Fecha:	miércoles, 09 de marzo de 2005 13:10:58
Archivos adjuntos:	

Hi Folks,

What's the easiest way to get a printout which shows the number of MUs being delivered by each control point. For bonus points what is the easiest way to get a printout of the MLC shape for each segment. This is for a really simple forward planned neck with three control points. As far as I can see the only difference between my plan printout for a conventional plan and my control point sequence plan is a number in brackets after the letters MLC half way down the beam details page.

John

De:	Andreou, Kelly
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Control Point MUs
Fecha:	miércoles, 09 de marzo de 2005 13:37:12
Archivos adjuntos:	

John,
We do not print out the mu's for each control point.

We do print each MLC shape.
We use the convert window under IMRT.
Display the multiple control point(BEV) window.
Print window by defining rectangular area.

Hope this helps.
Kelly

-----Original Message-----
From: John Sage [mailto:John.Sage@ccotrust.nhs.uk]
Sent: Wednesday, March 09, 2005 6:54 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Control Point MUs

Hi Folks,

What's the easiest way to get a printout which shows the number of MUs being delivered by each control point. For bonus points what is the easiest way to get a printout of the MLC shape for each segment. This is for a really simple forward planned neck with three control points. As far as I can see the only difference between my plan printout for a conventional plan and my control point sequence plan is a number in brackets after the letters MLC half way down the beam details page.

John

to majordomo@explode.unsw.edu.au.

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De:	Bob Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Planning Question
Fecha:	miércoles, 09 de marzo de 2005 13:39:25
Archivos adjuntos:	

Sean:

I would be interested in this script. Please email a copy.

Bob

~~~~~~

Robert M. Smith, MS
Medical Physicist
bsmith@prapa.com

Princeton Radiation Oncology Center CentraState Medical Center
(609) 655-5755 (732) 303-5290
www.princetonradiology.com

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Geoghegan, Sean
Sent: Tuesday, March 08, 2005 9:33 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Planning Question

Yes,

I've got a script that can do that for you. Simple thing that I am happy to share with all. Please contact me directly for a copy.

Sean
~~~~~~

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Martin Fraser
Sent: Wednesday, 9 March 2005 00:48
To: pinnacle-users@explode.unsw.edu.au
Subject: Planning Question

Quick question:
is there a way to save a plan which was set up in Version 7.4 - but there are no machines commissioned in 7.4! (oops!)

That is - once a plan is set up (structures, beams, etc.) how can I 'convert' it back to 6.2 to calculate it.

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TIA
Martin

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De: Krzysik, Joe
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: Planning Question
Fecha: miércoles, 09 de marzo de 2005 16:59:57
Archivos adjuntos:

---

hello Sean:
I also would also appreciate a copy of this script
Please email me a copy
joe

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Bob Smith
Sent: Wednesday, March 09, 2005 7:23 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Planning Question

Sean:

I would be interested in this script. Please email a copy.

Bob

~~~~~~

Robert M. Smith, MS
Medical Physicist
bsmith@prapa.com

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From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Geoghegan,
Sean
Sent: Tuesday, March 08, 2005 9:33 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Planning Question

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From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Martin
Fraser
Sent: Wednesday, 9 March 2005 00:48
To: pinnacle-users@explode.unsw.edu.au
Subject: Planning Question

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##
~~~~~~

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Varian MLC segment ordering
Fecha:	miércoles, 09 de marzo de 2005 19:01:44
Archivos adjuntos:	

Those of you with Varian linacs probably have noticed that the MLC segments from Pinnacle don't see to have any reasonable order. Leaves come all the way to one side, then to the other, then back again...

Has anyone looked at reordering them (other than in shaper)?

==========
Stephen K. Thompson, M.S.
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Direct Machine Parameter Optimization - DMPO
Fecha:	miércoles, 09 de marzo de 2005 19:11:00
Archivos adjuntos:	

I thought I saw a message in the last few days about this.

Is it delivered?
Is anybody using it?
What's the feedback from those who have it?

Thanks,

Steve T

==========
Stephen K. Thompson, M.S.
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(209) 526-5280 (fax)
thompssk@sutterhealth.org

De:	Debbie Rothley
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Direct Machine Parameter Optimization - DMPO
Fecha:	miércoles, 09 de marzo de 2005 19:21:19
Archivos adjuntos:	

We have it but I'm still commissioning 7.4 so it hasn't gotten much use yet. One dosimetrist did jump ahead and plan a prostate IMRT for fun. She loved it - the displays are better and overall much faster.

Debbie Rothley, M.S., DABR
Director of Physics Services
Radiation Oncology Services, Inc.
Newnan Office 770-254-9600
Griffin Office 770-228-3737
Voice Mail 678-466-1053
Cell Phone 770-330-8249
email drothley@rosonline.net

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Thompson, Stephen K
Sent: Wednesday, March 09, 2005 1:00 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Direct Machine Parameter Optimization - DMPO

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De:	DCMoss
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Direct Machine Parameter Optimization - DMPO
Fecha:	miércoles, 09 de marzo de 2005 19:46:44
Archivos adjuntos:	

We've got it. I've used it on about a dozen patients so far and I like it. Cuts the planning time almost in half with respect to the earlier optimize ODM then optimize segments routine. We use MapCheck and I get better field matching on QA as well.

DCMoss
Boissoneault Oncology Institute
Ocala Florida

"Thompson, Stephen K" <ThompsSK@sutterhealth.org> wrote:

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> Thanks,
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De:	Kristina Kupfer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Direct Machine Parameter Optimization - DMPO
Fecha:	miércoles, 09 de marzo de 2005 19:53:48
Archivos adjuntos:	

---

are you using fwd planning or inverse?

K. Kupfer-Schilling

>>> medfizz@yahoo.com 03/09/05 01:42PM >>>
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De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DMPO
Fecha:	miércoles, 09 de marzo de 2005 19:54:33
Archivos adjuntos:	

>>> Scott DUBE 03/08/05 04:05PM >>>
"Anyone have any comments on DMPO? Is it worth getting?"

> We have DMPO and highly recommend it for several reasons:

1. Plans go much faster.
2. You can limit the number of segments.
2. Fewer segments leads to fewer MU.
3. Fewer segments leads to faster delivery.

The difference is not remarkable for prostate, but here is an example for a head/neck case. Both V7.4 and DMPO gave the same dose distributions but with different parameters:

Parameter	Classic	DMPO
Segments	260	150
Plan Time	165 min	40 min
Total MU	1022 MU	872 MU
Beam Time	13.5 min	8.5 min

De:	Shackford, Hobart W
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: TBI"s on Pinnacle
Fecha:	miércoles, 09 de marzo de 2005 20:14:11
Archivos adjuntos:	

Nigel:

We just started treatment on our first Pinnacle-planned TBI this morning. Our technique uses a lateral exposure with rice bag bolus to get a more uniform irradiation volume, a spoiler at the patient to increase skin dose, and partial transmission lung blocks on the spoiler. We used Pinnacle's missing tissue bolus to simulate the spoiler and the rice bolus and adjusted the "Tray + block" transmission parameter to get the desired lung dose. At 80% transmission the dose uniformity was between 95% and 110% of the dose at the umbilicus level (not including the legs below the thigh, too many slices). The doc wanted to keep the lung dose below 1000 cGy in this patient so that added an 80% cool region in the spine that is behind the lung block. I'm going to look into a stepped block to see if that might help.

This is what I like about using Pinnacle for planning TBI treatments, the ability to see what is happening to the lungs. We put together a block phantom with a simulated thorax (acrylic sheets surrounding ceiling tile "lungs"), CT'd it, planned it, and measured points at the prescription point, mid mediastinum, and mid lung. The relative dose agreement with Pinnacle was excellent. We started the TBI program and developed the technique many years ago before 3D planning. The high dose program was dormant until last month when the med onc folks expressed a renewed interest. It looks like those original hand calculations for lung compensation were not all that accurate and I am glad we decided to try the Pinnacle.

We have had problems with the regions disappearing in the blocking DRR at the 370 cm SSD but Philips tells us that is an issue of the version we are using (6.x because our hardware is so old). We get approximate monitor units (~nnn) and can't get rid of the "Not For Clinical Use" warning which may be due to the extra large field and extended SSD. We will be using another program for the mu's anyway. So when we next upgrade our TPS (soon I hope) we will have to see if anything additional is needed for TBI in the commissioning.

There is an article on this specific topic:
David Abraham et al, TBI Treatment Planning Using The ADAC Pinnacle Treatment Planning System, Medical Dosimetry, Vol. 25, No. 4, pp. 219-224, 2000 (I have a pdf copy if you can't find it)

There is also an article online in the Journal of Applied Clinical Physics at:
http://www.jacmp.org/cJournal/archive.php?op=read&mode=abs&articleid=25311

If you want any further details feel free to contact me.

Hobie Shackford
Chief Medical Physicist
Roger Williams Medical Center
Providence, RI 02908
(401) 456-6528
Fax: (401) 456-6540
hshackford@rwmc.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Deshpande, Nigel
Sent: Tuesday, March 08, 2005 10:45 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: TBI's on Pinnacle

Hello Pinnacle Users,

Is anyone out there planning TBI treatments using Pinnacle. We are looking at two possible options.

The first is to design MLC segments for lung shielding and maybe head/neck shielding (we may do this with bolus) and use the weight optimizer in SmartSim to calculate the relative weights of the segments that gives equal dose to points we place down the patients midline.

The second is to use the Pinnacle compensator optimizer to calculate a compensator to give equal dose the the plane at the patients mid line.

If anyone has any experience of this or knows of any good references it would be lovely to hear from you.
Nigel Deshpande
Royal Free Hospital, London, UK.

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De:	DCMoss
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Direct Machine Parameter Optimization - DMPO
Fecha:	jueves, 10 de marzo de 2005 2:18:15
Archivos adjuntos:	

DMPO is for inverse planning.

DCMoss

--- Kristina Kupfer <KUPFERK@nehealth.com> wrote:
> are you using fwd planning or inverse?
>
> K. Kupfer-Schilling
>
> >>> medfizz@yahoo.com 03/09/05 01:42PM >>>
> We've got it. I've used it on about a dozen
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> Stephen K. Thompson, M.S.
> Medical Physicist
> Memorial Medical Center
> Department of Radiation Therapy
> 1700 Coffee Road
> Modesto, CA 95355
> (209) 572-7237 (phone)
> (209) 526-5280 (fax)
> thompssk@sutterhealth.org
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>

> sent from a subscribed account. Messages sent from a
> users secondary
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>

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account will not be distributed unless that account is also subscribed.
##

De:	Bob Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DICOM images for Varian OBI and portal dosimetry
Fecha:	viernes, 11 de marzo de 2005 16:28:58
Archivos adjuntos:	

Varian's OBI and portal dosimetry software requires DICOM images. ADAC currently exports DRRs as bitmap in a DICOM compatible files not as a true DICOM image. ADAC's DICOM IMAGE won't be out for a few months however we have an immediate need for this capability. Has anyone figured out a work around?

Bob

==========

Robert Smith, MS
bsmith@prapa.com
Princeton Radiation Oncology Center CentraState Radiation Oncology Center
(609) 655-5755 (732) 303-5292

De:	Bob Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DVH Scripts
Fecha:	lunes, 14 de marzo de 2005 19:19:26
Archivos adjuntos:	

Does somebody know how to save the DVH-data to a file? I would like to create a script to dump all the data for all of the DVHs defined in the DVH window.

Bob

De:	Bob Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DVH Script
Fecha:	lunes, 14 de marzo de 2005 19:24:57
Archivos adjuntos:	

Does somebody know how to save the DVH-data to a file? I would like to create a script to dump all the data for all of the DVHs defined in the DVH window.

Bob

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DICOM images for Varian OBI and portal dosimetry
Fecha:	martes, 15 de marzo de 2005 1:25:47
Archivos adjuntos:	

Bob

The script to dump DVH to a text file that can then be read into a spread sheet is:

```
DVHList.Current.Data.Save="CurrentDVH.txt";
```

As for DICOM, Varian don't control the standard. The images Pinnacle export are DICOM, either CR or SC depending on the receiving system. It would be better if they were DICOM-RT DRR class, as they would contain beam info and could be assigned directly to the treatment machine in the R&V system without operator intervention. However, once they are assigned there is no issue using them for comparison to EPID port images etc.

I think you will find the data required by Varian's Portal Dosimetry is DICOM-RT Dose class, which is an image of the dose distribution. I don't think Pinnacle are implementing this in the near future. You can probably find a utility to convert the Pinnacle Dose export data into a DICOM format for Portal Dosimetry.

Regards

Nick

At 10:14 AM 11/03/2005 -0500, you wrote:

> Varian's OBI and portal dosimetry software requires DICOM images. ADAC currently exports DRRs as bitmap in a DICOM compatible files not as a true DICOM image. ADAC's DICOM IMAGE won't be out for a few months however we have an immediate need for this capability. Has anyone figured out a work around?
>
> Bob
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> ==========
> Robert Smith, MS
> bsmith@prapa.com
> Princeton Radiation Oncology Center CentraState Radiation Oncology Center
> (609) 655-5755 (732) 303-5292

the message
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##

De:	leechaobin
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: RE: Planning Question
Fecha:	martes, 15 de marzo de 2005 8:35:35
Archivos adjuntos:	

Dear Sean:
I hope you can e-mail to me also.
Best regards
> Yes,
>
> I've got a script that can do that for you. Simple thing that I am happy to share with all. Please contact me directly for a copy.
>
> Sean
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Martin
> Fraser
> Sent: Wednesday, 9 March 2005 00:48
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Planning Question
>
>
> Quick question:
> is there a way to save a plan which was set up in Version 7.4 - but there are no machines commissioned in 7.4! (oops!)
>
> That is - once a plan is set up (structures, beams, etc.) how can I 'convert' it back to 6.2 to calculate it.
>
> I think there's a way to save our work, by copying to phantom, er somethin' - any tips?
>
> (got tired of waiting for the busy Phillips staff to call back, and I'm ready to scrap it but thought I'd bother you first!)
>
> TIA
> Martin
>

>
>
>
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> account will not be distributed unless that account is also subscribed.
>
##
>

De:	John Sage
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: DICOM images for Varian OBI and portal dosimetry
Fecha:	martes, 15 de marzo de 2005 11:45:58
Archivos adjuntos:	

Hi Bob,

Adac dicom images are true dicom CR (computed radiology) images. We eagerly await the day when they are all dicom RT Images. Varian does have this rather unnecessary restriction that images being used as portal imaging reference images have to be of type RT. In order to get around this Varian have produced an import filter which converts the CR images to RT Images on import. This is probably the answer you need, unless you are saying that this workaround no longer works with the OBI software. Sometimes the Varian software is more flexible if you really do import images as a bitmap file (say from a pinnacle screendump) rather than as a dicom image.

John

De:	Alison Scott
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: DVH Scripts
Fecha:	martes, 15 de marzo de 2005 13:04:27
Archivos adjuntos:	

> From: Bob Smith [mailto:bsmith@prapa.com]

> Does somebody know how to save the DVH-data to a file? I
> would like to create a script to dump all the data for all of
> the DVHs defined in the DVH window.
>

the following commands print one DVH at a time to a file

DVHList.current.Data.Save = "/home/p3rtp/mydvh";
or
DVHList.#"#0".Data.Save = "/home/p3rtp/dvh/dvh1PTV1.out";

we use the latter and then concatenate the outputs using

Store.At.Command = SimpleString{};
Store.At.Command.String = "cat /home/p3rtp/dvh/dvh*.out > /home/p3rtp/dvh/";
Store.At.Command.AppendString = PlanInfo.MedicalRecordNumber;
Store.At.Command.AppendString = "_dvhp.dump";
SpawnCommand = Store.At.Command.String;
WarningMessage = Store.At.Command.String;
SpawnCommand = "rm /home/p3rtp/dvh/dvh*.out";
Store.FreeAt.Command ="";

Hope that helps

Alison Scott
Physicist, Clatterbridge Centre for Oncology

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##

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varian MLC segment ordering
Fecha:	martes, 15 de marzo de 2005 19:27:25
Archivos adjuntos:	

I never do it. You have to be extra careful to order both the beginning and ending segments. That is too dangerous.

If you want to look at it, just open shaper and an MLC file, then select "Field" then "Move" which presents a dialog box that allows you to reposition the current segment.

Steve T
==========
Stephen K. Thompson, M.S.
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Department of Radiation Therapy
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Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Johnston, Ann
Sent: Tuesday, March 15, 2005 9:49 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: Varian MLC segment ordering

How do you reorder in shaper? Do you do this on a routine basis?

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Thompson, Stephen K

Sent: Wednesday, March 09, 2005 12:57 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Varian MLC segment ordering

Those of you with Varian linacs probably have noticed that the MLC segments from Pinnacle don't see to have any reasonable order. Leaves come all the way to one side, then to the other, then back again...

Has anyone looked at reordering them (other than in shaper)?

==========

Stephen K. Thompson, M.S.
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##########

De: Keeler, Jan

A: "pinnacle-users@explode.unsw.edu.au";

Cc:

Asunto: RE: Direct Machine Parameter Optimization - DMPO

Fecha: martes, 15 de marzo de 2005 19:43:31

Archivos adjuntos:

Anyone from PA currently using DMPO?

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** DCMoss
Sent: Wednesday, March 09, 2005 1:43 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Direct Machine Parameter Optimization - DMPO

We've got it. I've used it on about a dozen patients so far and I like it. Cuts the planning time almost in half with respect to the earlier optimize ODM then optimize segments routine. We use MapCheck and I get better field matching on QA as well.

DCMoss
Boissoneault Oncology Institute
Ocala Florida

"Thompson, Stephen K" <ThompsSK@sutterhealth.org> wrote:

> I thought I saw a message in the last few days about this.
>
> Is it delivered?
> Is anybody using it?
> What's the feedback from those who have it?
>
> Thanks,
>
> Steve T
>
> ==========
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##

De: Young, Donna
A: "pinnacle-users@explode.unsw.edu.au";
Cc:
Asunto: RE: Direct Machine Parameter Optimization - DMPO
Fecha: martes, 15 de marzo de 2005 20:14:09
Archivos adjuntos:

Any problem w/ switching patients from one institution w/ DMPO and another that does not have?

Does it make the Blades run slow? Do you need Sun fire?

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Keeler, Jan
> **Sent:** Tuesday, March 15, 2005 1:37 PM
> **To:** 'pinnacle-users@explode.unsw.edu.au'
> **Subject:** RE: Direct Machine Parameter Optimization - DMPO
>
> Anyone from PA currently using DMPO?
>
> > -----Original Message-----
> > **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** DCMoss
> > **Sent:** Wednesday, March 09, 2005 1:43 PM
> > **To:** pinnacle-users@explode.unsw.edu.au
> > **Subject:** Re: Direct Machine Parameter Optimization - DMPO
> >
> > We've got it. I've used it on about a dozen patients so far and I like it. Cuts the planning time almost in half with respect to the earlier optimize ODM then optimize segments routine. We use MapCheck and I get better field matching on QA as well.
> >
> > DCMoss
> > Boissoneault Oncology Institute
> > Ocala Florida
> >
> > ***"Thompson, Stephen K" <ThompsSK@sutterhealth.org>*** wrote:
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> > > (209) 526-5280 (fax)

thompssk@sutterhealth.org

De:	DCMoss
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Direct Machine Parameter Optimization - DMPO
Fecha:	martes, 15 de marzo de 2005 21:04:10
Archivos adjuntos:	

>>
Any problem w/ switching patients from one institution w/ DMPO and another that does not have?
>>

Haven't tried that.

>>
Does it make the Blades run slow? Do you need Sun fire?
>>

I have a SunFire v250. Other sites in our group have Blades. Seems to work fine on the Blades.

DCMoss
Boissoneault Oncology Institute
Ocala Florida

De:	William Bice, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Direct Machine Parameter Optimization - DMPO
Fecha:	martes, 15 de marzo de 2005 21:04:37
Archivos adjuntos:	

Can anyone tell me why DMPO is an add on? Is this not just an IMRT optimization routine? Why is it separate from the standard IMRT purchase / upgrade? What am I missing?

Bill Bice

"Keeler, Jan" <JPKeeler@gvh.org> wrote:

> Anyone from PA currently using DMPO?
>
> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** DCMoss
> **Sent:** Wednesday, March 09, 2005 1:43 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Re: Direct Machine Parameter Optimization - DMPO
>
> We've got it. I've used it on about a dozen patients so far and I like it. Cuts the planning time almost in half with respect to the earlier optimize ODM then optimize segments routine. We use MapCheck and I get better field matching on QA as well.
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##

De:	Johnston, Ann
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Varian MLC segment ordering
Fecha:	martes, 15 de marzo de 2005 21:08:39
Archivos adjuntos:	

How do you reorder in shaper? Do you do this on a routine basis?

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Thompson, Stephen K
Sent: Wednesday, March 09, 2005 12:57 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Varian MLC segment ordering

Those of you with Varian linacs probably have noticed that the MLC segments from Pinnacle don't see to have any reasonable order. Leaves come all the way to one side, then to the other, then back again...

Has anyone looked at reordering them (other than in shaper)?

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##

De:	Butson, Martin
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	combining two machines into one
Fecha:	martes, 15 de marzo de 2005 21:26:54
Archivos adjuntos:	

Dear All,

We wish to combine the physics data from two machines into one machine. Historically we had our accelerator set up in pinnacle as two seperate machines a 6MV machine and a 10MV machine. We now wish to "combine" the two machines together to make one. Is there an easy way (or at least relatively easy) to copy machine data, like profiles etc from one machine into another without having to reimport from water tank data?

All the best

Martin Butson

De: Greg Gibbs
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: Direct Machine Parameter Optimization - DMPO
Fecha: martes, 15 de marzo de 2005 23:27:41
Archivos adjuntos:

That's how Philips makes money (and RaySearch from who they buy IMRT and DMPO).

Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** William Bice, PhD
Sent: Tuesday, March 15, 2005 1:01 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Direct Machine Parameter Optimization - DMPO

Can anyone tell me why DMPO is an add on? Is this not just an IMRT optimization routine? Why is it separate from the standard IMRT purchase / upgrade? What am I missing?

Bill Bice

"Keeler, Jan" <JPKeeler@gvh.org> wrote:

> Anyone from PA currently using DMPO?
>
> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** DCMoss
> **Sent:** Wednesday, March 09, 2005 1:43 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Re: Direct Machine Parameter Optimization - DMPO
>
> We've got it. I've used it on about a dozen patients so far and I like it. Cuts the planning time almost in half with respect to the earlier optimize ODM then optimize segments routine. We use MapCheck and I get better field matching on QA as well.
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> Boissoneault Oncology Institute
> Ocala Florida
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> > (209) 526-5280 (fax)

thompssk@sutterhealth.org

De: Larry Berkley

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Direct Machine Parameter Optimization - DMPO

Fecha: martes, 15 de marzo de 2005 23:33:00

Archivos adjuntos:

Bill,
This is a significant improvement in the planning process, number of segment, and mlc sequencing. But, the bottom line is, it is an add-on that must be purchased separately because people are willing to pay for it.

Larry Berkley

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** William Bice, PhD
Sent: Tuesday, March 15, 2005 2:01 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Direct Machine Parameter Optimization - DMPO

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Bill Bice

"Keeler, Jan" <JPKeeler@gvh.org> wrote:

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> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** DCMoss
> **Sent:** Wednesday, March 09, 2005 1:43 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Re: Direct Machine Parameter Optimization - DMPO
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(209) 526-5280 (fax)
thompssk@sutterhealth.org

De:	Joe Wong
A:	ADAC Users;
Cc:	
Asunto:	DICOM files
Fecha:	miércoles, 16 de marzo de 2005 2:39:59
Archivos adjuntos:	

Here is a question for all ye DICOM files gurus. I have been told by tech support time and again that the DICOM image files for import are all located at the Files/Network/DICOM folder. The question is if there are more than one patients, do I just copy all the image files to that folder (directory) and the import will know how to distinguish one patient from another? Have not tried that and dared not try yet. Any tips from the gurus who have done it? My idea is to copy DICOM image files directory into that folder for easy access via ftp.
TIA.

Joe Wong

De:	Linda Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DICOM files
Fecha:	miércoles, 16 de marzo de 2005 3:27:27
Archivos adjuntos:	

Ideally, you should get the dicom images from either the network (via the Pinnacle dicom server) or via a correctly written dicom CD.

If you can "get" dicom files to put in the directory, then someone should be able to write them for you to CD; if you can FTP them, then you should be able to "send" them using dicom.

That being said, /files/network/DICOM is correct. You can copy the files in there, and the software will sort through all of the images and compile the right studies together.

We have done this every once in a while when we get a crazy CD from another office; if the CD is written with a lot of PC viewers, etc, we find that we have to manually copy the image files. The extension does not matter, by the way. Also, you still need a license from Philips for different vendors, although it is free of charge.

L.Smith
----- Original Message -----
From: "Joe Wong" <joewongt@yahoo.com>
To: "ADAC Users" <pinnacle-users@explode.unsw.edu.au>
Sent: Tuesday, March 15, 2005 8:31 PM
Subject: DICOM files

> Here is a question for all ye DICOM files gurus. I
> have been told by tech support time and again that the
> DICOM image files for import are all located at the
> Files/Network/DICOM folder. The question is if there
> are more than one patients, do I just copy all the
> image files to that folder (directory) and the import
> will know how to distinguish one patient from another?
> Have not tried that and dared not try yet. Any tips
> from the gurus who have done it? My idea is to copy
> DICOM image files directory into that folder for easy
> access via ftp.

> TIA.
>
> Joe Wong
>
>
>
>
> _____
> Do you Yahoo!?
> Read only the mail you want - Yahoo! Mail SpamGuard.
> http://promotions.yahoo.com/new_mail
>
>
>

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##

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DICOM files
Fecha:	miércoles, 16 de marzo de 2005 3:48:29
Archivos adjuntos:	

Joe

The answer is Yes, but be careful.

Make sure all datasets have been imported. Delete all DICOM files. Then you can remove all rubbish left behind to leave an empty dir. Note you might want to make a backup copy before you clean it out.

Then when you copy files in, you can see which ones are which. Remember to use refresh list on the DICOM import GUI or it won't see the new files you copy in.

Note also that the DICOM folder is /autoDataSets/DICOM which is /files/network/DICOM on the server. That is if you copy files to /files/network/DICOM on one of the clients, Pinnacle won't see them as it only looks in the server.

There is also a number of DICOM utility programs that can be used to sort them out, resend etc

Regards

Nick

At 05:31 PM 15/03/2005 -0800, you wrote:
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>have been told by tech support time and again that the
>DICOM image files for import are all located at the
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##

De:	Deshpande, Nigel
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: combining two machines into one
Fecha:	miércoles, 16 de marzo de 2005 10:03:51
Archivos adjuntos:	Combining Commissioned Machines into a Single Machine.doc

---

Dear Martin

Attached is a procedure for combining machines that I got from Philips at the end of last year.

We had to do this when we networked pinnacle to Varian VARiS v7 to treat on an Elekta SL75 (running VS3 software) and an Elekta SL18 (running Desktop Pro). If anyone else is about to connect the same or similar configuration please do get in touch as we may be able to save you some time and considerable heart ache!
Good Luck
Nigel Deshpande
Cancer Treatment Centre
Royal Free Hospital
London, UK.
0207 794 0500 bleep 021

-----Original Message-----
From: Butson, Martin [mailto:ButsonM@iahs.nsw.gov.au]
Sent: 15 March 2005 20:18
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: combining two machines into one

Dear All,

We wish to combine the physics data from two machines into one machine. Historically we had our accelerator set up in pinnacle as two seperate machines a 6MV machine and a 10MV machine. We now wish to "combine" the two machines together to make one. Is there an easy way (or at least relatively easy) to copy machine data, like profiles etc from one machine into another without having to reimport from water tank data?

All the best

Martin Butson

De: Murphy, Tony

A: "pinnacle-users@explode.unsw.edu.au";

Cc:

Asunto: RE: Direct Machine Parameter Optimization - DMPO

Fecha: miércoles, 16 de marzo de 2005 16:45:02

Archivos adjuntos:

I'm still waiting for the day when the optical mouse will be an optional add-on with a cost associated with it. After all, you can certainly plan a patient without the mouse using keyboard shortcuts... but if you want to contour a PTV, that would be extra. I'm sure people would be willing to pay for that too!!

Tony Murphy

-----Original Message-----
From: William Bice, PhD [mailto:bice@prodigy.net]
Sent: Tuesday, March 15, 2005 2:01 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Direct Machine Parameter Optimization - DMPO

Can anyone tell me why DMPO is an add on? Is this not just an IMRT optimization routine? Why is it separate from the standard IMRT purchase / upgrade? What am I missing?

Bill Bice

"Keeler, Jan" <JPKeeler@gvh.org> wrote:

> Anyone from PA currently using DMPO?
>
> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** DCMoss
> **Sent:** Wednesday, March 09, 2005 1:43 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Re: Direct Machine Parameter Optimization - DMPO
>
> We've got it. I've used it on about a dozen patients so far and I like it. Cuts the planning time almost in half with respect to the earlier optimize ODM then optimize segments routine. We use MapCheck and I get better field matching on QA as well.
>
> DCMoss
> Boissoneault Oncology Institute
> Ocala Florida
>
> ***"Thompson, Stephen K" <ThompsSK@sutterhealth.org>*** wrote:
>
> > I thought I saw a message in the last few days about this.
> >
> > Is it delivered?
> > Is anybody using it?
> > What's the feedback from those who have it?
> >
> > Thanks,
> >
> > Steve T
> >
> > ==========
> > Stephen K. Thompson, M.S.
> > Medical Physicist
> > Memorial Medical Center
> > Department of Radiation Therapy
> > 1700 Coffee Road

Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

De:	Gibbons, John
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varian MLC segment ordering
Fecha:	miércoles, 16 de marzo de 2005 16:57:21
Archivos adjuntos:	

Yes. We wrote an in-house program which reordered the segments to minimize the leaf travel. It made a substantial difference in the total treatment time for earlier Pinnacle releases (i.e., < v6.2b). Since that time Pinnacle implemented a similar sorting algorithm in the conversion process which achieved the same results. However, since we segment weight all of our treatment plans, which results in the deletion of many segments, the original segment order Pinnacle produced is sometimes no longer be optimized, so our program does reduce treatment times in some cases.

I have been after Pinnacle to add a "resort" button to the conversion window for post-segment weighted plans.

John

John P. Gibbons, Jr., Ph.D.
Chief of Clinical Physics
Mary Bird Perkins Cancer Center
4950 Essen Lane, Baton Rouge, 70809
Phone: 225.215.1145, Fax: 225.215.1215

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Thompson, Stephen K
Sent: Wednesday, March 09, 2005 11:57 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Varian MLC segment ordering

Those of you with Varian linacs probably have noticed that the MLC segments from Pinnacle don't see to have any reasonable order. Leaves come all the way to one side, then to the other, then back again...

Has anyone looked at reordering them (other than in shaper)?

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De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varian MLC segment ordering
Fecha:	miércoles, 16 de marzo de 2005 17:52:07
Archivos adjuntos:	

That's interesting John, may I ask others if you 'always' run segment weight optimization? if not what is your trigger?

I use it, perhaps one case out of 5, when conversion goes 'badly' - i.e. significant degradation in DVH's

If the converted DVH looks nearly identical (or reasonably close) to the optimized one then I wouldn't take the (considerable) time for Seg Wgt optimization. (time includes resetting the all the objectives plus the 20-30+ min to optimize)

is it JUST to reduce the segment number in such cases?

Another comment - I too was disturbed the both DMPO and biological modeling (and autofusion I believe) are nontrivial cost ad-ons. I hope that in some future release those faithful customers maintaining service contracts will be rewarded with their inclusion in a routine release. - of course if they say that now, they won't sell any...

Martin

At 10:51 AM 3/16/2005, you wrote:
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De:	Linda Miller
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varian MLC segment ordering
Fecha:	miércoles, 16 de marzo de 2005 18:31:23
Archivos adjuntos:	

We have Elekta linacs with 1 cm leaves and ALWAYS get a better optimization (is that an oxymoron?) when we run segment weighting.

Linda Miller, MS
East Texas Medical Center
Tyler, Texas

>>> mwfraser@comcast.net 3/16/2005 10:39:58 AM >>>
That's interesting John, may I ask others if you 'always' run segment weight optimization? if not what is your trigger?

I use it, perhaps one case out of 5, when conversion goes 'badly' - i.e. significant degradation in DVH's

If the converted DVH looks nearly identical (or reasonably close) to the optimized one then I wouldn't take the (considerable) time for Seg Wgt optimization. (time includes resetting the all the objectives plus the 20-30+ min to optimize)

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Martin

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>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of
Thompson,
>Stephen K
>Sent: Wednesday, March 09, 2005 11:57 AM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Varian MLC segment ordering
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De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varian MLC segment ordering
Fecha:	miércoles, 16 de marzo de 2005 19:11:52
Archivos adjuntos:	

I rarely if ever use segment weight optimization anymore. Tips from friends and my own experience have resulted in using the following guidelines:

(1) Use only 25 iterations or less and reset the ODM between EACH run. I've seen first hand that "over-optimization" using more than 25 iterations or not resetting the ODM results in a converted plan that looks very different from the optimized plan.

(2) Once converted, clean up hot or cold spots by editing MLC segments individually. This is a little bit of art but very effective. I don't spend more than an hour cleaning things up. If that's necessary then I've found that going back and reoptimizing is more effective.

At one time I would convert a couple of beams at a time, then reoptimize the remaining beams, then convert those. That worked OK but is still time consuming. Using the two tips above works great for 90% of plans.

I'm always open to new ideas and tips though!!!

Steve T

==========
Stephen K. Thompson, M.S.
Medical Physicist
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-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Martin

Fraser
Sent: Wednesday, March 16, 2005 8:40 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Varian MLC segment ordering

That's interesting John, may I ask others if you 'always' run segment weight optimization? if not what is your trigger?

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De:	Gibbons, John
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varian MLC segment ordering
Fecha:	miércoles, 16 de marzo de 2005 19:52:28
Archivos adjuntos:	

We do all cases. SW optimization does take some time, but it can easily run in the background and we don't have any emergency IMRT patients. Since we started doing this here for all patients, the dosimetry staff now agrees that the extra effort is negligible and the plans are better. Again, even if the objective function is not substantially improved, it will often remove a lot of segments which reduces the treatment time. And the plan will not get worse...in the worst case scenario, all the composite objective value remains the same.

BTW, I've been informed that version 7.4 does have a resort button. (Talk about quick response!)

When I was in Columbia, we also tested DMPO and found that the planning process was much quicker than SW optimization.

John P. Gibbons, Jr., Ph.D.
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Martin

At 10:51 AM 3/16/2005, you wrote:
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>Mary Bird Perkins Cancer Center
>4950 Essen Lane, Baton Rouge, 70809
>Phone: 225.215.1145, Fax: 225.215.1215
>
>
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of
Thompson,
>Stephen K
>Sent: Wednesday, March 09, 2005 11:57 AM

>To: pinnacle-users@explode.unsw.edu.au
>Subject: Varian MLC segment ordering
>
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>segments from Pinnacle don't see to have any reasonable order. Leaves
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De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varian MLC segment ordering
Fecha:	miércoles, 16 de marzo de 2005 20:09:57
Archivos adjuntos:	

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Gibbons, John
Sent: Wednesday, March 16, 2005 10:47 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Varian MLC segment ordering

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From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Martin Fraser
Sent: Wednesday, March 16, 2005 10:40 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Varian MLC segment ordering

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De:	Dimitris Mihaildis
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Varian MLC segment ordering
Fecha:	miércoles, 16 de marzo de 2005 20:22:37
Archivos adjuntos:	

To add to John's comments on SW optimization, at least with versions prior to DMPO (v7.4f with DMPO):
By performing SW optimization after segmentation, one can "wisely" alter the objectives from what they where during the original optimization process, for example, lower the weights on critical structures a bit and allow target coverage to improve.
This definitely produces a better plan with a bit less segments than just the computation of the segmented plan without SW optimization.
Dimitris Mihailidis
Charleston, WV

----- Original Message -----
From: "Gibbons, John" <Gibbons@marybird.com>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Wednesday, March 16, 2005 1:46 PM
Subject: RE: Varian MLC segment ordering

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> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Martin
> Fraser
> Sent: Wednesday, March 16, 2005 10:40 AM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: Varian MLC segment ordering
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De:	Linda Miller
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varian MLC segment ordering
Fecha:	miércoles, 16 de marzo de 2005 20:26:19
Archivos adjuntos:	

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Sent: Wednesday, March 16, 2005 10:47 AM
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A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Varian MLC segment ordering
Fecha:	miércoles, 16 de marzo de 2005 20:44:33
Archivos adjuntos:	

If we set the advanced option to minimum mu of 3 , it does that and will only give us mu's that will round to 3 or above.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Linda Miller
Sent: Wednesday, March 16, 2005 2:19 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Varian MLC segment ordering

The number of segments remains the same it just weights the segments. We set the minimum MU to 3 but segment weighting ignores this request and can set many segments to less than that value. We have to go through and delete those segments after seg wt is complete. I had heard that this had been corrected in 7.4.

>>> ThompsSK@sutterhealth.org 3/16/2005 1:05:31 PM >>>
I'm curious - you say that SW optimization removes a lot of segments? I'm no expert for sure, but I thought the # of segments stayed the same.
I do remember that if you leave the minimum MU set to 0, then you often
end up with several segments that have zero weight. Then you'd have to manually delete those segments and any others that are less than 1 or 2
MU.

Is that what you are saying?
==========
Stephen K. Thompson, M.S.
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road

Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of
Gibbons,
John
Sent: Wednesday, March 16, 2005 10:47 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Varian MLC segment ordering

We do all cases. SW optimization does take some time, but it can
easily
run in the background and we don't have any emergency IMRT patients.
Since we started doing this here for all patients, the dosimetry staff
now agrees that the extra effort is negligible and the plans are
better.
Again, even if the objective function is not substantially improved,
it
will often remove a lot of segments which reduces the treatment time.
And the plan will not get worse...in the worst case scenario, all the
composite objective value remains the same.

BTW, I've been informed that version 7.4 does have a resort button.
(Talk about quick response!)

When I was in Columbia, we also tested DMPO and found that the
planning
process was much quicker than SW optimization.

John P. Gibbons, Jr., Ph.D.
Chief of Clinical Physics
Mary Bird Perkins Cancer Center
4950 Essen Lane, Baton Rouge, 70809
Phone: 225.215.1145, Fax: 225.215.1215

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Martin
Fraser
Sent: Wednesday, March 16, 2005 10:40 AM
To: pinnacle-users@explode.unsw.edu.au

Subject: RE: Varian MLC segment ordering

That's interesting John, may I ask others if you 'always' run segment weight optimization? if not what is your trigger?

I use it, perhaps one case out of 5, when conversion goes 'badly' - i.e.
significant degradation in DVH's

If the converted DVH looks nearly identical (or reasonably close) to the
optimized one then I wouldn't take the (considerable) time for Seg Wgt optimization. (time includes resetting the all the objectives plus the 20-30+ min to optimize)

is it JUST to reduce the segment number in such cases?

Another comment - I too was disturbed the both DMPO and biological modeling (and autofusion I believe) are nontrivial cost ad-ons. I hope that in some future release those faithful customers maintaining service
contracts will be rewarded with their inclusion in a routine release.
-
of course if they say that now, they won't sell any...

Martin

At 10:51 AM 3/16/2005, you wrote:
>Yes. We wrote an in-house program which reordered the segments to
>minimize the leaf travel. It made a substantial difference in the total
>treatment time for earlier Pinnacle releases (i.e., < v6.2b). Since
>that time Pinnacle implemented a similar sorting algorithm in the
>conversion process which achieved the same results. However, since we

>segment weight all of our treatment plans, which results in the deletion
>of many segments, the original segment order Pinnacle produced is
>sometimes no longer be optimized, so our program does reduce treatment

>times in some cases.
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>I have been after Pinnacle to add a "resort" button to the conversion

>window for post-segment weighted plans.
>
>John
>

>
>John P. Gibbons, Jr., Ph.D.
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>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of
Thompson,
>Stephen K
>Sent: Wednesday, March 09, 2005 11:57 AM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Varian MLC segment ordering
>
>Those of you with Varian linacs probably have noticed that the MLC
>segments from Pinnacle don't see to have any reasonable order. Leaves

>come all the way to one side, then to the other, then back again...
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>Has anyone looked at reordering them (other than in shaper)?
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##

De:	Wang, Lei (SEQ)
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Varian MLC segment ordering
Fecha:	miércoles, 16 de marzo de 2005 20:54:29
Archivos adjuntos:	

I do SW optimization for all of our head and neck cases. I found it worth the time for
these complicated cases. It usually improves the plan, results better TV coverage and less
cord and parotid dose. It can also reduce some segments, although I don't feel this
will significantly reduce delivery time (we use Varian 21EX).

I am wondering if anybody tried sliding window delivery with the new pinnacle version. Will the plan be
still acceptable after conversion?

Lei Wang, Physicist
Sequoia Hospital, Redwood City, CA

-----Original Message-----
From: Gibbons, John [mailto:Gibbons@marybird.com]
Sent: Wednesday, March 16, 2005 10:47 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Varian MLC segment ordering

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BTW, I've been informed that version 7.4 does have a resort button. (Talk about quick response!)

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John P. Gibbons, Jr., Ph.D.
Chief of Clinical Physics
Mary Bird Perkins Cancer Center
4950 Essen Lane, Baton Rouge, 70809
Phone: 225.215.1145, Fax: 225.215.1215

-----Original Message-----
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is it JUST to reduce the segment number in such cases?

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##

De: Luse, Ray W.
A: "pinnacle-users@explode.unsw.edu.au";
Cc:
Asunto: RE: Direct Machine Parameter Optimization - DMPO
Fecha: jueves, 17 de marzo de 2005 19:31:22
Archivos adjuntos:

Can I ask what the asking price is?

I have requested this several times following ASTRO 2003 and have not received an answer

Ray Luse
Spokane, WA

-----Original Message-----
From: Larry Berkley [mailto:LARRY@carti.com]
Sent: Tuesday, March 15, 2005 2:29 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Direct Machine Parameter Optimization - DMPO

Bill,
This is a significant improvement in the planning process, number of segment, and mlc sequencing. But, the bottom line is, it is an add-on that must be purchased separately because people are willing to pay for it.

Larry Berkley

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** William Bice, PhD
Sent: Tuesday, March 15, 2005 2:01 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Direct Machine Parameter Optimization - DMPO

Can anyone tell me why DMPO is an add on? Is this not just an IMRT optimization routine? Why is it separate from the standard IMRT purchase / upgrade? What am I missing?

Bill Bice

"Keeler, Jan" <JPKeeler@gvh.org> wrote:

> Anyone from PA currently using DMPO?
>
> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** DCMoss
> **Sent:** Wednesday, March 09, 2005 1:43 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Re: Direct Machine Parameter Optimization - DMPO
>
> We've got it. I've used it on about a dozen patients so far and I like it. Cuts the planning time almost in half with respect to the earlier optimize ODM then optimize segments routine. We use MapCheck and I get better field matching on QA as well.
>
> DCMoss
> Boissoneault Oncology Institute
> Ocala Florida
>
> ***"Thompson, Stephen K" <ThompsSK@sutterhealth.org>*** wrote:
>
> > I thought I saw a message in the last few days about this.
> >
> > Is it delivered?
> > Is anybody using it?
> > What's the feedback from those who have it?
> >
> > Thanks,

Steve T

==========
Stephen K. Thompson, M.S.
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

De:	Butson, Martin
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	connecting a siemens CT to pinnacle
Fecha:	viernes, 18 de marzo de 2005 1:41:06
Archivos adjuntos:	

Dear Group,

Just enquiring if anyone has a Siemens Sensation Open, wide bore CT scanner attached to their pinnacle system sucessfully. If so, are their any catches, trickes or patches required during the process. Any information in general would be appreciated.

All the best

Martin Butson
so subscribed.

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Direct Machine Parameter Optimization - DMPO
Fecha:	viernes, 18 de marzo de 2005 1:41:07
Archivos adjuntos:	

--- "Luse, Ray W." <Rluse@shmc.org> wrote:
> Can I ask what the asking price is?
>
> I have requested this several times following ASTRO
> 2003 and have not
> received an answer
>
>
>
Probably you have the same sales person as us. It is
like pullng teeth when asking for a quote.

Joe Wong

_____
Do you Yahoo!?
Yahoo! Small Business - Try our new resources site!
http://smallbusiness.yahoo.com/resources/

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Svar: connecting a siemens CT to pinnacle
Fecha:	viernes, 18 de marzo de 2005 8:53:15
Archivos adjuntos:	

We have conneted two volume access Siemens scanners whitout having to do any modifications

All the best,

Carsten

==========
Ph.D.
Carsten Brink
Radiofysisk laboratorium / Laboratory of radiation physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 19
e-mail: carsten.brink@ouh.fyns-amt.dk
>>> ButsonM@iahs.nsw.gov.au 18-03-05 1:09 >>>

Dear Group,

Just enquiring if anyone has a Siemens Sensation Open, wide bore CT scanner attached to their pinnacle system sucessfully. If so, are their any catches, trickes or patches required during the process. Any information in general would be appreciated.

All the best

Martin Butson
so subscribed.
##

received this message in error, please notify the sender immediately, then destroy the original message. Any views expressed in this message are solely those of the individual sender, except where the sender is specifically authorised by the South East Sydney & Illawarra Area Health.

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##

De:	David Lockman, D.Sc.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: connecting a siemens CT to pinnacle
Fecha:	viernes, 18 de marzo de 2005 13:31:07
Archivos adjuntos:	dlockman.vcf

Yes, we do. No catches. But our existing DICOM image license already contained a key for a Siemens
scanner - if yours does not, your licenses will need updating.

"Butson, Martin" wrote:

> Dear Group,
>
> Just enquiring if anyone has a Siemens Sensation Open, wide bore CT scanner
> attached to their pinnacle system sucessfully. If so, are their any catches,
> trickes or patches required during the process. Any information in general
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> All the best
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###

--
David M Lockman
Medical Physicist
William Beaumont Hospital - Radiation Oncology
3601 W Thirteen Mile Rd
Royal Oak, MI 48073
248.551.6256
dlockman@beaumont.edu

De:	Chris Hawkins
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Philips Quotes
Fecha:	viernes, 18 de marzo de 2005 14:37:13
Archivos adjuntos:	

One would think that Philips would rather send users their own purchase quotations, rather than having users share with each other, wouldn't one?

Makes good business sense to me.

But then, I'm not in sales.

^^^^^^^^^^^^^^^^^^^^^^^^^^

Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Hospital
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

>>> joewongt@yahoo.com 3/17/2005 7:09:36 PM >>>

--- "Luse, Ray W." <Rluse@shmc.org> wrote:
> Can I ask what the asking price is?
>
> I have requested this several times following ASTRO
> 2003 and have not
> received an answer
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>

Probably you have the same sales person as us. It is like pullng teeth when asking for a quote.

Joe Wong

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Philips Quotes
Fecha:	viernes, 18 de marzo de 2005 17:55:40
Archivos adjuntos:	

--- Chris Hawkins <Chris.Hawkins@tmh.org> wrote:
> One would think that Philips would rather send users
> their own purchase quotations, rather than having
> users share with each other, wouldn't one?
>
> Makes good business sense to me.
>
>
I agree, but at least there should be a respond. Or
did sales have a rocket scientist to formulate the
quote?

Joe Wong

De:	Therezo, ET
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Philips Quotes
Fecha:	viernes, 18 de marzo de 2005 18:10:36
Archivos adjuntos:	

Stop already. I thought this was a tool for CONSTRUCTIVE dialog for pinnacle users. Having just signed up, I am immediately unimpressed with the level of professionalism.

Elizabeth Therezo, RTT, CMD
Comprehensive Cancer Centers of Nevada
10001 S. Eastern Ave. Suite 108
Henderson, Nevada 89052
(702) 952-3350 X5518

-----Original Message-----
From: Joe Wong [mailto:joewongt@yahoo.com]
Sent: Friday, March 18, 2005 8:45 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Philips Quotes

--- Chris Hawkins <Chris.Hawkins@tmh.org> wrote:
> One would think that Philips would rather send users
> their own purchase quotations, rather than having
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De:	Horn, Bill (SFMH)
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Pinnacle quotes
Fecha:	viernes, 18 de marzo de 2005 18:18:19
Archivos adjuntos:	

Hi all,
I feel the need to report that I've never had a problem getting a quote. I just call my inside sales rep. (not the travelling person) and the quote arrives a day or two later. Hope this helps.

Bill

Bill Horn, BA, CMD
Medical Dosimetrist
St. Francis Memorial Hospital
Radiation Oncology Department
900 Hyde Street
San Francisco, CA 94109
voice 415-353-6424
facsimile 415-353-6428
bhorn@chw.edu

De:	rkaczur@alltel.net
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DICOM RTOG question
Fecha:	viernes, 18 de marzo de 2005 18:55:24
Archivos adjuntos:	

Fellow Pinnacle users:

Forgive me if I am a little confused on this issue:

Are there any Pinnacle users planning to do Mammosite under the new RTOG 0413 protocol? According to ITC, Adac does not support (yet at least) the Dicom RTOG format that is needed to submit plan electronically to ITC for this protocol.

I do have on the Plan export tab (Pinnacle 6.2b) a Dicom RTOG, but not sure if this is the correct one. Apparently Nucletron's system and BrachyVision have the proper export routine and are approved, but I prefer planning on the ADAC as the tools are better. The only item really lacking is the Dicom issue.

Can anyone comment or enlighten me on this issue.

Thanks,

Ray Kaczur, M.S., DABR
Akron, Ohio

De:	Kristina Kupfer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DICOM RTOG question
Fecha:	viernes, 18 de marzo de 2005 19:34:52
Archivos adjuntos:	

---

you will need the 7.0g installed, that has the dicom tabs in the export folder.

Kristina Schilling

>>> rkaczur@alltel.net 03/18/05 12:44PM >>>
Fellow Pinnacle users:

Forgive me if I am a little confused on this issue:

Are there any Pinnacle users planning to do Mammosite under the new RTOG 0413 protocol? According to ITC, Adac does not support (yet at least) the Dicom RTOG format that is needed to submit plan electronically to ITC for this protocol.

I do have on the Plan export tab (Pinnacle 6.2b) a Dicom RTOG, but not sure if this is the correct one. Apparently Nucletron's system and BrachyVision have the proper export routine and are approved, but I prefer planning on the ADAC as the tools are better. The only item really lacking is the Dicom issue.

Can anyone comment or enlighten me on this issue.

Thanks,

Ray Kaczur, M.S., DABR
Akron, Ohio

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##

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Philips Quotes
Fecha:	sábado, 19 de marzo de 2005 1:11:34
Archivos adjuntos:	

--- "Therezo, ET" <Elizabeth.Therezo@USONCOLOGY.COM>
wrote:
> Stop already. I thought this was a tool for
> CONSTRUCTIVE dialog for
> pinnacle users. Having just signed up, I am
> immediately unimpressed with
> the level of professionalism.
>
>
If you want something non-critical of ADAC, go to the
Philips-ADAC web site. This list is for exchange of
all ideas, politically correct or not, I
assume....oops critical or non-critical. However, you
need to be an official ADAC user to be on that site.

Joe Wong

account will not be distributed unless that account is also subscribed.
##

De:	Carolan, Martin
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Archive to CD-R/DVD (on 7.4 with Blade2000)
Fecha:	lunes, 21 de marzo de 2005 1:39:40
Archivos adjuntos:	

Dear Group,

I am awaiting a reply from the local Pinnacle agent on this question but in the mean while.....:

Can anyone confirm the earlier post (below) suggesting that while 7.4 can archive to CD or DVD it is not possible to do this using a Blade 2000?

I have just successfully set up an NFS arrangement to test backup and archiving to a PC (per helpful suggestions from Sean Frigo). Before I purchase extra PC diskspace to implement this for routine use I want to check that I should not rather be spending the $ on a DVD burner for the Sun itself if this is possible under v7.4.

regards

Martin C

Martin Carolan PhD
Senior Medical Physicist
Illawarra Cancer Care Centre
Wollongong NSW 2500

ph.02 4222 5704
fax.02 4226 5397

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Martin Fraser
Sent: Wednesday, 8 December 2004 4:53 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Archive to CD-R

Have any users managed to archive to CD from their Blade workstations?

I'd heard once that 7.4 would support CD-R but now that I have it I learn
that yes, indeed, it does support CD-R - but only for the new platform! My
now ancient Blade2000 workstations are sadly obsolete ;(

stated: "Phillips is moving ahead" (actual quote from well meaning service
center person)
unstated " and leaving all past users behind..." (my response)

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account will not be distributed unless that account is also subscribed.
##

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Archive to CD-R/DVD (on 7.4 with Blade2000)
Fecha:	lunes, 21 de marzo de 2005 5:00:23
Archivos adjuntos:	

> purchase extra PC diskspace to implement this for
> routine use I want to
> check that I should not rather be spending the $ on
> a DVD burner for the Sun
> itself if this is possible under v7.4.
>
>
Why spend $$$$ for a Sun Blade burner when you can
just spend $ for a PC burner?

Joe Wong

De:	Carolan, Martin
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Archive to CD-R/DVD (on 7.4 with Blade2000)
Fecha:	lunes, 21 de marzo de 2005 8:19:05
Archivos adjuntos:	

>
> Why spend $$$$ for a Sun Blade burner when you can
> just spend $ for a PC burner?
>
> Joe Wong

Joe,

Agreed. However I need to be aware of all the options to present my case to the local bean counters.

In any case our local ADAC/Philips agent has subsequently advised that it is not possible to back up to DVD using a Blade 2000 and v7.4 (at least not in any ADAC 'supported' way).

I shall continue with implementing a NFS PC based backup and archive system, safe in the knowledge that I am saving my centre many $$$ compared to any possible 'supported' alternative options.

regards

Martin C

Martin Carolan PhD
Senior Medical Physicist
Illawarra Cancer Care Centre
Wollongong NSW 2500

ph.02 4222 5704
fax.02 4226 5397

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Archive to CD-R/DVD (on 7.4 with Blade2000)
Fecha:	lunes, 21 de marzo de 2005 18:53:25
Archivos adjuntos:	

> In any case our local ADAC/Philips agent has
> subsequently advised that it is
> not possible to back up to DVD using a Blade 2000
> and v7.4 (at least not in
> any ADAC 'supported' way).
>
>
As long as you can backup and restore the patients'
files, who cares how it is done?

Joe Wong

De:	David Biggs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Archive to CD-R/DVD (on 7.4 with Blade2000)
Fecha:	lunes, 21 de marzo de 2005 22:14:05
Archivos adjuntos:	

NFS or FTP to PC is also much more flexible Martin, since you can then back up and restore using any of your Pinnacle workstations, not just the one with the burner. Once you're backed up to file it's all done on the PC thus freeing up valuable Pinnacle time.

David

David Biggs
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
Sydney Adventist Hospital
' 0425 293486
* dsbiggs@smartchat.net.au

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Carolan, Martin
Sent: Monday, 21 March 2005 6:13 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: Archive to CD-R/DVD (on 7.4 with Blade2000)

>
> Why spend $$$$ for a Sun Blade burner when you can
> just spend $ for a PC burner?
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Joe,

Agreed. However I need to be aware of all the options to present my case

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##

De:	Will Christia
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Archive to CD-R/DVD (on 7.4 with Blade2000)
Fecha:	martes, 22 de marzo de 2005 14:58:57
Archivos adjuntos:	

All,

I have successfully saved files on my Sun Blade to a
USB mass storage device(flash memory). Although its
not quite the same thing, shouldn't you be able to use
an external dvd burner with the Sun Blade in the same
manner? If anyone owns an external DVD drive it would
be an interesting experiment.

Will Christian
Satilla Regional Cancer Center
--- David Biggs <dsbiggs@smartchat.net.au> wrote:
> NFS or FTP to PC is also much more flexible Martin,
> since you can then
> back up and restore using any of your Pinnacle
> workstations, not just
> the one with the burner. Once you're backed up to
> file it's all done on
> the PC thus freeing up valuable Pinnacle time.
>
> David
>
> David Biggs
> Chief Medical Physicist
> East Coast Medical Physics
> Sydney Radiotherapy & Oncology Centre
> Sydney Adventist Hospital
> ' 0425 293486
> * dsbiggs@smartchat.net.au
>
>
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On

> Behalf Of Carolan,
> Martin
> Sent: Monday, 21 March 2005 6:13 PM
> To: 'pinnacle-users@explode.unsw.edu.au'
> Subject: RE: Archive to CD-R/DVD (on 7.4 with
> Blade2000)
>
>
> >
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> >
> > Joe Wong
>
>
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> centre many $$$
> compared to any possible 'supported' alternative
> options.
>
> regards
>
> Martin C
>
> Martin Carolan PhD
> Senior Medical Physicist
> Illawarra Cancer Care Centre
> Wollongong NSW 2500
>
> ph.02 4222 5704
> fax.02 4226 5397

>
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>
##
>

De:	Ozard, Siobhan
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	IMRT QA hardware/software preferences
Fecha:	martes, 22 de marzo de 2005 15:20:32
Archivos adjuntos:	

For those with experience with MapCheck and/or the PTW ion-chamber matrix (27x27 matrix with VeriSoft) for QA of IMRT plans from Pinnacle could you please comment on the following questions:

1. ease of use
2. any glitches encountered
3. preference, if you have used both systems

Thanks

Siobhan Ozard, Ph.D., MCCPM
Department of Medical Physics
Windsor Regional Cancer Centre
2220 Kildare Rd.
Windsor, ON
CANADA
N8W 2X3

Siobhan_Ozard@wrh.on.ca
Phone: (519) 253-3191 xtn 58718
Pager: (519) 251-6401

De:	Royal, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT QA hardware/software preferences
Fecha:	miércoles, 23 de marzo de 2005 17:49:36
Archivos adjuntos:	

I have the PTW 2d-Array, and have been happy with it. We have used it for IMRT qa for several months now. We also think it will be useful for other tasks; monthly qa, some annual qa, flatt/symmetry checks, etc.

Jim Royal
Nebraska Methodist Hospital

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Ozard, Siobhan
Sent: Tuesday, March 22, 2005 8:11 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: IMRT QA hardware/software preferences

For those with experience with MapCheck and/or the PTW ion-chamber matrix
(27x27 matrix with VeriSoft) for QA of IMRT plans from Pinnacle could you please comment on the following questions:

1. ease of use
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3. preference, if you have used both systems

Thanks

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##

De:	Johnston, Ann
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Bilateral Breast IMRT Plan
Fecha:	jueves, 24 de marzo de 2005 23:47:51
Archivos adjuntos:	

Has anyone achieved an acceptable IMRT bilateral breast plan using pinnacle?
Ann Johnston CMD
High Point Cancer Center
700 Horizon Circle
Chalfont, Pa 18914
ajohnston@gvh.or
215-822-9062

De:	Johnston, Ann
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Bilateral Breast IMRT Plan
Fecha:	jueves, 24 de marzo de 2005 23:47:51
Archivos adjuntos:	

Has anyone achieved an acceptable IMRT bilateral breast plan using pinnacle?
Ann Johnston CMD
High Point Cancer Center
700 Horizon Circle
Chalfont, Pa 18914
ajohnston@gvh.or
215-822-9062

De:	V Sehgal
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Sending DRRs from Pinnacle to Varis
Fecha:	martes, 29 de marzo de 2005 19:59:56
Archivos adjuntos:	

Hi,
I am not sure if this has been discussed before in this forum. We are trying to send DRRs from Pinnacle to our Varis R&V system. We do not have Portal Vision. We had ADAC tech support add a DICOM printer to send the DRR over to Varis . Pinnacle reports that it has sent the Computed Radiograph successfully but when we go to our Varis Workstation and try to import it using the DICOM import filter we are not able to locate it.

Any pearls of wisdom on this will be appreciated

Thanks in advance

De:	Edgar Estoesta
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Validation of MLCs from DMPO IMRT Plans
Fecha:	miércoles, 30 de marzo de 2005 8:49:12
Archivos adjuntos:	

Dear Fellows,

Our centre is in its initial stage of implemening IMRT and we are testing the DMPO option of our TPS. We created a plan and one of the beams can not be delivered because it requires the MLC carriage to move with the leaves. Our MLC system (Millenium 120) does not allow this movement during beam delivery. We re-planned this field allowing for Beam Splitting. The resulting plan did not split this field so the problem still there. In this regard I would like to post the following questions:

1.Has anyone of you guys created an IMRT plan (via DMPO) that requires the MLC carriage to move? How did you deal with it?

2. Are there any means of validating the MLCs from an IMRT plan optimised with DMPO before sending it to the treatment machine (via VARIS or any R&V system)?

Anticipating your positive response or input on these matters.

Thank you.

Edgar B. Estoesta
Nepean Cancer Care Centre
P.O. Box 63 Penrith, NSW
Australia 2751

De:	John Sage
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Sending DRRs from Pinnacle to Varis
Fecha:	miércoles, 30 de marzo de 2005 11:06:12
Archivos adjuntos:	

Hi,

Three possibilities.

1) Pinnacle is actually sending somewhere else - check pinnacle settings
2) Varis is receiving but not saving images - try to find dicom service log files. Find out what directory the dicom service on Varis is supposed to be saving the dicom files in. Send images and check if dicom files appear in the directory.
3) Varis is receiving and saving images - problem with import filter. Check import filter is looking in correct directory. Find import filter log files and look for any odd messages. When you run import filter do you get a message saying could not load all objects (or similar).

Does the import work from other systems. With multiple varian computers there can be confusion over what is happening/running on the server and the workstations, so Pinnacle could be sending to a workstation instead of the server or the import filter could be looking at a local directory instead of a shared directory on the server, and so on.

Good Luck
John

De:	Deshpande, Nigel
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Sending DRRs from Pinnacle to Varis
Fecha:	miércoles, 30 de marzo de 2005 15:05:19
Archivos adjuntos:	

Hi

You should see the DRR sitting in a sub directory in the directory specified in you import filter. The sub directory will be called by whatever you type in to the MRN field in the pinnacle patient entry screen.
We have set up sending DRRs from Pinnacle to VARiS v7 recently to so please feel free to contact me direct if you still stuck. I can send you details of our settings.
Regards
Nigel Deshpande

Cancer Treatment Centre
Royal Free Hospital
London, UK.
0207 794 0500 bleep 021

-----Original Message-----
From: V Sehgal [mailto:outrightbright@hotmail.com]
Sent: 29 March 2005 18:46
To: pinnacle-users@explode.unsw.edu.au
Subject: Sending DRRs from Pinnacle to Varis

Hi,
I am not sure if this has been discussed before in this forum. We are trying to send DRRs from Pinnacle to our Varis R&V system. We do not have Portal Vision. We had ADAC tech support add a DICOM printer to send the DRR over to Varis . Pinnacle reports that it has sent the Computed Radiograph successfully but when we go to our Varis Workstation and try to import it using the DICOM import filter we are not able to locate it.

Any pearls of wisdom on this will be appreciated

Thanks in advance

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De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Segment Weight redux
Fecha:	miércoles, 30 de marzo de 2005 15:37:18
Archivos adjuntos:	

Hello All,
May I pose another question regarding the use of Segment Weight Optimization in IMRT?

When I inquired recently I learned that some folks use it sparingly and some use it routinely, my follow-up question is regarding the minimum segment weight constraint (under the advanced options tab).

It appears to me that when I invoke this option, setting, say 3MU as a lower limit, I get MANY segments weighted at 3MU. What I would prefer is that if the optimization can eliminate a segment without degrading the distribution, then it should be free to do so (rather than driving the weight down to the 3MU point and stopping there) - SO I don't use that option. The result is that I must go through each segment and delete the 0 MU segments (Else IMPAC will not like the plan). Not terribly arduous but a nuisance.

Do You use this MU limit feature in Segment weight Opt? why or why not?

Thanks
Martin

PS - cheer up - its' Spring, 4 days to Opening day - Sox-Yanks Sunday night!

De:	John Thaman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Rit ASCII export in pinnacle recognizable format.
Fecha:	miércoles, 30 de marzo de 2005 17:07:41
Archivos adjuntos:	

Is there a simple method to export Rit profiles to Pinnacle. The default ASCII in RIT is not working for me. I'm guessing someone has a script to perform such a tedious task.

Thanks,

John

thamanjj@healthall.com

De:	Campbell, Jeffrey L
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Rit ASCII export in pinnacle recognizable format.
Fecha:	miércoles, 30 de marzo de 2005 18:01:45
Archivos adjuntos:	

Until Version RIT 113 V4, RIT could export profiles using Pinnacle Full ASCII, which worked very well. However, someone at RIT decided that this option was no longer important. I have asked RIT to re-install this functionality again, but as you have experienced, it is still missing. The new ASCII export option in RIT generates an ASCII file which is cluttered up with extraneous information which takes time to filter and edit before importing into Pinnacle. Certainly one could write an excel script to fix the ASCII file but who wants to reinvent the wheel? I would suggest that those of us in this group using RIT and Pinnacle call RIT and implore them to give us back the Pinnacle Full ASCII export option.

Regards,

Jeff

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of John Thaman
Sent: Wednesday, March 30, 2005 9:01 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Rit ASCII export in pinnacle recognizable format.

Is there a simple method to export Rit profiles to Pinnacle. The default ASCII in RIT is not working for me. I'm guessing someone has a script to perform such a tedious task.

Thanks,

John

thamanjj@healthall.com

to majordomo@explode.unsw.edu.au.

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De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DICOM CD-ROM
Fecha:	miércoles, 30 de marzo de 2005 23:15:44
Archivos adjuntos:	

Dear all,

Are there anyone how uses the DICOM CD-ROM import facility. We currently are using version 6.2 of Pinnacle (have installed 7.4 but is not clinically yet) and DICOM version 4.0. It seems to me that the import facility is very restrictive concerning the acceptable formats of DICOM files.

Are there someone how use a specific DICOM viewer to transform the dcm (or img) files to a format acceptable by Pinnacle. I have been using DicomWorks (http://www.dicomworks.com) which easily shows the dcm files, however pinnacle do not accept the files. This viewer also has the possibility to change the manufacture tag in case this should be needed due to license issues. Is it possible during the import to specify another location of the files than on the cdrom. I have tried to make a symbolic link from /cdrom/dcrom0 to a directory on the harddrive but there ought to be a more easy way around this problem (in a former version of the DICOM import module it was possible to browse to another location)

Another question is related to DICOM-RT. Are there anyone who could guide me concerning which step to perform to make DICOM-RT import of a dose plan produced by another planning system. We have AcuSim installed which should make such and import possible.

All the best,

Carsten

==========

Ph.D.
Carsten Brink
Radiofysisk laboratorium / Laboratory of radiation physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 19
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	Horn, Bill (SFMH)
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	DICOM CD-ROM
Fecha:	miércoles, 30 de marzo de 2005 23:37:35
Archivos adjuntos:	

Hello Carsten,
We do import datasets from CD-ROM and I have one suggestion to offer. If the imaging service puts a dicom viewer on the CD-ROM (so the images can be viewed on a PC), our Pinnacle will not import the images that are also on the CD. If the same images are put on a CD without the viewer software, they import fine. Sorry I'm no help with your other concerns.

Hope this helps,

Bill

Bill Horn, BA, CMD
Medical Dosimetrist
St. Francis Memorial Hospital
Radiation Oncology Department
900 Hyde Street
San Francisco, CA 94109
voice 415-353-6424
facsimile 415-353-6428
bhorn@chw.edu

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Backup and root permissions
Fecha:	miércoles, 30 de marzo de 2005 23:45:27
Archivos adjuntos:	

Dear all,

I do have somewhat different question concerning the backup facility which can be used by SunFire computers than those discussed previously. I have a somewhat strange problem with my old backups. Backup of all our old plans are on CD-rom or DVDs. These backups have been produced in the standard way of making a backup to hard drive and ftp these files to a PC. This system has been working without any problem until know. A month ago all our computers were upgraded to SunFire computers and the operating system was upgraded to Solaris8.

When an old CD is mounted in the new computers the directory /cmrom/cdrom0 which has root as owner do not has execution permission. This has the effect than even though the files on the CD have read access for all users the files can not be read by the user p3rtp due to the lack of execution permission of the directory. Thus a standard restore using the user p3rtp in pinnacle is not possible. If I mounted the same CD on the old system (ultra 10 and 5) no such problem existed. Philips did notice this problem during installation of the computers but could not solve the problem. My problem is that backup on CD-rom is not an official Pinnacle product until know. Thus Philips can not be forced to solve the problem. Are there anyone how could give a hint of what the problem might be? I can of course copy the entire content of the CD to the hard drive and change the permissions as needed and then due the restore from that position but it is not practical to it that way.

A further question is the new backup index facility. If I understand it correctly it makes a new HTML file in a certain directory each time a backup is performed. Thus the index will grow to a substantial number of files quite fast. Are there anyone how have working knowledge of this index facility. Is it wise to use it or should I just continue to update an offline database of which CD a given patient is stored on. I would appreciate any comments.

All the best,

Carsten Brink

==========
Ph.D.
Carsten Brink
Radiofysisk laboratorium / Laboratory of radiation physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 19
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DICOM CD-ROM
Fecha:	jueves, 31 de marzo de 2005 0:28:44
Archivos adjuntos:	

Carsten

Have you tried sending the images via DICOM once you have read them into dicomwork? I think dicomworks has that functionality. If not try another utility eg eFilm. That way you sort out which dataset you require, then send only that one to Pinnacle.

Pinnacle, as yet, does not import DICOM-RT Dose. However, AcqSim is a simulator and wouldn't normally calc Dose. Unless you have the MR plan option?? Or do you want to import the DICOM-RT plan?

Regards

Nick

At 11:03 PM 30/03/2005 +0200, you wrote:
>Dear all,
>
>Are there anyone how uses the DICOM CD-ROM import facility. We currently
>are using version 6.2 of Pinnacle (have installed 7.4 but is not
>clinically yet) and DICOM version 4.0. It seems to me that the import
>facility is very restrictive concerning the acceptable formats of DICOM files.
>
>Are there someone how use a specific DICOM viewer to transform the dcm (or
>img) files to a format acceptable by Pinnacle. I have been using
>DicomWorks (http://www.dicomworks.com) which easily shows the dcm files,
>however pinnacle do not accept the files. This viewer also has the
>possibility to change the manufacture tag in case this should be needed
>due to license issues. Is it possible during the import to specify another
>location of the files than on the cdrom. I have tried to make a symbolic
>link from /cdrom/dcrom0 to a directory on the harddrive but there ought to
>be a more easy way around this problem (in a former version of the DICOM
>import module it was possible to browse to another location)
>
>Another question is related to DICOM-RT. Are there anyone who could guide

>me concerning which step to perform to make DICOM-RT import of a dose plan
>produced by another planning system. We have AcuSim installed which should
>make such and import possible.
>
>All the best,
>
>Carsten
>
>
>===================================
>Ph.D.
>Carsten Brink
>Radiofysisk laboratorium / Laboratory of radiation physics
>Odense Universitetshospital / Odense University Hospital
>DK-5000 Odense C
>Denmark
>Phone (+45) 65 41 29 19
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>
>
>
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De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DICOM CD-ROM
Fecha:	jueves, 31 de marzo de 2005 0:38:25
Archivos adjuntos:	

--- "Horn, Bill (SFMH)" <BHorn@chw.edu> wrote:
> Hello Carsten,
> We do import datasets from CD-ROM and I have one
> suggestion to offer. If the
> imaging service puts a dicom viewer on the CD-ROM
> (so the images can be
> viewed on a PC), our Pinnacle will not import the
> images that are also on
> the CD. If the same images are put on a CD without
> the viewer software, they
> import fine. Sorry I'm no help with your other
>
Bill, funny that we have no problem importing even
with the viewer program on the CD. Only problem we
noticed is that Pinnalce does not like too many
folders to get to the DICOM files. If there are too
many folders, it does not see the images.

Joe Wong

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##

De:	forest.gary@marshfieldclinic.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Backup and root permissions
Fecha:	jueves, 31 de marzo de 2005 16:49:27
Archivos adjuntos:	

*** Comments by Forest, Gary Thu Mar 31, 2005 -- 08:41:06 AM
The program vold on the sun machines takes care of mounting removable media to the file system. The program is controlled by the /etc/vold.conf file.

If you look at the vold.conf man page, under the options portion of the 'Devices to Use Field' section you will find you can set the user, group and mode permissions of the media, you should be able to force the proper settings with that.

I imagine the reason you are running into this problem is the software you are using to write the CDs is marking everything as read only (which is reasonable considering it is a CD-R), and possibly you are not writing the cd as a multi-format ISO-9660 (with rock ridge extensions) and Joliet (Windows) filesystem. If you are burning these from a windows machine I am sure the Joliet stuff will be there for compatibility with all other windows machines, but ISO-9660 with rock ridge extensions is typically not a default setting in those programs. But fixing that will not help with your old cds :-)

Hope this helps.

Gary Forest
Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

*** Original message by "Carsten Brink" <carsten.brink@ouh.fyns-amt.dk> 30 16:07:41 2005
Dear all,

I do have somewhat different question concerning the backup facility which can be used by SunFire computers than those discussed previously. I have a somewhat strange problem with my old backups. Backup of all our old plans are on CD-rom or DVDs. These backups have been produced in the standard way of making a backup to hard drive and ftp these files to a PC. This system has been working without any problem until know. A month ago all our computers were upgraded to SunFire computers and the operating system was upgraded to Solaris8.

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All the best,

Carsten Brink

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Denmark
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De:	Kasper Pasma
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Script question: how to edit MLC positions?
Fecha:	jueves, 31 de marzo de 2005 18:23:47
Archivos adjuntos:	

Does anyone now how to change a leaf position using a script?

I found an example on this list using a method that modified the MLC positions in the *. trial-file, but that is not what I'm looking for.

When I extract a beam object, I find a listing like below. In there is an array: MLCLeafPositions. How do I set the position of e.g. the 19th leaf to 7.00?

Thanks,

Kasper Pasma

```
Name = "PA";
IsocenterName = "ORIGIN= isoc";
PrescriptionName = "DEEL 1: PAO ";
UsePoiForPrescriptionPoint = 1;
PrescriptionPointName = "NP";
PrescriptionPointDepth = 5;
PrescriptionPointXOffset = 0;
PrescriptionPointYOffset = 0;
SpecifyDosePerMuAtPrescriptionPoint = 0;
DosePerMuAtPrescriptionPoint = 1;
MachineNameAndVersion = "A4: 2004-03-04 10:43:44";
Modality = "Photons";
MachineEnergyName = "10 MV";
DesiredLocalizerName = "Laser";
ActualLocalizerName = "Laser";
DisplayLaserMotion = 0;
SetBeamType = "Static";
CPManager ={
  IsGantryStartStopLocked = 1;
  IsCouchStartStopLocked = 1;
```

```
IsCollimatorStartStopLocked = 1;
IsLeftRightIndependent = 1;
IsTopBottomIndependent = 1;
NumberOfControlPoints = 1;
ControlPointList ={
  #0 ={
    Gantry = 180;
    Couch = 0;
    Collimator = 0;
    WedgeContext ={
      WedgeName = "No wedge";
      Orientation = "NoWedge";
      OffsetOrigin = "Patient Surface";
      OffsetDistance = -2.5;
      Angle = "No Wedge";
      MinDeliverableMU = 0;
      MaxDeliverableMU = 1e+30;
    };
    LeftJawPosition = 7.5;
    RightJawPosition = 5.8;
    TopJawPosition = 19.8;
    BottomJawPosition = 8.5;
    ModifierList ={
    };
    MLCLeafPositions ={
      RawData ={
        NumberOfDimensions = 2;
        NumberOfPoints = 40;
        Points[] ={
          7.29,-2,
          7.35,-1.63,
          7.37,-0.14,
          7.37,0.4,
          7.05,0.94,
          6.27,1.98,
          5.49,5.49,
          5.38,5.62,
          5.17,5.68,
          5.13,5.62,
          5.07,5.49,
          5.13,5.16,
          4.79,5.1,
          4.56,4.9,
          4.39,4.94,
          4.45,4.77,
```

```
        4.5,4.64,
        4.67,4.58,
        4.73,4.45,
        4.73,4.51,
        4.67,4.5,
        4.67,4.62,
        4.62,4.67,
        4.62,4.67,
        4.62,4.56,
        4.56,4.35,
        4.45,3.99,
        4.51,3.86,
        3.99,3.54,
        0,1,
        0,1,
        0,1,
        0,1,
        0,1,
        0,1,
        0,1,
        0,1,
        0,1,
        0,1,
        0,1
      };
    };
```

[.....]

De:	Loshek, David D PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: OmniPro conversion of MLC files
Fecha:	jueves, 31 de marzo de 2005 19:36:28
Archivos adjuntos:	

John would you please call me regarding this
Dave
715-387-7637

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of
jfwochos@gundluth.org
Sent: Thursday, March 03, 2005 3:48 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: OmniPro conversion of MLC files

Regarding the off centered scans..
I found this for our Scanditronix version 5.3 software too. In fact, Scanditronix was surprised to hear that Pinnacle needed off centered scans, so I am guessing even their most up-to-date software cannot do it.
I can save people a day or two of my frustrations in the conversion. It's still tedious to do, but if you want to avoid my mistakes let me know.
Just another chapter to go into the "nothing is ever easy" book.
john

John F Wochos, MS, DABR
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Gundersen Lutheran Medical Center
1900 South Ave.
La Crosse, WI 54601
(608)775-2593
FAX (608)775-5578
jfwochos@gundluth.org

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De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Svar: Backup and root permissions
Fecha:	martes, 05 de abril de 2005 13:38:30
Archivos adjuntos:	

Dear all,

During import of Dicom pictures from CD-rom I get the following error message

Unable to read list of images
/usr/local/adacnew/Patients/Scanner.ExamList

A file named Scanner.ExamList is not present on the hard drive at all.
Are the someone how know that the problem is

Thanks in advance,

Carsten

==========
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##

De:	swarwick@stmaryshealth.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Problem w/ SunFire Video Cards ?
Fecha:	martes, 05 de abril de 2005 17:57:53
Archivos adjuntos:	

Is anyone having problems with the SunFire video cards? We've got three and have had consistent problems with video output loss and screen artifacts. We've replaced two of the three cards and now one of the ones that was replaced is losing video output again.

Thanks,

Scott

De:	Horn, Bill (SFMH)
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Problem w/ Sunfire Video Cards ?
Fecha:	martes, 05 de abril de 2005 18:00:45
Archivos adjuntos:	

Hello All,
We, too, are having this problem. Initially, Philips replaced the Brilliance 200P Monitors. We saw yesterday that was not the solution as one of the replacements failed. When I talked with them they called in a "reset" things so we could continue functioning. In that phone call they said they were aware of the problem and were awaiting a "fix". Sounded like the problem was widespread.

Bill

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Medical Dosimetrist
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voice 415-353-6424
facsimile 415-353-6428
bhorn@chw.edu

De:	forest.gary@marshfieldclinic.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Problem w/ Sunfire Video Cards
Fecha:	martes, 05 de abril de 2005 20:05:20
Archivos adjuntos:	

*** Comments by Forest, Gary Tue Apr 05, 2005 -- 12:50:31 PM
When we reported the problem and had service stop in, we were told the problem with video output loss was due to a bug in the IMRT module.

Since it happens intermittently and phillips is seeming to be having a hard time reproducing the problem, I am glad to hear multiple users are having the problem. This will move the problem up the 'needs to be fixed now' list a bit.

Just my two cents.

Gary Forest
Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

*** Original message by "Horn, Bill (SFMH)" <BHorn@chw.edu> 05 11:23:43 2005
Hello All,
We, too, are having this problem. Initially, Philips replaced the Brilliance 200P Monitors. We saw yesterday that was not the solution as one of the replacements failed. When I talked with them they called in a "reset" things so we could continue functioning. In that phone call they said they were aware of the problem and were awaiting a "fix". Sounded like the problem was widespread.

Bill

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De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Copying a plan to new CT data - ROI"s too?
Fecha:	martes, 05 de abril de 2005 23:29:44
Archivos adjuntos:	

We have a H&N IMRT patient with a significant response and we want to see how the plan looks on a new set of CT data. I imported the new CT and saved it as a phantom. Then I copied the plan to the new CT data using "copy to phantom."

Is there a way to get the previous ROIs to register properly on the NEW CT data AND show the new isodoses? I did a fusion with the new CT and the old plan already but it of course shows the isodoses for the old CT data.

Steve T

==========
Stephen K. Thompson, M.S.
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

De:	Rose, Stuart
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Problem w/ Sunfire Video Cards
Fecha:	miércoles, 06 de abril de 2005 0:28:21
Archivos adjuntos:	

We to have encountered this problem. As a workaround we have a script which resets the video card. It is also attached to the ALT-F2 key sequence via the $HOME/.dt/C/dtwmrc file which allows users to fix without a helpdesk support call. You can also telnet into the workstation and run the script remotely.

The script is fairly administrative heavy (it confirms you have an XVR-100 card installed and logs the fixes so we can keep track of them), but the key line is:

```
#  /usr/sbin/fbconfig -res VESA_STD_1600x1200x60 now nocheck -dev /dev/fbs/pfb0b
```

This basically resets the video card to our standard video mode. You may have to check the /dev/fbs directory for the correct device name. You may also have to confirm YOUR standard video mode by running:

```
# /usr/sbin/fbconfig -propt /dev/fbs/pfb0b
```

Take Care,
Stuart

Stuart Rose
Manager, Physics Computer Services
Princess Margaret Hospital
Radiation Medicine Program
610 University Avenue
Toronto, Ontario. CANADA M5G 2M9
Tel: 416-946-4501 x5068, Fax: 416-946-6566
rose@rmp.uhn.on.ca

"Give me a place to stand, and a lever long enough, and I will move the world" Archimedes

-----Original Message-----
From: forest.gary@marshfieldclinic.org
[mailto:forest.gary@marshfieldclinic.org]

Sent: Tuesday, April 05, 2005 1:51 pm
To: pinnacle-users@explode.unsw.edu.au
Subject: Problem w/ Sunfire Video Cards

*** Comments by Forest, Gary Tue Apr 05, 2005 -- 12:50:31 PM
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forest.gary@marshfieldclinic.org

*** Original message by "Horn, Bill (SFMH)" <BHorn@chw.edu> 05 11:23:43 2005
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De:	Albert.Yan@providence.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Copying a plan to new CT data - ROI"s too?
Fecha:	miércoles, 06 de abril de 2005 0:38:46
Archivos adjuntos:	

Yes, you can. I have done a few times. After you opened the copied plan, a Phantom POI Adjust window pops up. Before you dismiss this window, a NEW isocenter point on the new CT data set is needed to be placed where the old isocenter was. Then, on the Phantom POI Adjust window select the target POI point to the NEW isocenter point. The previous ROIs will display on the new CT data set properly without the correction of rotation. Hope this helps.

Albert.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Thompson, Stephen K
Sent: Tuesday, April 05, 2005 2:12 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Copying a plan to new CT data - ROI's too?

We have a H&N IMRT patient with a significant response and we want to see how the plan looks on a new set of CT data. I imported the new CT and saved it as a phantom. Then I copied the plan to the new CT data using "copy to phantom."

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De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Copying a plan to new CT data - ROI"s too?
Fecha:	miércoles, 06 de abril de 2005 2:46:06
Archivos adjuntos:	

Steve

To transfer the ROIs to another dataset. Use Fusion and adjust the 2nd dataset to be registered to the origional. Then for each ROI, in the ROI spreadsheet of Fusion, reassign the dataset, you will be prompted if you want to overwrite or create a new ROI (plan_0). The new ROI is assigned to the 2nd dataset. Save & exit. Start a new plan (plan_1)with the 2nd dataset. Then from the ROI spreadsheet, use File -> import, and read the plan.roi file from plan_0. If you still have ROIs assigned to the original dataset there will be some error messages, but the ROIs assigned to the 2nd dataset will be located as for the registered data in the Fusion plan.

Its a good idea to archive the patient to file, then restore it into a temporary institution as it makes it easier to locate the file plan.roi, it also means you won't mess up the original patient.

Regards

Nick

At 02:11 PM 5/04/2005 -0700, you wrote:
>We have a H&N IMRT patient with a significant response and we want to
>see how the plan looks on a new set of CT data. I imported the new CT
>and saved it as a phantom. Then I copied the plan to the new CT data
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>Steve T
>
>==========
>Stephen K. Thompson, M.S.

>Medical Physicist
>Memorial Medical Center
>Department of Radiation Therapy
>1700 Coffee Road
>Modesto, CA 95355
>(209) 572-7237 (phone)
>(209) 526-5280 (fax)
>thompssk@sutterhealth.org
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##

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Copying a plan to new CT data - ROI"s too?
Fecha:	miércoles, 06 de abril de 2005 3:03:59
Archivos adjuntos:	

Nick - that'll work for sure. Thanks for the pointer.

Albert - the phantom POI adjust didn't work to begin with. The beams were assigned to the correct isocenter but the ROI's were in the wrong spot.

Regards,

Steve T

==========
Stephen K. Thompson, M.S.
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Department of Radiation Therapy
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Modesto, CA 95355
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thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Nick Bennie
Sent: Tuesday, April 05, 2005 5:33 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Copying a plan to new CT data - ROI's too?

Steve

To transfer the ROIs to another dataset. Use Fusion and adjust the 2nd dataset to be registered to the origional. Then for each ROI, in the ROI

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Regards

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De:	Kevin Van Tilburg
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Copying a plan to new CT data - ROI"s too?
Fecha:	miércoles, 06 de abril de 2005 3:26:36
Archivos adjuntos:	

You can also assign the contours to the secondary (ie original) dataset before you do your fusion. Then after the fusion reassign them to the primary dataset and they are in the correct position.

Regards, Kevin

>>> nbennie@tpgi.com.au 04/06/05 10:33am >>>
Steve

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Wentworth Area Health Service.

This e-mail has been scanned for viruses

De:	Chris Deibel
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Plotting isodoses to compare to wellhofer.
Fecha:	lunes, 11 de abril de 2005 23:46:06
Archivos adjuntos:	

I have a number of isodoses for fields, scanned in the
water phantom and plotted full scale on
11 x 17 inch paper from Wellhofer. I want to plot the
same fields with Pinnacle so I can lay the plots on top
of each other on a light box and compare them.

Can anyone explain how to get Pinnacle to print
1:1 on a single sheet of paper with narrow isodose lines?
I can't find clear directions in the Pinnacle manuals;
is this stuff discussed in Sun on-line manuals?

Any help appreciated.

Thanks.

-Chris

De:	Horn, Bill (SFMH)
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Plotting isodoses to compare to wellhofer.
Fecha:	martes, 12 de abril de 2005 1:58:06
Archivos adjuntos:	

Hi,
I will tell you what I did to have an atlas of isodose curves. I created a cubic phantom of appropriate dimensions for the beam. Put the beam on it and generated the dose distribution. Then I made the isodose distribution as large as possible on the screen and chose color print option 3, print window by ID number. I typed in the ID number in the box (the ID number is in the title bar of the window), on the color print dialog. And I selected print to mag. factor and I put 1.0 as my mag factor. And printed on 11x17 paper. The trick to getting fine lines is to magnify the window on the screen as large as possible. Hope this helps,

Bill

-----Original Message-----
From: Chris Deibel [mailto:deibelc@ccf.org]
Sent: Monday, April 11, 2005 2:33 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Plotting isodoses to compare to wellhofer.

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Any help appreciated.

Thanks.

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De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Svar: Which DICOM tool to edit headers?
Fecha:	jueves, 14 de abril de 2005 8:40:49
Archivos adjuntos:	

You can use DicomWorks to do that
http://dicom.online.fr/
All the best,
Carsten

==========
Ph.D.
Carsten Brink
Radiofysisk laboratorium / Laboratory of radiation physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 19
e-mail: carsten.brink@ouh.fyns-amt.dk
>>> ThompsSK@sutterhealth.org 14-04-05 3:01 >>>
I have an MRI dataset that I need to edit the headers. I remember someone saying there was a nice tool for this but can't find it.

????

Thanks!

Steve T

account will not be distributed unless that account is also subscribed.
##

De:	xrzhu@mdanderson.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Which DICOM tool to edit headers?
Fecha:	jueves, 14 de abril de 2005 16:02:05
Archivos adjuntos:	

There are several avaiable depending on what you want to do. If you just want to change the values of the tags (oppose to insert additional tags), JDICOM
is pretty nice. Just search on the internet JDICOM.

Ron

X. Ronald Zhu, Ph.D.
Department of Radiation Physics
UT M.D. Anderson Cancer Center
Tel: (713) 563-2553
Fax: (713) 563-2479
email: xrzhu@mdanderson.org

"Thompson, Stephen K" <ThompsSK@sutterhealth.org>
Sent by: owner-pinnacle-users@explode.unsw.edu.au
04/13/2005 08:01 PM
Please respond to pinnacle-users

To: <pinnacle-users@explode.unsw.edu.au>
cc:
Subject: Which DICOM tool to edit headers?

I have an MRI dataset that I need to edit the headers. I remember someone saying there was a nice tool for this but can't find it.

????

Thanks!

Steve T

winmail.dat has been removed from this note on April 14 2005 by X. Ronald Zhu

De:	tspeck@nrad.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RIT
Fecha:	jueves, 14 de abril de 2005 18:57:00
Archivos adjuntos:	

Just curious, for IMRT qa with film, absolute dosimtery - we are creating a calb curve for every box of film. Has anyone checked to see if thats necessary, or would a 10x10 calb film / patient work. We're concerned about the poss of the slope changing box-box , and that we wouldn't see that with 1 point? Lot of work/film though. Any thoughts?

De:	Loshek, David D PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: RIT
Fecha:	jueves, 14 de abril de 2005 19:24:53
Archivos adjuntos:	

We create a full LUT for every QA session in part because of low volume usage of the processor. We use an in-house developed film dosimetry system.

David Loshek Ph.D. loshek.david@marshfieldclinic.org
Marshfield Clinic 715-387-7637
1000 N. Oak St. 715-389-4299 (fax)
Marshfield, WI 54449

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of tspeck@nrad.com
Sent: Thursday, April 14, 2005 11:45 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RIT

Just curious, for IMRT qa with film, absolute dosimtery - we are creating a calb curve for every box of film. Has anyone checked to see if thats necessary, or would a 10x10 calb film / patient work. We're concerned about the poss of the slope changing box-box , and that we wouldn't see that with 1 point? Lot of work/film though. Any thoughts?

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##

De:	Kent Krugh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: RIT
Fecha:	jueves, 14 de abril de 2005 19:49:43
Archivos adjuntos:	

I don't know about box to box differences. But I do know that I have seen differences depending upon how "fresh" the chemicals are in the processor. It really takes little time to expose, process, and analyze a single calibration film using an MLC defined step-wedge with the RIT software.

Kent Krugh

At 12:45 PM 4/14/2005 -0400, you wrote:

> Just curious, for IMRT qa with film, absolute dosimtery - we are creating a calb curve for every box of film. Has anyone checked to see if thats necessary, or would a 10x10 calb film / patient work. We're concerned about the poss of the slope changing box-box , and that we wouldn't see that with 1 point? Lot of work/film though. Any thoughts?
>
>

De:	Chris Hawkins
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Calib Films per box
Fecha:	jueves, 14 de abril de 2005 20:29:04
Archivos adjuntos:	

When I was using films for QA (at another location), I created a film step pattern with the MLC and measured the dose in the center of each strip with an ion chamber, then exposed a step pattern each day I did QA. I would try to queue things up so I QA'd 2 or 3 plans at a time. That works out to an extra film to deal with for every 15 IMRT ports, plus or minus. But I only used the films for fluence patterns and did not try to get dose out of them.
As I recall the film had about 10 to 12 steps.

^^^^^^^^^^^^^^^^^^^^^^^^

Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

De:	HARRY F PALMER
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: RIT
Fecha:	jueves, 14 de abril de 2005 22:41:46
Archivos adjuntos:	

Same here.

Harry Palmer

On Thu, 14 Apr 2005 12:16:43 -0500 "Loshek, David D PhD"
<LoshekD@stjosephs-marshfield.org> writes:
> We create a full LUT for every QA session in part because of low
> volume
> usage of the processor. We use an in-house developed film dosimetry
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>
> David Loshek Ph.D. loshek.david@marshfieldclinic.org
> Marshfield Clinic 715-387-7637
> 1000 N. Oak St. 715-389-4299 (fax)
> Marshfield, WI 54449
>
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> tspeck@nrad.com
> Sent: Thursday, April 14, 2005 11:45 AM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RIT
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> 1 point? Lot of work/film though. Any thoughts?
>
>
>
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>

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	adding plans / trials to make composites
Fecha:	jueves, 14 de abril de 2005 23:09:14
Archivos adjuntos:	

The more I know about Pinnacle, the less I feel I know! I have two questions today:

(1) How are people addressing composite plans - initial course + 1 or 2 boosts? We've been putting all the beams/courses into a single plan, but that gets complicated , especially when the initial course is on a different machine. When the plan is exported to our R&V, we have to copy the trial and delete the beams that use a different machine. Is there a better way?

(2) I have a retreat with new CT's. I'd like to be able use the new CT for planning, but overlay the old plan/isodose for comparison. Is there a way?

De:	Ostapiak, Orest
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: RIT
Fecha:	jueves, 14 de abril de 2005 23:29:34
Archivos adjuntos:	

I think that for every batch of film you process at a time you should have a calibration film. This assures that not only is the film variation from batch to batch is accounted for, but also that any processor variation over time is also accounted for.
Orest.

-----Original Message-----
From: tspeck@nrad.com [mailto:tspeck@nrad.com]
Sent: Thursday, April 14, 2005 12:45 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RIT

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De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: RIT
Fecha:	jueves, 14 de abril de 2005 23:34:09
Archivos adjuntos:	

--- "Loshek, David D PhD"
<LoshekD@stjosephs-marshfield.org> wrote:
> We create a full LUT for every QA session in part
> because of low volume
> usage of the processor. We use an in-house
> developed film dosimetry system.
>
>
David, don't want to sound ignorant, but what is LUT?

Joe

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DRR QA Checks
Fecha:	viernes, 15 de abril de 2005 4:09:39
Archivos adjuntos:	

There has been alot of talk on MEDHYS about potential problems with IMRT planning and delivery. Here are two caveats that might apply to some of you.

We began doing CT Simulation with AcQSim in 1997. During the same year, we got Pinnacle. The DRRs from AcQSim were much better than Pinnacle so we decided to set a policy that all DRRs would be made on AcQSim. One reason was image quality. The other was we wanted to have only one shift convention for the therapists to follow. As some of you know, AcQSim gives shifts with respect to the patient while Pinnacle gives shifts with respect to the table.

This worked great for many years because we never needed to move the isocenter once it was set in AcQSim. But then in 2002 we started doing IMRT. Then it was sometimes necessary to move the AcQSim isocenter in Pinnacle to get the best plan.

But we still wanted to uphold our policy that all DRRs would come from AcQSim. So we would have the CT Sim therapists make the DRRs on AcQSim after the plan was approved. To do that, the dosimetrist would print the Pinnacle DRR page which shows the AP and Lateral along with the table shifts. Because of this extra step, it is possible for the CT Sim therapist to make the AcQSim DRR incorrectly.

So it is important to do a cross check of the AcQSim DRR and Pinnacle DRR before they go to the linac. We are planning an upgrade to AcQSim3 which will eliminate this potential for error.

Another thing that can happen when making the Pinnacle DRR is the dosimetrist could use the wrong isocenter rather than the plan isocenter. That's because the "Plan Eval DRR" function picks the point at the top of the list to make the DRRs. But that may not be the point used as the plan isocenter.

So it's important to cross check the shifts as printed on the plan with the shifts printed on the DRR.

Please let's all share our experiences and learn from each other. Thanks.

De:	Kent Krugh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DRR QA Checks
Fecha:	viernes, 15 de abril de 2005 15:37:59
Archivos adjuntos:	

We have a patient who started last week, where the initial plan/trial shown to the physician was AP, PA. The doctor wanted to see obliques, so the isocenter was moved and an oblique trial was created. The oblique trial was approved, and the plan printed and then exported to Lantis.

When set-up DRRs (AP and Lateral) were printed out (and exported) in Pinnacle, the AP, PA isocenter was used (incorrectly), by default as mentioned by Scott. I have never checked the DRRs carefully in the past as I reviewed and sign plans. But this patient also had a dose change by the physician: plan was run at 180cGy/fraction but he now wanted 200cGy/day. This caused me to review the plan again, and this time I noticed that the isocenter used for the planning DRRs (which are used by direct comparison with portal images) was incorrect. We caught it in time, and now I check carefully the isocenter used for every DRR.

Kent Krugh
ICC
Cincinnati

At 03:51 PM 4/14/2005 -1000, you wrote:

> There has been alot of talk on MEDHYS about potential problems with IMRT planning and delivery. Here are two caveats that might apply to some of you.
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> We began doing CT Simulation with AcQSim in 1997. During the same year, we got Pinnacle. The DRRs from AcQSim were much better than Pinnacle so we decided to set a policy that all DRRs would be made on AcQSim. One reason was image quality. The other was we wanted to have only one shift convention for the therapists to follow. As some of you know,

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This worked great for many years because we never needed to move the isocenter once it was set in AcQSim. But then in 2002 we started doing IMRT. Then it was sometimes necessary to move the AcQSim isocenter in Pinnacle to get the best plan.

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So it is important to do a cross check of the AcQSim DRR and Pinnacle DRR before they go to the linac. We are planning an upgrade to AcQSim3 which will eliminate this potential for error.

Another thing that can happen when making the Pinnacle DRR is the dosimetrist could use the wrong isocenter rather than the plan isocenter. That's because the "Plan Eval DRR" function picks the point at the top of the list to make the DRRs. But that may not be the point used as the plan isocenter.

So it's important to cross check the shifts as printed on the plan with the shifts printed on the DRR.

Please let's all share our experiences and learn from each other. Thanks.

De:	Albert.Yan@providence.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DRR QA Checks
Fecha:	viernes, 15 de abril de 2005 18:13:18
Archivos adjuntos:	

Yes, the move of isocenter with incorrect DRR has happened to us from time to time. What we have done to prevent this happens again is to reset the pinnacle laser at the CT sim isocenter (tattoos on patient, even for returning patient) all the time. If the dosimetrist had any shift from the CT sim isocenter, there will be a table movement generated on the plan summary sheet. When we review the plan, these table movement will bring us the attention on the isocenter shifts. If there is a calculation point on the plan, the AP and Lateral isopair DRR could be generated from this point, which indicates the wrong isocenter. Again on the plan summary sheet will report that the prescribed dose is at this calculation point rather than the isocenter. As the reviewer, we will check all the DRRs on each field and make sure they are on the correct isocenter.

Albert.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Scott DUBE
Sent: Thursday, April 14, 2005 6:52 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: DRR QA Checks

There has been alot of talk on MEDHYS about potential problems with IMRT planning and delivery. Here are two caveats that might apply to some of you.

We began doing CT Simulation with AcQSim in 1997. During the same year, we got Pinnacle. The DRRs from AcQSim were much better than Pinnacle so we decided to set a policy that all DRRs would be made on AcQSim. One reason was image quality. The other was we wanted to have only one shift convention for the therapists to follow. As some of you know, AcQSim gives shifts with respect to the patient while Pinnacle gives shifts with respect to the table.

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Please let's all share our experiences and learn from each other. Thanks.

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##

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DRR QA Checks
Fecha:	viernes, 15 de abril de 2005 20:00:32
Archivos adjuntos:	

We put an AP and RT lat "reference" beam in each plan. We call them "AP ref only" and "RT LAT ref only" and they are assigned zero weight. The orthogonal pair isocenter is then confirmed when checking the plan.

Steve T
-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Kent Krugh
Sent: Fri 4/15/2005 6:04 AM
To: pinnacle-users@explode.unsw.edu.au
Cc:
Subject: Re: DRR QA Checks

> We have a patient who started last week, where the initial plan/trial shown to the physician was AP, PA. The doctor wanted to see obliques, so the isocenter was moved and an oblique trial was created. The oblique trial was approved, and the plan printed and then exported to Lantis.
>
> When set-up DRRs (AP and Lateral) were printed out (and exported) in Pinnacle, the AP, PA isocenter was used (incorrectly), by default as mentioned by Scott. I have never checked the DRRs carefully in the past as I reviewed and sign plans. But this patient also had a dose change by the physician: plan was run at 180cGy/fraction but he now wanted 200cGy/day. This caused me to review the plan again, and this time I noticed that the isocenter used for the planning DRRs (which are used by direct comparison with portal images) was incorrect. We caught it in time, and now I check carefully the isocenter used for every DRR.
>
> Kent Krugh
> ICC
> Cincinnati

At 03:51 PM 4/14/2005 -1000, you wrote:

> There has been alot of talk on MEDHYS about potential problems with IMRT planning and delivery. Here are two caveats that might apply to some of you.
>
> We began doing CT Simulation with AcQSim in 1997. During the same year, we got Pinnacle. The DRRs from AcQSim were much better than Pinnacle so we decided to set a policy that all DRRs would be made on AcQSim. One reason was image quality. The other was we wanted to have only one shift convention for the therapists to follow. As some of you know, AcQSim gives shifts with respect to the patient while Pinnacle gives shifts with respect to the table.
>
> This worked great for many years because we never needed to move the isocenter once it was set in AcQSim. But then in 2002 we started doing IMRT. Then it was sometimes necessary to move the AcQSim isocenter in Pinnacle to get the best plan.
>
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to make the DRRs. But that may not be the point used as the plan isocenter.

So it's important to cross check the shifts as printed on the plan with the shifts printed on the DRR.

Please let's all share our experiences and learn from each other. Thanks.

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Ultra 10 to Sunfire
Fecha:	lunes, 18 de abril de 2005 21:05:17
Archivos adjuntos:	

Fellow Pinnaclers,

I am upgrading the server from an Ultra 10 to a Sunfire, hopefully this week. I believe this also requires upgrading the OS on the clients. What steps do I need to take prior to the upgrade i.e. backing up database, problems to watch for etc. I will also contact Customer Service but thought users would be able to provide some helpful info. One question I have is can I back everything up to DVD, CD or tar and then restore from that medium provided I do the backup to DVD/CD in ISO format?

Thanks in advance.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Ultra 10 to Sunfire
Fecha:	lunes, 18 de abril de 2005 23:12:08
Archivos adjuntos:	

I would recommend that you install the new server while the old one is running. This can easily be done if you configure the new server with a different IP address. Doing so you will be able to make sure that the server is up and running while the old system continues to function clinically. The next step is then to change one of the clients and see the outcome of this. If you have any backup problems you can still continue using the old system (except for one of the clients). As soon as you are satisfied with the configuration of the new server and a client you can change the rest of the clients.

During the above described procedure you will have access to an extra pinnacle licence. However, Philips were happy to accept this while we did our upgrade, since both we and Philips saw it as an advantage that we did not need to rush the installation, configuration and acceptance

All the best,

Carsten

JGarrett@mbhs.org wrote:
> Fellow Pinnaclers,
>
> I am upgrading the server from an Ultra 10 to a Sunfire,
> hopefully this
> week. I believe this also requires upgrading the OS on the
> clients. What
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> problems to watch for etc. I will also contact Customer
> Service but thought
> users would be able to provide some helpful info. One
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##

De:	forest.gary@marshfieldclinic.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Ultra 10 to Sunfire
Fecha:	martes, 19 de abril de 2005 15:22:29
Archivos adjuntos:	

*** Comments by Forest, Gary Tue Apr 19, 2005 -- 08:13:01 AM
We have had quite good luck with installers around here being flexible and making sure everything is transferred to the new system(s). One thing to note though, they cannot perform magic nor have a crystal ball to figure out what needs to be transferred from the old system to the new system. There is no straight forward way for the installer to run a difference program comparing the old to the new.

While I think the suggestions that Carsten had was good to run the new and old in parallel, I really think you should as soon as possible start writing a list of how your system is different than when it was first delivered. Give a copy of this list to the installer and the path will be less bumpy and he/she will be able to do the job more efficiently and without a bunch of 'oh and this doesn't seem to work' coming at the end of the install.

Hope this helps.

Gary Forest
Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

*** Original message by JGarrett@mbhs.org 18 15:23:47 2005
Fellow Pinnaclers,

I am upgrading the server from an Ultra 10 to a Sunfire, hopefully this week. I believe this also requires upgrading the OS on the clients. What steps do I need to take prior to the upgrade i.e. backing up database, problems to watch for etc. I will also contact Customer Service but thought users would be able to provide some helpful info. One question I have is can I back everything up to DVD, CD or tar and then restore from that medium provided I do the backup to DVD/CD in ISO format?

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De:	JGarrett@mbhs.org
A:	MEDPHYS@LISTS.WAYNE.EDU; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	HIPPA and TPS
Fecha:	martes, 19 de abril de 2005 17:36:07
Archivos adjuntos:	

Sorry to bring up an issue that has been talked about previously. However, I just received an email from our IS department stating that all clinical systems are to have individual logins. The only problem systems are the treatment planning systems that have single logins i.e. Pinnacle. What have y'all been doing? Do you justify a single login due to the possibility that at any one time 3 or 4 people may be involved in the planning process so a single login is sort of meaningless. Or have you attempted a multi user login?

Thanks.

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De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	MEDPHYS@LISTS.WAYNE.EDU;
Asunto:	Re: HIPPA and TPS
Fecha:	martes, 19 de abril de 2005 17:58:19
Archivos adjuntos:	

Jeff,

Individual logins is a HIPAA requirement. We have done this from the beginning, with no problems. We have also done this from the beginning of our own locally developed RTP software since 1981.

Ira Kalet
University of Washington
Seattle

JGarrett@mbhs.org wrote:
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> I just received an email from our IS department stating that all clinical
> systems are to have individual logins. The only problem systems are the
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De:	Hambrick, Larry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AcqSim3, Loss of Contouring Tool
Fecha:	martes, 19 de abril de 2005 18:16:32
Archivos adjuntos:	

All four of our doctors were greatly disappointed to learn that the spline contouring tool has been dropped from AcqSim3. That particular tool has saved each of them tremendous amounts of time over the past few years. Despite a complete demonstration of the AcqSim3 tools, our doctors feel that there is not a suitable substitute for the spline tool.

Are others of you aware of the removal of the spline contouring tool in the AcqSim3 upgrade? In any case, do you share our concern? Your help in getting this suggestion on the table at Pinnacle will be appreciated.

Larry Hambrick, D.Sc.
Clinical Physicist
CancerCare of Maine
Easter Maine Medical Center

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: AcqSim3, Loss of Contouring Tool
Fecha:	martes, 19 de abril de 2005 19:43:05
Archivos adjuntos:	

We had a demo of AcQSim3 and our docs said some of their favorite contouring tools were missing as well. But when you look at the benefit of having Pinnacle and AcQSim3 share a common database on a common server, the gain far outweighs the loss.

Besides, I think the paint brush will become their new favorite tool.

>>> "Hambrick, Larry" <lhambrick@emh.org> 04/19/05 06:00AM >>>
All four of our doctors were greatly disappointed to learn that the spline contouring tool has been dropped from AcqSim3. That particular tool has saved each of them tremendous amounts of time over the past few years. Despite a complete demonstration of the AcqSim3 tools, our doctors feel that there is not a suitable substitute for the spline tool.

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Larry Hambrick, D.Sc.
Clinical Physicist
CancerCare of Maine
Easter Maine Medical Center

De:	zz jj
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Contouring Tips?
Fecha:	martes, 19 de abril de 2005 20:09:03
Archivos adjuntos:	

This is what I did. Expand Skin+5mm then subtract
skin-3mm. It serves the purpose.

Jim
--- "Shackford, Hobart W" <hshackford@rwmc.org> wrote:
> Martin:
>
> I haven't really tried your technique but I wonder
> if it might be a problem with the grid size since
> you are only dealing with 3mm changes. The default
> grid voxel on our system is 4mm in all directions.
>
> Hobie Shackford
> Roger Williams Medical Center
> Providence, RI 02908
> (401) 456-6528
> Fax: (401) 456-6540
> hshackford@rwmc.org
>
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au]On
> Behalf Of Martin
> Fraser
> Sent: Monday, December 20, 2004 8:49 AM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Contouring Tips?
>
>
> Hi,
> Can anyone offer any tips on creating a "skin"
> structure?
>

> in H&N we want to constrain dose and particularly
> those nuisance hot spots, from the skin surface.
>
> Seems a simple matter to autocontour the external,
> contract it by 3 mm to a second contour and then
> Expand (0mm) the external, excluding the 3mm
> contraction, to the new "Skin"
>
> Fine, but it rarely works smoothly - invariably I
> get large segments of the CT set where the Skin,
> which should be the 3mm rind at the surface, fills
> the entire body (i.e., it was not willing or able to
> subtract the contracted volume)
>
> If I inspect, I find no areas of confusion - where
> the external and contracted contours touch. The end
> slices are edited since they will not have any
> contracted contour by auto-contraction.
>
> There must be a trick. I don't want the skin any
> thicker than 3mm (I'd prefer 2 I think) which may be
> making it tough.
>
> Any tips?
>
> Many TIA
> Martin
>
>
>
>

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De: Krzysik, Joe

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Mri import to pinnacle

Fecha: miércoles, 20 de abril de 2005 23:03:05

Archivos adjuntos:

---

hello everyone
was wondering if anyone has run across this particular problem
trying to import from a GE Excite 9.0 MRI to Pinnacle v6.2
mri sends without any error but when recieve on pinnacle side cant open them
any suggestions
thanks
joe

De: Thompson, Stephen K
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: Mri import to pinnacle
Fecha: miércoles, 20 de abril de 2005 23:39:24
Archivos adjuntos:

What is the error message? I had a problem with a recent set of images, but thanks to the list I was able to edit the headers with Dicomworks and get them imported. In my case Pinnacle reported that the FOV was not constant. Upon inspection there were small differences in the last digit of the image pixel size. Once these were all set to the same value pinnacle imported them just fine.

Regards,

Steve Thompson

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au on behalf of Krzysik, Joe
> **Sent:** Wed 4/20/2005 1:26 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Cc:**
> **Subject:** Mri import to pinnacle
>
> hello everyone
> was wondering if anyone has run across this particular problem
> trying to import from a GE Excite 9.0 MRI to Pinnacle v6.2
> mri sends without any error but when recieve on pinnacle side cant open them
> any suggestions
> thanks
> joe

De: Royal, James
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: Mri import to pinnacle
Fecha: jueves, 21 de abril de 2005 14:31:49
Archivos adjuntos:

If you have DICOM Image 4.2d, it could be the known bug with adding another dataset to a plan. There is a Pinnacle Application Note with a workaround, with importing the dataset to a new patient, then copying that Pinnacle formated dataset to the correct patient. This happened to us yesterday. We had gotten an error message "unable to open .... unknown error". But the workaround was fine. Our issue was with a Philips diagnostic CT.

Jim Royal
Nebraska Methodist Hospital

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Krzysik, Joe
Sent: Wednesday, April 20, 2005 3:27 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Mri import to pinnacle

hello everyone
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trying to import from a GE Excite 9.0 MRI to Pinnacle v6.2
mri sends without any error but when recieve on pinnacle side cant open them
any suggestions
thanks
joe

De: Krzysik, Joe

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Mri import to pinnacle

Fecha: viernes, 22 de abril de 2005 11:56:01

Archivos adjuntos:

---

good morning
thank you for your responses
we are currently using dicom 4.0g with v6.2 planning software
keep getting the message about the field of view, the imported dicom images contain different pixel sizes
it keeps throwing us out, spoke with adac and was told for every number in every slice has to be identical
for 5 decimal places

i was with the GE serviceman at the mri, sent one axial, went thru
tried two, got error
tried sending sagittals, they went thru
tried sending thru, three point placement, they went thru
looked at the header for this "5 decimal place number", couldn't find it
went thru the errors reports, none coming from adac

so if someone could please explain how to inspect the pixel image size
also is there a procedure to use dicomworks to edit the header
speaking of the header, where would it be edited mri, adac, pacs?
thanks again
joe

De:	Ohm, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Geometric Jaw Settings
Fecha:	lunes, 25 de abril de 2005 23:28:49
Archivos adjuntos:	

P3 Users,

In Physics, how are most handling the 'decimal place precision' for Jaws (particularly Varian units)? Physically, one can only set to one decimal place in asymmetric mode. However, by making this constraint in the setup of a machine, one cannot set a symmetric field size of say 12.3 cm (since it would require equal jaws of 6.15 cm). I have typically always used 2 decimals, but now with IMRT and using the 'conform jaw to ODM' setting upon conversion we obtain jaws like X1=5.33 and X2=6.74 and so on. These therefore must get rounded when importing into IMPAC, which I have always ignored and am now just curious what others may be doing.

Private replies are fine and I can post a summary if many are interested.

Mike Ohm

De:	Ostapiak, Orest
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Geometric Jaw Settings
Fecha:	martes, 26 de abril de 2005 14:52:45
Archivos adjuntos:	

We have the same problem. This has lead to frustration when the jaw settings are rounded up in IMPAC and exceed the field size limit for IMRT. To get around this, my plan is to set the jaw settings by hand before the optimization and then have the jaws not change their position during segmentation.
-By the way, I had to write another script to solve another IMRT related problem. If mlc abutments are 0.5cm beyond the field edge, then for fields greater than 14.0cm the abutments must all be under the same jaw. Pinnacle likes to mix up which jaw the abutments are placed under so that unless you move the abutments under a single jaw, the maximum field size of 14.5cm cannot be achieved.

Orest.

-----Original Message-----
From: Ohm, Mike [mailto:OHMM@ccf.org]
Sent: Monday, April 25, 2005 4:54 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Geometric Jaw Settings

P3 Users,

In Physics, how are most handling the 'decimal place precision' for Jaws (particularly Varian units)? Physically, one can only set to one decimal place in asymmetric mode. However, by making this constraint in the setup of a machine, one cannot set a symmetric field size of say 12.3 cm (since it would require equal jaws of 6.15 cm). I have typically always used 2 decimals, but now with IMRT and using the 'conform jaw to ODM' setting upon conversion we obtain jaws like X1=5.33 and X2=6.74 and so on. These therefore must get rounded when importing into IMPAC, which I have always ignored and am now just curious what others may be doing.

Private replies are fine and I can post a summary if many are interested.

Mike Ohm

--

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##########

De:	Campbell, Jeffrey L
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Geometric Jaw Settings
Fecha:	martes, 26 de abril de 2005 17:26:41
Archivos adjuntos:	

We chose to set to one decimal place. This results in much cleaner physics summaries and matches exactly what is reported in IMPAC. The draw back (which we find clinically insignificant) is that you can only have even numbers for the tenths position for any symmetric field size. Again, we don't feel 12.6 vs.12.5 has any clinical significance.

Jeff

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
On Behalf Of Ohm, Mike
Sent: Monday, April 25, 2005 3:54 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Geometric Jaw Settings

P3 Users,

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Mike Ohm

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##

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Geometric Jaw Settings
Fecha:	martes, 26 de abril de 2005 17:46:30
Archivos adjuntos:	

I never have any problems if I limit the field size to 14.0 then use 0.4 cm for the leaf/field edge overlap parameter.

Steve T

==========

Stephen K. Thompson, M.S.
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Ostapiak, Orest
Sent: Tuesday, April 26, 2005 5:34 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: Geometric Jaw Settings

We have the same problem. This has lead to frustration when the jaw settings are rounded up in IMPAC and exceed the field size limit for IMRT. To get around this, my plan is to set the jaw settings by hand before the optimization and then have the jaws not change their position during segmentation. -By the way, I had to write another script to solve another IMRT related problem. If mlc abutments are 0.5cm beyond the field edge, then for fields greater than 14.0cm the abutments must all be under the same jaw. Pinnacle likes to mix up which jaw the abutments are placed under so that unless you move the abutments under a single jaw, the maximum field size of 14.5cm cannot be achieved.

Orest.

-----Original Message-----
From: Ohm, Mike [mailto:OHMM@ccf.org]

Sent: Monday, April 25, 2005 4:54 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Geometric Jaw Settings

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Mike Ohm

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##

De:	Chris.Fowler@elekta.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Chris Fowler from Radiotherapy Appilcations is out of the office (8 ¬o
Fecha:	miércoles, 27 de abril de 2005 2:20:28
Archivos adjuntos:	

I will be out of the office starting 23/04/2005 and will not return until 03/05/2005.

http://www.info-world.com/spain/mallorca/calador.rental.php

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Alan Cassady; AVEN OKAMURA; ED PRICE; EMILY ROBINSON; JAMES CONANT; LES UYEDA; WAYNE KOJIMA;
Asunto:	DMPO Planning
Fecha:	miércoles, 27 de abril de 2005 21:22:46
Archivos adjuntos:	

DMPO has changed the way we do IMRT planning. Rather than setting the jaws ourselves with a maximum width of 14.4 cm, we set the jaws to surround the PTV for each beam. We do NOT use split beams. That means the field width is often greater than 14.4 cm. In fact, it sometimes as wide as 20 cm.

Then we set the number of segments as (# beams x 10) or just use 150 segments for everything. (You can try running more plans at a reduced number of segments later if time permits.)

Then DMPO does its magic. It knows the leaf travel limitation and does not extend any leaf beyond it. That means the the tip-to-tip junctions do not get pushed under a jaw. But that is okay because DMPO will move the point where they meet with each segment. They do not always meet at X=0. That spreads out the tip-to-tip leakage so it is not clinically significant.

The advantage is that we can have semgents wider than 14.4 cm. That comes in handy for treating wide regions of the PTV such as the SClav or Pelvic Nodes.

All comments are welcome.

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##

De:	Wang, Lei (SEQ)
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: DMPO Planning
Fecha:	miércoles, 27 de abril de 2005 23:24:09
Archivos adjuntos:	

Hi, Scott,

I did not use DMPO yet, but it sounds very interesting that you can now treat a TV more than 14.4cm without splitting the field. I am wondering, when you treat a pelvis patient which needs a very wide field, eg. larger than 25cm, does DMPO automatically split the beam for you? The tip-to-tip leakage may be not clinically significant most of the time, it is good to be avoided when dose to the critical structures are important. Does DMPO give you the option to split the beam instead of put the junctions inside the field?

Thanks,

Lei Wang
Sequoia Hospital, Redwood City, CA

-----Original Message-----
From: Scott DUBE [mailto:sdube@queens.org]
Sent: Wednesday, April 27, 2005 12:00 PM
To: pinnacle-users@explode.unsw.edu.au
Cc: Alan Cassady; AVEN OKAMURA; ED PRICE; EMILY ROBINSON; JAMES CONANT;
LES UYEDA; WAYNE KOJIMA
Subject: DMPO Planning

DMPO has changed the way we do IMRT planning. Rather than setting the jaws ourselves with a maximum width of 14.4 cm, we set the jaws to surround the PTV for each beam. We do NOT use split beams. That means the field width is often greater than 14.4 cm. In fact, it sometimes as wide as 20 cm.

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All comments are welcome.

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##

De:	Walsh, Tom
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Servers and Clients
Fecha:	miércoles, 27 de abril de 2005 23:33:36
Archivos adjuntos:	

An ADAC rep called and discussed the current configurations of our systems. The rep was surprised that our IMRT license is on a client (Blade) and not on our server (also a Blade). However, she did not explain why that seemed to surprise her. Is it a speed issue? Doesn't the client perform its functions independent of the server once it retreives the necessary files?

Thomas P. Walsh, M.S.
Medical Physicist
Longview Cancer Center
Longview, TX 75601
Phone (903)757-2122 ext. 7185
FAX (903)757-6456

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Alan Cassady; AVEN OKAMURA; ED PRICE; EMILY ROBINSON; JAMES CONANT; LES UYEDA; WAYNE KOJIMA;
Asunto:	RE: DMPO Planning
Fecha:	miércoles, 27 de abril de 2005 23:47:09
Archivos adjuntos:	

You are correct that sometimes you do not want the tip-to-tip junctions in the field. And there are times when the field is too wide you need to split the fields. That's why DMPO does give you the option of splitting the fields.

>>> "Wang, Lei (SEQ)" <LWang2@chw.edu> 04/27/05 11:04AM >>>
Hi, Scott,

I did not use DMPO yet, but it sounds very interesting that you can now treat a TV more than 14.4cm without splitting the field. I am wondering, when you treat a pelvis patient which needs a very wide field, eg. larger than 25cm, does DMPO automatically split the beam for you? The tip-to-tip leakage may be not clinically significant most of the time, it is good to be avoided when dose to the critical structures are important. Does DMPO give you the option to split the beam instead of put the junctions inside the field?

Thanks,

Lei Wang
Sequoia Hospital, Redwood City, CA

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##

De:	jfwochos@gundluth.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DMPO Planning
Fecha:	jueves, 28 de abril de 2005 0:07:20
Archivos adjuntos:	

Actually, version 7.4 splits the fields automatically when you go to convert without needing DMPO.

john

John F Wochos, MS, DABR
Radiation Oncology Dept (EB1-001)
Gundersen Lutheran Medical Center
1900 South Ave.
La Crosse, WI 54601
(608)775-2593
FAX (608)775-5578
jfwochos@gundluth.org

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DMPO Planning
Fecha:	jueves, 28 de abril de 2005 0:14:02
Archivos adjuntos:	

"Actually, version 7.4 splits the fields automatically when you go to convert without needing DMPO."

> True. But our goal is to avoid split fields because it takes longer to treat the patient.

De:	Graham Freestone
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Servers and Clients
Fecha:	jueves, 28 de abril de 2005 3:09:17
Archivos adjuntos:	

Hi Tom,

AFAIK, you have to licence the server first, then the client stations. Licences here in Australia are sold on a seat by seat basis.

We use our server as a computation station, so this has our (only) IMRT licence. If you are only using your server as a database, then you may not have to licence it, but only on the boxes you are calculating on.....check with your rep.

Regards

Graham Freestone MSc CSci MIPEM MACPSEM

** please note new phone numbers and email address**

Senior Medical Physicist

Adelaide Radiotherapy Centre,
352 South Terrace,
Adelaide,
SA5000,
Australia.

gfreestone@adradcentre.com.au

Tel: (08) 8228 6751 (direct dial)
Tel: (08) 8228 6700 (switch)
Fax: (08) 8223 6166
mobile: 0413 621 444

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De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Servers and Clients
Fecha:	jueves, 28 de abril de 2005 6:43:56
Archivos adjuntos:	

Graham

There is no particular reason to license the server first. In some circumstances (large number of clients) it would make sense not to have the server used as a planning station ie leave it to serve data to the client workstations, in which case it wouldn't need to be licensed. I think in the past the server was the highest specification computer, so it seemed the logical choice to put the IMRT license on it. Also, people get a false impression the server is faster than an equivalent client, as data sets load faster. However, this is only because the data access is direct from disk as opposed to accross the network. Once the data is loaded, if the client and server have the same specs, the IMRT calc or any other process will proceed at the same rate.

In parcticular, if your server is a single processor unit and the clients are the same spec, then it is better to have the IMRT licence on a client. This leaves the server with less load and therefore better able to serve data to the other clients.

Regards

Nick

At 10:24 AM 28/04/2005 +0930, you wrote:
>Hi Tom,
>
>AFAIK, you have to licence the server first, then the client stations.
>Licences here in Australia are sold on a seat by seat basis.
>
>We use our server as a computation station, so this has our (only) IMRT
>licence. If you are only using your server as a database, then you may
>not have to licence it, but only on the boxes you are calculating
>on.....check with your rep.
>
>Regards

>
>Graham Freestone MSc CSci MIPEM MACPSEM
>
>** please note new phone numbers and email address**
>
>Senior Medical Physicist
>
>Adelaide Radiotherapy Centre,
>352 South Terrace,
>Adelaide,
>SA5000,
>Australia.
>
>gfreestone@adradcentre.com.au
>
>Tel: (08) 8228 6751 (direct dial)
>Tel: (08) 8228 6700 (switch)
>Fax: (08) 8223 6166
>mobile: 0413 621 444
>
>
>
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###

De:	Edgar Estoesta
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DMPO Planning
Fecha:	viernes, 29 de abril de 2005 4:31:31
Archivos adjuntos:	

Hi Scott,

I am just curious, what sofware version do you have with your Linac/MLC Control system? We are still on a trial stage for IMRT (DMPO) and were getting a message from our R&V that "MLC does not support carriage movement" for one of our beams which has a field of about 14.5cm.

Thanking you in advance.

Edgar B. Estoesta

##

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	ED PRICE;
Asunto:	"MLC does not support carriage movement"
Fecha:	viernes, 29 de abril de 2005 4:57:09
Archivos adjuntos:	

Hi Edgar,

I'll ask my colleague Ed Price to answer you. He's the brains behind our IMRT program.

But it sounds like you are having problems with a Classic IMRT plan and not a DMPO plan. Is that right?

Scott

>>> "Edgar Estoesta" <EstoesE@wahs.nsw.gov.au> 04/28/05 04:12PM >>>
Hi Scott,

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Thanking you in advance.

Edgar B. Estoesta

##

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: "MLC does not support carriage movement"
Fecha:	miércoles, 04 de mayo de 2005 21:31:20
Archivos adjuntos:	

Listers,

I believe that it arises because there is a difference between maximum inserted and retracted leaf positions of more than 14.5 cm or so for one or more control points (segments) in an IMRT plan.

During conversion in v. 6.2b, you can specify leaf junction / jaw overlap. The default is 0.5 cm, meaning Pinnacle puts the junctions of abutting leaves under either the X1 or X2 jaw (on Varian 21EX's) by 0.5 cm. If the jaw width is 14 cm or more, you could have a shape that will be OK to Pinnacle (and IMPAC for that matter), but not with the MLC Treatment Workstation application.

I usually bring in one jaw so the X field width is 13 cm or so at the field setup. After conversion and letting the jaws conform to the ODM, which can change jaw settings by 0.5 cm or so, I have deliverable dynamic treatment fields. The key to getting away with this is to have other fields that will compensate for the dose lost by moving the jaw for the field in question. For head and neck cases, the medial jaw is changed, so its X1 on one side and X2 on the other.

Sean Frigo

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Thursday, April 28, 2005 21:39
To: pinnacle-users@explode.unsw.edu.au
Cc: ED PRICE
Subject: "MLC does not support carriage movement"

Hi Edgar,

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But it sounds like you are having problems with a Classic IMRT plan and not a DMPO plan. Is that right?

Scott

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Thanking you in advance.

Edgar B. Estoesta

De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	jaw tracks with open fields for Siemen Primus machines
Fecha:	jueves, 05 de mayo de 2005 4:13:31
Archivos adjuntos:	

Hello listers,

My question regards the evaluation of doses in regions outside the primary beam for Siemens Primus machines.

When setting fields for PRIMUS machines during commissioning, the jaw settings are typically set on the PRIMUS console. When doing so, the MLC leave banks all move simultaneously. Therefore, the transmission through the MLC and the jaw are measured independantly in the cross and inplane directions. All of the measurements, including VW measurements, are typically performed and measured as such. Therefore, as far as modeling goes, the MLCs really only track the X jaw for open fields.

For the clinical scenario, however, one would typically have a conformal field via MLC and then set the Y jaw. Then we might VW in the Y direction. Therefore, in the clinical scenario, one would have transmission through the MLC and the jaw in the wedged direction.

This configuration of transmission through the MLC and jaw is not typically measured during commissioning.

It makes sense to evaluate the open and VW beams in the modeller using actual jaw/MLC configurations (MLC tracks X jaw for open fields) but just prior to commissioning, it may make sense to change this tab to 'MLC does not XY jaws for open fields' as we would normally do in the clinical setting and as recommended in the Pinnacle manual.

Reality check: the differences are not large: I see 1-2% difference. But, I could imagine scenarios where

these errors might build up in say IMRT treatments.

I am curious to know what other centres might have done to circumvent this problem if they have encountered it. Comments?

TIA

-
Parminder S. Basran, PhD MCCPM
pbasran@yahoo.com

_____

De:	Bjoerne Riis
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	KeyDependencies
Fecha:	martes, 17 de mayo de 2005 18:15:16
Archivos adjuntos:	Text from file "Dep.GantyFeldName.Script".txt Text from file "KeyDependeancy.txt".txt

---

Hello,
first i have to excuse my poor english.

Ich have Problems with KeyDependencies Scripts. In fact
the Script run without any error or action.
You will find the Script and the results as an Attachment of
the mail.

I would be grateful for your support.

best regards
Bjørne

Radiologische Gemeinschaftspraxis
Blettenberg, Ollrogge, Brandenburg, Steidle Katic

De:	forest.gary@marshfieldclinic.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	current printer
Fecha:	miércoles, 18 de mayo de 2005 0:30:33
Archivos adjuntos:	

What is the current printer phillips is sending out with their new systems?

We have one system with a Ricoh AP3800, but I seem to remember that something newer has replaced it.

Thanks
Gary Forest

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: current printer
Fecha:	miércoles, 18 de mayo de 2005 17:49:58
Archivos adjuntos:	

--- forest.gary@marshfieldclinic.org wrote:
>
> What is the current printer phillips is sending out
> with their new systems?
>
> We have one system with a Ricoh AP3800, but I seem
> to remember that something
> newer has replaced it.
>
>
The Ricoh AP3800 leaks fuser oil profusely after some time, and apparently it is a known defect. We have replaced it with the Lexmark C912, which is a replacement for the old Lexmark 1200, which ADAC supports. Only problem is that Pinnacle3 has not been configured (and tested) to change paper size automatically. However, if you get your system (or ADAC service tech support) to configure your C912 to the 1200 driver, it works very well, less the automatic paper size issue.

Joe Wong

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##

De:	Marisa A Sheehan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: current printer
Fecha:	miércoles, 18 de mayo de 2005 18:59:08
Archivos adjuntos:	

Ricoh Aficio CL7000

ok for performance so far (6 months); fuser replaced twice so far; my opinion(just a dosimetrist that generates tons of paper product): you DON'T want an auto paper size select feature
marisa
st.mary's
grand rapids, mich

>>> forest.gary@marshfieldclinic.org 5/17/2005 6:11:28 PM >>>

What is the current printer phillips is sending out with their new systems?

We have one system with a Ricoh AP3800, but I seem to remember that something
newer has replaced it.

Thanks
Gary Forest

De:	David Lockman, D.Sc.
A:	pinnacle-users@explode.unsw.edu.au; Alison.Scott@ccotrust.nhs.uk;
Cc:	
Asunto:	Re: Autosurround in V7.4f
Fecha:	jueves, 19 de mayo de 2005 16:04:49
Archivos adjuntos:	dlockman.vcf

Alison -

We read the release notes the same way, but see the same thing.
No option in modelling that we know of to circumvent the issue.
Workaround:
MLC off, autosurround on, autosurround off, MLC on
This is a nuisance if you're iteratively modifying the blocks for coverage, and we have gotten burned
by it a few times, but it does the trick - the jaws go where you want them, rather than the distal
edge of the most distal involved leaf pair.

Our dosimetrists have moved beyond annoyance to grudging acceptance. Or it could be grudging annoyed
acceptance ... I can't tell them apart.

Dave

Alison Scott wrote:

> Hi,
>
> On commissioning 7.4f, we discovered that the autosurround option takes the
> jaws to the outermost edge of the final open MLC leaf rather than the edge
> of the block. In 6.3e this was the case if you used the 'center' fitting
> option but not if you used 'average' fit, hence we use 'average'.
>
> The release notes say that Pinnacle pushes the jaws to the 'more limiting'
> of the edge of the block or the edge of the MLC defined field. Which I
> think means the jaws would be at the block edge unless that was covered by
> closed MLCs.
>
> Our planners are getting annoyed with having to adjust the Jaw position for
> each beam so I am looking for a solution.

>
> Has anyone else noticed this problem?
> Have I misinterpreted the release notes?
> Is there an option in the beam model I have failed to select?
> Is there a work around?
>
> Thanks
>
> Alison Scott
> Physicist, Clatterbridge Centre for Oncology
>
>

--
David M Lockman
Medical Physicist
William Beaumont Hospital - Radiation Oncology
3601 W Thirteen Mile Rd
Royal Oak, MI 48073
248.551.6256
dlockman@beaumont.edu

De:	Alison Scott
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Autosurround in V7.4f
Fecha:	jueves, 19 de mayo de 2005 18:10:37
Archivos adjuntos:	

Hi,

On commissioning 7.4f, we discovered that the autosurround option takes the jaws to the outermost edge of the final open MLC leaf rather than the edge of the block. In 6.3e this was the case if you used the 'center' fitting option but not if you used 'average' fit, hence we use 'average'.

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Our planners are getting annoyed with having to adjust the Jaw position for each beam so I am looking for a solution.

Has anyone else noticed this problem?
Have I misinterpreted the release notes?
Is there an option in the beam model I have failed to select?
Is there a work around?

Thanks

Alison Scott
Physicist, Clatterbridge Centre for Oncology

account will not be distributed unless that account is also subscribed.
##

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DICOM Lic Fee
Fecha:	miércoles, 25 de mayo de 2005 17:58:55
Archivos adjuntos:	

Has anyone recently paid a lic fee to Phillips to allow Pinnacle to read Non-Phillips DICOM (PET) images?

Do you know the rough list price of this tax?

Thanks
Martin

(quite an outrageous policy, IMO, this 'fee for nothing' - but that's another matter)

De:	Joseph Spleet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DICOM Lic Fee
Fecha:	miércoles, 25 de mayo de 2005 18:52:36
Archivos adjuntos:	

Yes, we were forced to buy the License if we wanted to view images from a Siemens PET Scanner. I seem to recall the cost being around 6 or 7k. Although this was frustrating it didn't turn out to be the biggest challenge. Only after we had purchased this Licence we found out we couldn't use it! Philips takes the stance that they need to "validate" each model and operating software version for any scanner - the Siemens Biograph we wanted to use was not yet validated. We had to wait over 4 months for this all to occur...very frustrating. I would suggest that you verify that the scanner you wish to use has already been validated by Philips.

Joe Spleet
Engineer
Saint Mary's Seton Cancer Institute
989-776-8203

Fax 989-776-8313

>>> mwfraser@comcast.net 5/25/2005 11:44 AM >>>
Has anyone recently paid a lic fee to Phillips to allow Pinnacle to read Non-Phillips DICOM (PET) images?

Do you know the rough list price of this tax?

Thanks
Martin

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##

De:	Walsh, Tom
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	commissioned vs non comissioned machines
Fecha:	miércoles, 25 de mayo de 2005 20:04:00
Archivos adjuntos:	

We are upgrading to version 7.4. I want to verify the machine parameters of our non-comissioned machine (v7.4) against the same commissioned machine in the older version (v6.2). I have been searching manuals and I can't seem to find a way to simply print out the specs I want to compare between the machines. This is in regards to info about physical specs (mlc limits, gantry rotation limits, etc) not modeling data (PDD, profiles, wedges, etc).

Tom

De:	Walsh, Tom
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	parameter follow up
Fecha:	miércoles, 25 de mayo de 2005 21:01:16
Archivos adjuntos:	

Thanks for the replies. My apologies for not giving more specifics. I am looking for a way around multiple "print screen" sequences. I was inquiring to see if there was a way to print them all off in a list format similar to treatment plan printout data.

Tom

Thomas P. Walsh, M.S.
Medical Physicist
Longview Cancer Center
Longview, TX 75601
Phone (903)757-2122 ext. 7185
FAX (903)757-6456

De:	Bud Baker
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DICOM Lic Fee
Fecha:	miércoles, 25 de mayo de 2005 21:17:34
Archivos adjuntos:	

Hello Martin
We have in the 2006 budget 7K for a PET license... this is being physician driven more than from Physics/Dosimetry and based on our CT/MRI fusion history, probably will not be much used... I'd like to be able to continue to say "sorry, we can't drive yet... no license"... but looks like we are about to come of age!

Bud Baker, CMD
Medical Physics
Payson Center for Cancer Care
250 Pleasant St.
Concord, NH 03301
603-230-6041

>>> mwfraser@comcast.net 05/25/05 1:12 PM >>>
Sigh, Yes, it's like the 'service contracts' imposed on everything from simple software to a plastic phantom (true!)
Just another previously unrealized revenue center...

thanks for the info
Martin
At 12:41 PM 5/25/2005, you wrote:
>Yes, we were forced to buy the License if we wanted to view images from a Siemens PET Scanner. I seem to recall the cost being around 6 or 7k. Although this was frustrating it didn't turn out to be the biggest challenge. Only after we had purchased this Licence we found out we couldn't use it! Philips takes the stance that they need to "validate" each model and operating software version for any scanner - the Siemens Biograph we wanted to use was not yet validated. We had to wait over 4 months for this all to occur...very frustrating. I would suggest that you verify that the scanner you wish to use has already been validated by Philips.
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De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DICOM Lic Fee
Fecha:	miércoles, 25 de mayo de 2005 21:29:14
Archivos adjuntos:	

Hi Bud, Hope things are well for you since moving North.

We have an MRI on our site and still only do fusion a few times a year...

keep well
Martin

At 01:41 PM 5/25/2005, you wrote:
>Hello Martin
>We have in the 2006 budget 7K for a PET license... this is being physician driven more than from Physics/Dosimetry and based on our CT/MRI fusion history, probably will not be much used... I'd like to be able to continue to say "sorry, we can't drive yet... no license"... but looks like we are about to come of age!
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De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DICOM Lic Fee
Fecha:	miércoles, 25 de mayo de 2005 22:55:53
Archivos adjuntos:	

Sigh, Yes, it's like the 'service contracts' imposed on everything from simple software to a plastic phantom (true!)
Just another previously unrealized revenue center...

thanks for the info
Martin
At 12:41 PM 5/25/2005, you wrote:
>Yes, we were forced to buy the License if we wanted to view images from a Siemens PET Scanner. I seem to recall the cost being around 6 or 7k. Although this was frustrating it didn't turn out to be the biggest challenge. Only after we had purchased this Licence we found out we couldn't use it! Philips takes the stance that they need to "validate" each model and operating software version for any scanner - the Siemens Biograph we wanted to use was not yet validated. We had to wait over 4 months for this all to occur...very frustrating. I would suggest that you verify that the scanner you wish to use has already been validated by Philips.
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De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Mapcheck tips?
Fecha:	jueves, 26 de mayo de 2005 2:05:50
Archivos adjuntos:	

We just received the Mapcheck that we ordered. Anyone have any tips or "gotchas" to look out for? Also, didn't someone have an Excel spreadsheet setup to do flatness and symmetry?

Thanks!

Steve T

==========

Stephen K. Thompson, M.S.
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

De:	Lazarescu, George
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Mapcheck tips?
Fecha:	jueves, 26 de mayo de 2005 16:31:59
Archivos adjuntos:	

Steve,

If you find an Excel spreadsheet for flatness and symmetry with Mapcheck, can you share it with me?
Thanks,

George

George Lazarescu, Ph.D.
Hospital of the University of Pennsylvania
Department of Radiation Oncology/Medical Physics Division
3400 Spruce St. / 2 Donner Bldg.
Philadelphia, PA 19104-4283
Tel. 215-823-4625
Pager: 215-306-1502
lazarescu@xrt.upenn.edu

> -----Original Message-----
> **From:** Thompson, Stephen K [mailto:ThompsSK@sutterhealth.org]
> **Sent:** Wednesday, May 25, 2005 7:49 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Mapcheck tips?
>
> We just received the Mapcheck that we ordered. Anyone have any tips or "gotchas" to look out for? Also, didn't someone have an Excel spreadsheet setup to do flatness and symmetry?
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> Medical Physicist

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1700 Coffee Road
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(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

De:	Campbell, Jeffrey L
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Mapcheck tips?
Fecha:	jueves, 26 de mayo de 2005 16:48:33
Archivos adjuntos:	

Map Check is easy to use and not too many pitfalls. Here is rough summery.

- Absolute calibration of diodes should be at 100 SAD. Remember the physical depth is 1.35 cm to the surface while the radiologic depth is 2 cm. So we place a 2 cm plastic water slab on top of the map check to provide a 3.35 cm physical depth (4cm radilogic) and SSD=96.65.
- In Pinnacle, the planar dose plan should be done on a plastic water phantom such that the SSD=96 and d=4cm. We project all beams with zero gantry angle (IEC) and generate the IMRT planar dose files (plane at 100 SAD) and export in ASCII.
- Note that when importing Pinnacle planar dose files, you initially will probably have to edit the ImportDll.dat file that resides under the \snc \mapcheck directory. This file sets the import orientation and is a function of your Pinnacle machine set up. I have a Varian 2100 cd and the correct parameters for my file is PinnacleXAxis=-1, PinnacleYAxis=-1.
- Since the folks at SNC did not add the Profiler software to the MapCheck, we decided instead of trying to generate some secondary flatness and symmetry check, we would just generate planar dose files for 17x17 fields on the plastic water phantom at the set up mentioned above. We then evaluate the measurements just like we would any IMRT plan. We believe this is actually better since it is a direct measurement of how well your Pinnacle model is predicting actual machine measurements. These measurements can be done periodically and cataloged to document the stability of the machine in regard to your model.

Hope this helps. Let me know if you have any questions.

Jeffrey Campbell, MS
INTEGRIS Southwest Medical Center
Radiation Oncology
4401 S. Western Ave.

Oklahoma City, Oklahoma 73109
(405) 636-7342

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Thompson, Stephen K
Sent: Wednesday, May 25, 2005 6:49 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Mapcheck tips?

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1700 Coffee Road
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(209) 526-5280 (fax)
thompssk@sutterhealth.org

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Sliding Rails on Varian Couch
Fecha:	viernes, 27 de mayo de 2005 2:01:10
Archivos adjuntos:	

I had earlier posted a question on medphys about the sliding rails on the Varian couch. We then found a great article on the subject:

Med Phys 2003 Nov; 30(11): 2981-7, "Two-dimensional measurement of photon beam attenuation by the treatment couch and immobilization devices using an electronic portal imaging device." Vieira SC, Kaatee RS, Dirkx ML, Heijmen BJ.

They stated and we confirmed the transmission of sliding rail to be 85%. Since the rail is approximately 8 cm thick, that corresponds to a linear attenuation coefficient of 0.02/cm and an effective physical density of 0.67 gm/cc.

Then one of our dosimetrists put the rails into a Pinnacle plan as an external contour with a density of 0.67. In that way, we could evaluate what happens when one or more of the IMRT beams hit the rails. Sometimes that is inevitable with wide fields used to treat whole pelvis.

The good news is the net effect on total delivered dose is not worrisome.

De:	Gert Meijer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Autosurround in V7.4f
Fecha:	viernes, 27 de mayo de 2005 9:53:51
Archivos adjuntos:	

Hi,

I had the opportunity to have a look at 7.6 and it seems that it is corrected in this version

Gert

****

Gert Meijer, PhD
Medical Physicist
Dept. Radiotherapy
Catharina Hospital
Eindhoven
The Netherlands
Email:
gert.meijer@cze.nl
Tel.:
+31-(0)40-2396400
+31-(0)40-2398460
Fax:
+31-(0)40-2398456

>>> dlockman@beaumont.edu 05/19/05 3:25 >>>
Alison -

We read the release notes the same way, but see the same thing.
No option in modelling that we know of to circumvent the issue.
Workaround:

MLC off, autosurround on, autosurround off, MLC on
This is a nuisance if you're iteratively modifying the blocks for coverage, and we have gotten burned
by it a few times, but it does the trick - the jaws go where you want them, rather than the distal
edge of the most distal involved leaf pair.

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acceptance ... I can't tell them apart.

Dave

Alison Scott wrote:

> Hi,
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> closed MLCs.
>
> Our planners are getting annoyed with having to adjust the Jaw position for
> each beam so I am looking for a solution.
>
> Has anyone else noticed this problem?
> Have I misinterpreted the release notes?
> Is there an option in the beam model I have failed to select?
> Is there a work around?
>
> Thanks
>
> Alison Scott
> Physicist, Clatterbridge Centre for Oncology
>
>

>
> Note: To avoid non-delivery error messages being sent to all list
> members, the list has been configured so that messages can only be
> sent from a subscribed account. Messages sent from a users secondary
> account will not be distributed unless that account is also subscribed.
>
##

--
David M Lockman
Medical Physicist
William Beaumont Hospital - Radiation Oncology
3601 W Thirteen Mile Rd
Royal Oak, MI 48073
248.551.6256
dlockman@beaumont.edu

De:	Kent Krugh
A:	Pinnacle users list;
Cc:	
Asunto:	modeling in 7.4
Fecha:	viernes, 27 de mayo de 2005 16:07:13
Archivos adjuntos:	

I sent this message to Philips ADAC support about 3 weeks ago, but got no response.

I am modeling in 7.4f and have run FineTuneAllForWedge auto-sequence for a 15degree wedge, 6MV xray, all field model. The profile and %DD fit is good for 10x10 and larger fields, but the profile fit is not good enough for smaller fields.

The Pinnacle3 Physics manual is quite unclear to me as to the next step. Should I run FineTuneModifierScatter sequence, or FineRuneModelForOpenAndWedgedFields as suggested on page 6.18?

Or should I split 15deg wedge model by field size? If I do split the model by field size, what automodel sequence should I then run? In the Physics guide on page 6-35 there is a warning that not all sequences should be used for energies with split models. It refers me to the Physics Reference Guide for more details, but the information there is not clear as to which ones should or should not be used for split models.

Kent Krugh, M.S.
Medical Radiation Physicist
Intercommunity Cancer Center
2452 Kipling Avenue
Cincinnati, OH 45014
phone: 513-681-7800
fax: 513-853-3045

members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: modeling in 7.4
Fecha:	viernes, 27 de mayo de 2005 16:51:45
Archivos adjuntos:	

Kent,
One of the nice things about v 7.4 was that we were finally able to stop splitting
field size models, and still get an acceptable fit from 4x4 to max field size.
Running FineTuneForWedge should have given you a decent fit for all.
Forgive me for asking, but did you use the same chamber for all scans? (Some physicists
like to use a pinpoint chamber for smaller fields, which is fine, but you need to be
consistent for all scans for modeling purposes).
Also, it's a good idea to use your open field model as a starting point for running
your wedge models.

If neither of those are the problem, start by calculating your output factors-if your OFc's are <0.95 or > 1.05 for this wedge, there's probably a problem with your model.
Here's something you can check- compare your open field incident fluence parameters to your wedge parameters, esp. Gaussian height and width, and effective source size. They should be identical, or very close.
I had a situation where the Gauss. width diverged in the automodeling process, and the
resulting fits were not good. When I manually reset the GH&W back to initial
values, all the fits fell into place.

E. Joseph (Joe) Grant, M.S., D.A.B.R.
Medical Physicist
C.A.R.T.I.-P.O. Box 55050
Little Rock, AR 72215
(501)296-3269

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Kent Krugh
Sent: Friday, May 27, 2005 8:48 AM
To: Pinnacle users list
Subject: modeling in 7.4

I sent this message to Philips ADAC support about 3 weeks ago, but got no response.

I am modeling in 7.4f and have run FineTuneAllForWedge auto-sequence for a 15degree wedge, 6MV xray, all field model. The profile and %DD fit is good for 10x10 and larger fields, but the profile fit is not good enough

for smaller fields.

The Pinnacle3 Physics manual is quite unclear to me as to the next step. Should I run FineTuneModifierScatter sequence, or FineRuneModelForOpenAndWedgedFields as suggested on page 6.18?

Or should I split 15deg wedge model by field size? If I do split the model by field size, what automodel sequence should I then run? In the Physics guide on page 6-35 there is a warning that not all sequences should be used for energies with split models. It refers me to the Physics Reference Guide for more details, but the information there is not clear as to which ones should or should not be used for split models.

Kent Krugh, M.S.
Medical Radiation Physicist
Intercommunity Cancer Center
2452 Kipling Avenue
Cincinnati, OH 45014
phone: 513-681-7800
fax: 513-853-3045

mailing list, send the message unsubscribe pinnacle-users <e-mail address> to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: commissioned vs non comissioned machines
Fecha:	martes, 31 de mayo de 2005 17:19:52
Archivos adjuntos:	

Tom (and Listers),

Unfortunately, Pinnacle will print out model parameters, by not physical machine parameters. There are two possibilities:

1. Write a shell script that will print out values from the Pinnacle.Machine file
   for each machine.
   (Tedious.)

2. Print out screen shots of all parameter entry windows, and compare.
   (Somewhat less tedious.)

Sean Frigo

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Walsh, Tom
Sent: Wednesday, May 25, 2005 12:56
To: pinnacle-users@explode.unsw.edu.au
Subject: commissioned vs non comissioned machines

We are upgrading to version 7.4. I want to verify the machine parameters of our non-comissioned machine (v7.4) against the same commissioned machine in the older version (v6.2). I have been searching manuals and I can't seem to find a way to simply print out the specs I want to compare between the machines. This is in regards to info about physical specs (mlc limits, gantry rotation limits, etc) not modeling data (PDD, profiles, wedges, etc).

Tom

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
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to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Mapcheck tips?
Fecha:	martes, 31 de mayo de 2005 17:25:00
Archivos adjuntos:	

Steve (and Listers),

The MapCheck manual recommends 1 mm point spacing in dose plane calculations. This can take 45+ minutes for larger fields on a Blade. I do find better results for 1-2 mm spacing versus the 5 mm default value in Pinnacle.

Also, I find that shifting the calculated dose plane 2-3 mm helps to increase the number of points passing. However, I only do this if can be applied to <<all>> beams in an IMRT plan, i.e. the shift compensates for the MapCheck setup relative to isocenter.

Sean Frigo

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Thompson, Stephen K
Sent: Wednesday, May 25, 2005 18:49
To: pinnacle-users@explode.unsw.edu.au
Subject: Mapcheck tips?

We just received the Mapcheck that we ordered. Anyone have any tips or "gotchas" to look out for? Also, didn't someone have an Excel spreadsheet setup to do flatness and symmetry?

Thanks!

Steve T

==========

Stephen K. Thompson, M.S.
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road

Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	
Fecha:	lunes, 06 de junio de 2005 15:16:17
Archivos adjuntos:	

I have a terrible time getting my optimized plan to convert into something treatable when I am trying to do a pelvis. The plans between the optimized and the converted look nothing alike. Any suggestions? We are still using 6.2b for IMRT planning.

Thanks in advance

Terry Spicer
Martha Jefferson Hospital
Charlottesville, VA 22902

De:	Kowalski, Matt
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE:
Fecha:	lunes, 06 de junio de 2005 16:29:19
Archivos adjuntos:	

I have 7.4f version. so I'm not an expert of 6.2v.
In version 7.4 a default miniimum MU is 2. It is too low. Try put a lower limit for MU as 4.
regards Matt

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Spicer, Terry
Sent: Monday, June 06, 2005 6:55 AM
To: pinnacle-users@explode.unsw.edu.au
Subject:

I have a terrible time getting my optimized plan to convert into something treatable when I am trying to do a pelvis. The plans between the optimized and the converted look nothing alike. Any suggestions? We are still using 6.2b for IMRT planning.

Thanks in advance

Terry Spicer
Martha Jefferson Hospital
Charlottesville, VA 22902

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE:
Fecha:	lunes, 06 de junio de 2005 16:38:13
Archivos adjuntos:	

I called Philips and they suggested 3% error tolerance, 1.4 min seg area, and a 2 eq sq.
I have only tired this this morning but so far it seems to be working out. I was using a larger error tolerance and a larger segment area. My physicist will not let me go lower than 3 on MU so we are using that for now.
I will try the 4 MU later. Maybe that will help even more.

Thanks
Terry

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Kowalski, Matt
Sent: Mon 6/6/2005 10:15 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE:

I have 7.4f version. so I'm not an expert of 6.2v.
In version 7.4 a default miniimum MU is 2. It is too low. Try put a lower limit for MU as 4.
regards Matt

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Spicer, Terry
Sent: Monday, June 06, 2005 6:55 AM
To: pinnacle-users@explode.unsw.edu.au
Subject:

I have a terrible time getting my optimized plan to convert into something treatable when I am trying to do a pelvis. The plans between the optimized and the converted look nothing alike. Any suggestions? We are still using 6.2b for IMRT planning.

Thanks in advance

Terry Spicer
Martha Jefferson Hospital
Charlottesville, VA 22902

De:	Royal, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: converting segments
Fecha:	lunes, 06 de junio de 2005 16:38:22
Archivos adjuntos:	

A tip I learned from Eric Hendee might help:

example: if you have 7 beams, try converting them in stages

for our prostate cases: first, convert 3 beams, we do g=0, g=265, g=95, and compute

go back and look at the DVHs, and possibly make changes to your objectives

then optimize again on the 4 remaining beams, be sure to turn the previous 3 beams to optimization=none

next, convert 2 more beams, and compute

again, look at your DVHs, and possibly make changes to your objectives

then optimize again on the 2 remaining beams (all the others should have optimization=none)

if it still doesn't look good, try segment weighting.

This has worked for us.

Jim Royal
Nebraska Methodist Hospital

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Spicer, Terry
Sent: Monday, June 06, 2005 7:55 AM
To: pinnacle-users@explode.unsw.edu.au
Subject:

I have a terrible time getting my optimized plan to convert into something treatable when I am trying to do a pelvis. The plans between the optimized and the converted look nothing alike. Any suggestions? We are still using 6.2b for IMRT planning.

Thanks in advance

Terry Spicer
Martha Jefferson Hospital
Charlottesville, VA 22902

De:	Bud Baker
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re:
Fecha:	lunes, 06 de junio de 2005 21:16:10
Archivos adjuntos:	

Terry,
When we start optimization we use Intensity Modulation and make sure none of the weights are set to zero.. The net result of this process is used for a preliminary evaluation for the Doc to eyeball and it usually gives a good estimate of the final plan isodoses. If need be go back and change objectives.. Then we Convert and I will tell you that 70% of the converted plans look much worse that the previous step results... We press ahead and go back to the Optimize tab and select segment weighting which is the time consuming part of the process.. the resulting plan looks good, and we can fine tune it a bit by changing the weights especially if the PTV is ipsilateral for a 7 field plan
Cheers

Bud Baker, CMD
Medical Physics
Payson Center for Cancer Care
250 Pleasant St.
Concord, NH 03301
603-230-6041

>>> terry.spicer@mjh.org 06/06/05 8:55 AM >>>
I have a terrible time getting my optimized plan to convert into something treatable when I am trying to do a pelvis. The plans between the optimized and the converted look nothing alike. Any suggestions? We are still using 6.2b for IMRT planning.

Thanks in advance

Terry Spicer
Martha Jefferson Hospital
Charlottesville, VA 22902

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE:
Fecha:	lunes, 06 de junio de 2005 21:55:07
Archivos adjuntos:	

The two most helpful things that I was once told (and they really do help make the converted look like the ODM)...

(1) Never use more than 25 iterations at a time
(2) Reset the ODM between each set of iterations

I have learned the hard way that that "over-optimizing" or being too aggressive with your ODM plan will almost always result in a plan that is difficult to convert. Also, it's a bit of a challenge to overcome the desire to have a very uniform AND conformal plan. The more conformal plans always tend to be less (or WAY less) uniform!

For a pelvis (or other large field), I find that the following conversion parameters seem to work well (with a 7 or 8 beam plan)...

- 3% error tolerance
- 6 cm^2 minimum seg area
- 2 to 4 MU minimum
- minimize "# of segments"

If the plan doesn't look decent after conversion (which is usually the case), I either edit leaf patterns in the segments or do segment weight optimization. If there are just a few pesky hot or cold spots, leaf editing the segments is a good method. The way I do it is to copy the converted trial to a new one called "imrtleafedit" then create an ROI called "leafedit" and make it visible in 3D view. Next I contour the areas that needs either more or less dose. Using Smartsim in the "three window" view I do the contouring on a tranverse slice in the lower left window. I put a 3D view in the big window where you can see the leafedit ROI. Next I go through segments on appropriate beams in the 3D view and see if there are leaves that are close enough to the contoured structure to edit. Pay attention to how much weight the segment you choose to edit has or you will really screw up the plan!

If there are just too many areas which need help, then I will use segment weighting. I find that the large fields like pelvis or H&N tend to need segment

weighting more often than not. And a little leaf editing afterwards to clean up any spots that wouldn't go away. But small fields and prostates can just be leaf edited for cleanup more often than not.

Hendee's method of converting a few beams at a time then reoptimizing works sometimes as well. I've given up on that method though because it's a bit of a hassle and doesn't always result in a good plan.

Regards,

Steve T

==========
Stephen K. Thompson, M.S.
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bud Baker
> **Sent:** Monday, June 06, 2005 11:56 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Re:
>
> Terry,
> When we start optimization we use Intensity Modulation and make sure none of the weights are set to zero.. The net result of this process is used for a preliminary evaluation for the Doc to eyeball and it usually gives a good estimate of the final plan isodoses. If need be go back and change objectives.. Then we Convert and I will tell you that 70% of the converted plans look much worse that the previous step results... We press ahead and go back to the Optimize tab and select segment weighting which is the time consuming part of the process.. the resulting plan looks good, and we can fine tune it a bit by changing the weights especially if the PTV is ipsilateral for a 7 field plan
> Cheers

Bud Baker, CMD
Medical Physics
Payson Center for Cancer Care
250 Pleasant St.
Concord, NH 03301
603-230-6041

>>> terry.spicer@mjh.org 06/06/05 8:55 AM >>>
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Thanks in advance

Terry Spicer
Martha Jefferson Hospital
Charlottesville, VA 22902

De:	Chow, Helen C.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	source data for gold-198
Fecha:	lunes, 06 de junio de 2005 21:58:21
Archivos adjuntos:	

I would like to add gold seed to my Pinnacle isotope database. I have a hard time to find all the necessary information. If anyone has the database in their Pinnacle and is willing to share it, I would really appreciate. Please contact me at 281-316-4956 or email me at helen.chow@usoncology.com Thank you so much in advance.

Helen Chow
Deke Slayton Cancer Center
Webster, TX 77598

De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re:
Fecha:	lunes, 06 de junio de 2005 22:01:18
Archivos adjuntos:	

One thing that we found tended to work. Set the convolution iteration close to the end of the run, then run a smaller number of iterations with the convolution calc 1 or 2 iterations from the end. Since the convolution is the "real" dose (the TPB is approximate) if the graph shows a big spike then you know that the "real" solution doesn't really match the optimized TPB solution. We would start at 20/25 and drop to 3/5 (convolution iteration/total iterations) and it generally worked our pretty well.

AJ

Andrew O. Jones, PhD
System Director, Radiation Physics
Department of Radiation Oncology
Geisinger Medical Center
N. Academy Ave
Danville, PA 17822
570 271-6304

>>> cmbaker@crhc.org 06/06/05 2:56 PM >>>
Terry,
When we start optimization we use Intensity Modulation and make sure none of the weights are set to zero.. The net result of this process is
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Cheers

Bud Baker, CMD
Medical Physics
Payson Center for Cancer Care
250 Pleasant St.
Concord, NH 03301
603-230-6041

>>> terry.spicer@mjh.org 06/06/05 8:55 AM >>>

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something treatable when I am trying to do a pelvis. The plans
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the optimized and the converted look nothing alike. Any suggestions?
We are still using 6.2b for IMRT planning.

Thanks in advance

Terry Spicer
Martha Jefferson Hospital
Charlottesville, VA 22902

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##

De:	Dozler, Cheryl
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE:
Fecha:	lunes, 06 de junio de 2005 22:36:28
Archivos adjuntos:	

The best advice I found is not to do more then 25 iterations when optimizing. Evaluate plan, change objectives and reset ODM before reopt.The converted plan will look closer to your initial.
good luck.

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Spicer, Terry
> **Sent:** Monday, June 06, 2005 5:55 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:**
>
> I have a terrible time getting my optimized plan to convert into something treatable when I am trying to do a pelvis. The plans between the optimized and the converted look nothing alike. Any suggestions? We are still using 6.2b for IMRT planning.
>
> Thanks in advance
>
> Terry Spicer
> Martha Jefferson Hospital
> Charlottesville, VA 22902

De:	David Biggs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Adding 2 CT data sets
Fecha:	martes, 07 de junio de 2005 3:34:26
Archivos adjuntos:	

Hi All

Is it possible to combine 2 CT data sets to then be able to plan on the summed data set?

We have new (solid) carbon fibre couches on our treatment machines but not on CT. We were hoping to scan the couch (with no patient on it) and then add this data set to all patients that have a CT scan (effectively replacing the usual CT couch) so that for any fields that pass through the couch, the effects can be taken care of in Pinnacle.

Does anyone know if this is possible?

Kind regards

David

David Biggs
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
Sydney Adventist Hospital
' 0425 293486
. dsbiggs@smartchat.net.au

De:	Kevin Van Tilburg
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Adding 2 CT data sets
Fecha:	martes, 07 de junio de 2005 4:12:14
Archivos adjuntos:	

David,

It might be easier to outline the new couch as a structure. The new ROI can then be imported onto any data set you want. Then you can override the density of this ROI which will achieve two things, first, give the correct density of your couch, second, override the CT couch which would otherwise be in the way. The only problem I can think of is that you will need to move/edit the couch on every slice, unless the couchtop is uniform throughout, then you can move the first and last slices and interpolate inbetween.

Hope this helps, Kevin

Kevin Van Tilburg

Director - Radiation Therapy
Nepean Cancer Care Centre
PO Box 63
Penrith, 2751
Sydney, NSW, Australia

Ph: 02) 4734 3511
Fax: 02) 4734 3570
Email: vantilk@wahs.nsw.gov.au

>>> dsbiggs@smartchat.net.au 06/07/05 11:23am >>>
Hi All

Is it possible to combine 2 CT data sets to then be able to plan on the summed data set?

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Does anyone know if this is possible?

Kind regards

David

David Biggs
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
Sydney Adventist Hospital
' 0425 293486
* dsbiggs@smartchat.net.au <mailto:dsbigg@smartchat.net.au>

De:	Geoghegan, Sean
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Adding 2 CT data sets
Fecha:	martes, 07 de junio de 2005 4:15:36
Archivos adjuntos:	

Hi David,

if you find a solution to this, would you pelase let me know. The only solution that I can think of is to create a carbon fibre couch ROI that you import into each plan.

Sean

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of David Biggs
Sent: Tuesday, 7 June 2005 09:24
To: pinnacle-users@explode.unsw.edu.au
Subject: Adding 2 CT data sets

Hi All

Is it possible to combine 2 CT data sets to then be able to plan on the summed data set?

We have new (solid) carbon fibre couches on our treatment machines but not on CT. We were hoping to scan the couch (with no patient on it) and then add this data set to all patients that have a CT scan (effectively replacing the usual CT couch) so that for any fields that pass through the couch, the effects can be taken care of in Pinnacle.

Does anyone know if this is possible?

Kind regards

David

David Biggs
Chief Medical Physicist

East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
Sydney Adventist Hospital
' 0425 293486
* <mailto:dsbigg@smartchat.net.au> dsbiggs@smartchat.net.au

De:	Deshpande, Nigel
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: switching off phases in v7.4
Fecha:	martes, 07 de junio de 2005 14:09:05
Archivos adjuntos:	

We have just commissioned a new varian 2100CD with EDWs in v7.4.

We have a problem in that our planners usually plan multi phase treatments all in one trial so there are several prescriptions in a single trial. That way we can easily view the total treatment. To help them plan our planners switch off the trials they are not working on by setting the precribed dose to 0 Gy. We have been doing this with our elekta machines in v6.2b.

In v7.4 with an EDW field this is not possible as pinnacle has hard coded in it a minimum of 20 monitor units for an EDW field. So it is not possible to completely switch a prescription off as all the EDW beams from the prescriptions set to 0 Gy always contribute 20mu.

Does anyone else have this problem and have you found a good work around?

Nigel Deshpande
Cancer Treatment Centre
Royal Free Hospital
London, UK.
0207 794 0500 bleep 021

-----Original Message-----
From: Kevin Van Tilburg [mailto:VantilK@wahs.nsw.gov.au]
Sent: 07 June 2005 03:07
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Adding 2 CT data sets

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Hope this helps, Kevin

Kevin Van Tilburg

Director - Radiation Therapy
Nepean Cancer Care Centre
PO Box 63
Penrith, 2751
Sydney, NSW, Australia

Ph: 02) 4734 3511
Fax: 02) 4734 3570
Email: vantilk@wahs.nsw.gov.au

>>> dsbiggs@smartchat.net.au 06/07/05 11:23am >>>
Hi All

Is it possible to combine 2 CT data sets to then be able to plan on the summed data set?

We have new (solid) carbon fibre couches on our treatment machines but not on CT. We were hoping to scan the couch (with no patient on it) and then add this data set to all patients that have a CT scan (effectively replacing the usual CT couch) so that for any fields that pass through the couch, the effects can be taken care of in Pinnacle.

Does anyone know if this is possible?

Kind regards

David

David Biggs
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
Sydney Adventist Hospital
' 0425 293486

* dsbiggs@smartchat.net.au <mailto:dsbigg@smartchat.net.au>

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: switching off phases in v7.4
Fecha:	martes, 07 de junio de 2005 15:59:59
Archivos adjuntos:	

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De:	Deshpande, Nigel
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: switching off phases in v7.4
Fecha:	martes, 07 de junio de 2005 16:13:42
Archivos adjuntos:	

Hi Martin,

Yes, unfortunately it is hardcoded and not user editable - I checked with Philips.
Nigel
Cancer Treatment Centre
Royal Free Hospital
London, UK.
0207 794 0500 bleep 021

-----Original Message-----
From: Martin Fraser [mailto:mwfraser@comcast.net]
Sent: 07 June 2005 14:43
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: switching off phases in v7.4

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De:	Matthew McMullen
A:	mwfraser@comcast.net; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: switching off phases in v7.4
Fecha:	martes, 07 de junio de 2005 16:56:50
Archivos adjuntos:	

Hi Martin et al,

I guess the general question here is:

Is planning a parallel or a serial process? We believe planning should be a parallel process where reduced or boost fields are planned along with the beginning set of treatment fields. This concept is a struggle for some radiation oncologists & dosimetrists but always (I know a strong word) gives a better result.

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Losing clinical direction or ahead of *your* curve?

Matthew R. McMullen, MS DABR
Chief Clinical Medical Physicist
St Joseph's Mercy Hospital
Ann Arbor, MI
Phone (734) 712-3597
Pager (734) 670-6231
E-mail: McMullMR@trinity-health.org

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Cc:	
Asunto:	RE: switching off phases in v7.4
Fecha:	martes, 07 de junio de 2005 16:58:30
Archivos adjuntos:	

Hi

I agree. We also want to plan the boost fields along with the beginning set of treatment fields all in one trial. However, for purely practical reasons our planners find it much easier to plan a subsequent boost phase if they can switch the initial phase off. That way each phase can be planned separately but still in one single trial. So we want to view each phase separately in order to do the actual plan but then switch back on all prescriptions at the end so we can view all the phases of the patients treatment in its entirety. It this practical advantage that is lost when using EDWs in v7.4.

I hope this makes sense!
Nigel Deshpande
Cancer Treatment Centre
Royal Free Hospital
London, UK.
0207 794 0500 bleep 021

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From: Matthew McMullen [mailto:McMullMr@trinity-health.org]
Sent: 07 June 2005 15:32
To: mwfraser@comcast.net; pinnacle-users@explode.unsw.edu.au
Subject: RE: switching off phases in v7.4

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##

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: switching off phases in v7.4
Fecha:	martes, 07 de junio de 2005 17:02:52
Archivos adjuntos:	

At 10:31 AM 6/7/2005, Matthew McMullen wrote:
>Hi Martin et al,
>
>I guess the general question here is:
>
>Is planning a parallel or a serial process? We believe planning should

Well where I'm from, TREATMENT is a serial process.
I can produce a lovely total course plan showing first course, RF 1, RF2 etc - the big picture - but if I didn't look at DAILY dose from each individual course then I'd be making a big mistake.

If I'm treating FiF concomitant boost method then I only need look at one plan. if I'm changing fields mid course then I've got to look at each course individually. No paradigm shift, real or imagined, will excuse me from this diligence.

Too many centers do not routinely (or ever) perform composite plans and I have to believe that in some cases it's because it is not facile (I have seen this). Software is a tool, it oughta do what I want.

Thanks for the thoughts
Martin

>be a parallel process where reduced or boost fields are planned along
>with the beginning set of treatment fields. This concept is a struggle
>for some radiation oncologists & dosimetrists but always (I know a
>strong word) gives a better result.
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>process.
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>Losing clinical direction or ahead of *your* curve?
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>Matthew R. McMullen, MS DABR
>Chief Clinical Medical Physicist
>St Joseph's Mercy Hospital
>Ann Arbor, MI
>Phone (734) 712-3597
>Pager (734) 670-6231
>E-mail: McMullMR@trinity-health.org
>
>>>> mwfraser@comcast.net 6/7/2005 9:42:46 AM >>>
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>I hope someone will report that there are compensatory features which
>mitigate this problem.
>I'm waiting...   ;)
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>>Nigel Deshpande
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>>Royal Free Hospital
>>London, UK.
>>0207 794 0500 bleep 021
>>
>>
>>
>>
>>-----Original Message-----
>>From: Kevin Van Tilburg [mailto:VantilK@wahs.nsw.gov.au]
>>Sent: 07 June 2005 03:07
>>To: pinnacle-users@explode.unsw.edu.au
>>Subject: Re: Adding 2 CT data sets
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>>Kevin Van Tilburg
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>>Director - Radiation Therapy
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>>Sydney, NSW, Australia

>>
>>Ph: 02) 4734 3511
>>Fax: 02) 4734 3570
>>Email: vantilk@wahs.nsw.gov.au
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>>>>> dsbiggs@smartchat.net.au 06/07/05 11:23am >>>
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>>East Coast Medical Physics
>>Sydney Radiotherapy & Oncology Centre
>>Sydney Adventist Hospital
>>' 0425 293486
>>* dsbiggs@smartchat.net.au <mailto:dsbigg@smartchat.net.au>
>>
>>
>>
>>##
>>Attention:
>>This message is intended for the addresses named and may contain
>>confidential information. If you are not the intended recipient,
>please
>>delete it and notify the sender. Views expressed in this message are

>>those of the individual sender, and are not necessarily the views of
>>Wentworth Area Health Service.
>>
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>>This e-mail has been scanned for viruses
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De:	Cooper, Paul - SEQ
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: switching off phases in v7.4
Fecha:	martes, 07 de junio de 2005 17:08:46
Archivos adjuntos:	

A simple workaround is to set the number of fractions to 1, as well as the dose to 0 for the prescription you're not working on, then for the prescription you are working on set the number of fractions to be a large number, the max is 365. If you want the DVH numbers to be easily interpretable, just use a 10x or 20x for the number of fractions, so that, e.g, a cord dose of 45000 cGy or 90000 cGy really means 4500 cGy after you scale the fractions back. The 20 MU become insignificant.

Regards
Paul Cooper
Sequoia Hospital, Redwood City, CA

De:	Kasper Pasma
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RT plan export from Pinnacle 7.4f to Voxel: no isocenter!
Fecha:	martes, 07 de junio de 2005 17:20:02
Archivos adjuntos:	

We encountered a serious problem with Pinnacle 7.4f which we started using recently.

If we export a plan (using Dicom RT version 2.4d) to the Voxel (to generate DRR's) import fails since there is no isocenter defined in the Pinnacle file. The cell 300a, 0112c should contain the isocenter, but it is empty.

This problem doesn't occur when we use a plan generated using Pinnacle 6.2b.

I've contacted Philips, but no solution yet.

Is there a work around? Are there centers where this does work?

Probably this is an issue for everyone who uses something else than Pinnacle to generate DRR's (Voxel, AdvantageSim (GE), etc).

Thanks,

Kasper Pasma

K.L. Pasma, PhD
ARTI, Arnhem

##

De:	Cooper, Paul - SEQ
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: switching off phases in v7.4
Fecha:	martes, 07 de junio de 2005 17:24:56
Archivos adjuntos:	

Yes, each treatment delivered must be able to stand on its own as acceptable. The danger with parallel planning is that the deficincies of one phase may be masked, partially at least, by another phase, so that they are not seen.
I agree wholeheartedly that is good to plan the whole course of treatment at the outset, there are many advantages to this. However each phase should be individually optimized, so you know that every day the patient is getting an adequate treatment. When you look at the combined effect of all the phases, you might want to make some tweaks, and you can do that, usually it doesn't move each phase very far away from what you had before, still keeping each one within your bounds of acceptability.

Regards
Paul Cooper

-----Original Message-----
From: Deshpande, Nigel [mailto:Nigel.Deshpande@royalfree.nhs.uk]
Sent: Tuesday, June 07, 2005 7:50 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: switching off phases in v7.4

Hi

I agree. We also want to plan the boost fields along with the beginning set of treatment fields all in one trial. However, for purely practical reasons our planners find it much easier to plan a subsequent boost phase if they can switch the initial phase off. That way each phase can be planned separately but still in one single trial. So we want to view each phase separately in order to do the actual plan but then switch back on all prescriptions at the end so we can view all the phases of the patients treatment in its entirety. It this practical advantage that is lost when using EDWs in v7.4.

I hope this makes sense!

Nigel Deshpande
Cancer Treatment Centre
Royal Free Hospital
London, UK.
0207 794 0500 bleep 021

-----Original Message-----
From: Matthew McMullen [mailto:McMullMr@trinity-health.org]
Sent: 07 June 2005 15:32
To: mwfraser@comcast.net; pinnacle-users@explode.unsw.edu.au
Subject: RE: switching off phases in v7.4

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I agree tools in Pinnacle to merge plans/fields would be very helpful to add efficiency to our workflow...but, not to supplement a dated process.

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Matthew R. McMullen, MS DABR
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>To: pinnacle-users@explode.unsw.edu.au

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De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: switching off phases in v7.4
Fecha:	martes, 07 de junio de 2005 17:40:13
Archivos adjuntos:	

The dynamic wedge thing is a problem that has bitten us in the past. We have simply stopped using wedges (dynamic or hard) in planning opting to step-and-shoot all of our plans. Once the dosimetrists got the hang of it (1-2 weeks) it became routine. Treatments are quicker and the therapists love the fact that they don't have to go into the room to swap wedges. In fact, there are very few plans now that do not have at least 2 control points to homogenize the dose, and I don't plan on even modeling wedges on our newest machines.

AJ

Andrew O. Jones, PhD
System Director, Radiation Physics
Department of Radiation Oncology
Geisinger Medical Center
N. Academy Ave
Danville, PA 17822
570 271-6304

>>> Paul.Cooper@chw.edu 06/07/05 10:55 AM >>>
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A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: switching off phases in v7.4
Fecha:	martes, 07 de junio de 2005 18:10:55
Archivos adjuntos:	

To answer your questions, the problem of not able to zero MU for any fields using EDW is not new for V7.4. We used EDW for more than 3 years now and have gone through several version of Pinnacle. That is always the issue. Actually, the problem would remain even if you remove the EDW (changing to regular physical wedge or none) once you did compute. I have complained to ADAC repeatedly more since more than three years ago. It was simply not the high priority, with IMRT, dynamic MLC plan, and other IMRT tools ADAC wants to add and sell, similarly to DICOMRT image export capability. Maybe it would be changed if more ADAC customer ask for it.

My only work around is already mentioned by someone else (zero dose as well as decreasing the fraction to one and increasing the fraction of concerned treatment to 300 or more), or simply copy to another trial and delete all other beams which can be major pain to do.

Shengzhang Tang, Ph.D., DABR
Medical Physicist
Radiation Oncology and Radiology
Berkshire Medical Center

-----Original Message-----
From: Deshpande, Nigel [mailto:Nigel.Deshpande@royalfree.nhs.uk]
Sent: Tuesday, June 07, 2005 10:50 AM
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>London, UK.
>0207 794 0500 bleep 021
>
>
>
>
>-----Original Message-----
>From: Kevin Van Tilburg [mailto:VantilK@wahs.nsw.gov.au]
>Sent: 07 June 2005 03:07
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Re: Adding 2 CT data sets
>
>
>David,
>
>It might be easier to outline the new couch as a structure. The new ROI can
>then be imported onto any data set you want. Then you can override the
>density of this ROI which will achieve two things, first, give the correct
>density of your couch, second, override the CT couch which would otherwise
>be in the way. The only problem I can think of is that you will need to
>move/edit the couch on every slice, unless the couchtop is uniform
>throughout, then you can move the first and last slices and interpolate
>inbetween.
>
>Hope this helps, Kevin
>
>Kevin Van Tilburg
>
>Director - Radiation Therapy
>Nepean Cancer Care Centre
>PO Box 63
>Penrith, 2751
>Sydney, NSW, Australia

>
>Ph: 02) 4734 3511
>Fax: 02) 4734 3570
>Email: vantilk@wahs.nsw.gov.au
>
>>>> dsbiggs@smartchat.net.au 06/07/05 11:23am >>>
>Hi All
>
>Is it possible to combine 2 CT data sets to then be able to plan on
the
>summed data set?
>
>We have new (solid) carbon fibre couches on our treatment machines but
not
>on CT. We were hoping to scan the couch (with no patient on it) and
then add
>this data set to all patients that have a CT scan (effectively
replacing the
>usual CT couch) so that for any fields that pass through the couch,
the
>effects can be taken care of in Pinnacle.
>
>Does anyone know if this is possible?
>
>Kind regards
>
>David
>
>
>
>
>David Biggs
>Chief Medical Physicist
>East Coast Medical Physics
>Sydney Radiotherapy & Oncology Centre
>Sydney Adventist Hospital
>' 0425 293486
>* dsbiggs@smartchat.net.au <mailto:dsbigg@smartchat.net.au>
>
>
>
>###
>Attention:

>This message is intended for the addresses named and may contain
>confidential information. If you are not the intended recipient,
please
>delete it and notify the sender. Views expressed in this message are
>those of the individual sender, and are not necessarily the views of
>Wentworth Area Health Service.
>
>
>This e-mail has been scanned for viruses
>###
>
>
>###
>To unsubscribe (yourself or other account) from the pinnacle-users
mailing
>list, send the message unsubscribe pinnacle-users <e-mail address> to
>majordomo@explode.unsw.edu.au.
>
>Note: To avoid non-delivery error messages being sent to all list
members,
>the list has been configured so that messages can only be sent from a
>subscribed account. Messages sent from a users secondary account will
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>distributed unless that account is also subscribed.
>###
>
>
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##

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: switching off phases in v7.4
Fecha:	martes, 07 de junio de 2005 18:13:58
Archivos adjuntos:	

Thank you Paul.
Now I hope that Pinnacle Product managers are reading your post and begin to understand that if a routine and important task require such a Work-Around, there is a problem with the product

On the question of whether control points would obviate wedges entirely, I do not see an advantage to my clinic in removing one tool from the quiver. I have physical wedges, EDW, and IMRT and we find occasion to use each.

Martin

At 10:55 AM 6/7/2005, Cooper, Paul - SEQ wrote:
>A simple workaround is to set the number of fractions to 1, as well as the
>dose to 0 for the prescription you're not working on, then for the
>prescription you are working on set the number of fractions to be a large
>number, the max is 365. If you want the DVH numbers to be easily
>interpretable, just use a 10x or 20x for the number of fractions, so that,
>e.g, a cord dose of 45000 cGy or 90000 cGy really means 4500 cGy after you
>scale the fractions back. The 20 MU become insignificant.
>
>Regards
>Paul Cooper
>Sequoia Hospital, Redwood City, CA
>
>
>
>
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De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: switching off phases in v7.4
Fecha:	martes, 07 de junio de 2005 20:05:37
Archivos adjuntos:	

I guess the idea of using control points is not removing a tool, merely replacing it with a better, more efficient one. I would be suprised to see a plan that had a better dose distribution with EDW or wedges than with control points since now you are infinitely modulating the beam in 2 dimensions rather than statically in just one.

AJ

>>> mwfraser@comcast.net 06/07/05 12:03 PM >>>
Thank you Paul.
Now I hope that Pinnacle Product managers are reading your post and begin to understand that if a routine and important task require such a Work-Around, there is a problem with the product

On the question of whether control points would obviate wedges entirely, I do not see an advantage to my clinic in removing one tool from the quiver. I have physical wedges, EDW, and IMRT and we find occasion to use each.

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subscribed.
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De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: switching off phases in v7.4
Fecha:	martes, 07 de junio de 2005 20:39:45
Archivos adjuntos:	

At 01:35 PM 6/7/2005, you wrote:
>I guess the idea of using control points is not removing a tool, merely
>replacing it with a better, more efficient one.

What I said was eliminating wedges (either physical or dynamic) is removing a tool and I would not endorse that.
I can easily show you a plan that looks better with wedges than with 'a couple' of control points. Now if you wish to turn every case into IMRT (either forward or inverse) - whenever we decide that we cross that line, then I have a problem with that.

A simple tangent breast is quite well served by wedged fields. I might add a mod field (or FiF or patch - we need some consistent parlance :))or two to mitigate a hot spot but I have still preserved some simplicity and not performed a needless IMRT. (I don't want to get off on the Breast IMRT debate 'tangent', just using it as an example)

Planning and treatment is made more efficient and not meaningfully less homogenous or conformal by having control points AND wedges to use as the Dosimetrist sees fit - IMHO.

> I would be suprised to
>see a plan that had a better dose distribution with EDW or wedges than
>with control points since now you are infinitely modulating the beam in
>2 dimensions rather than statically in just one.
>
>AJ

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##

De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: RT plan export from Pinnacle 7.4f to Voxel: no isocenter!
Fecha:	martes, 07 de junio de 2005 22:23:29
Archivos adjuntos:	

Kasper and all:

This item, isocenter position, (300A,012C) is a type 2C data element, meaning that it is conditionally required, and if present may be blank.
This is the difference between a type 1 element and a type 2 element.
Type 1 data elements are not permitted to be blank (i.e. 0 length).
So an empty value conforms with the DICOM spec. From the description you give, the Pinnacle software is in compliance with DICOM, and the the VoxelQ is NOT. Just a side note, this is not the first time I have seen non-conforming behavior in VoxelQ software, nor is the VoxelQ the only one. Complain to the VoxelQ vendor (isn't that also Philips??).

Ira Kalet

Kasper Pasma wrote:
> We encountered a serious problem with Pinnacle 7.4f which we started
> using recently.
>
> If we export a plan (using Dicom RT version 2.4d) to the Voxel (to
> generate DRR's) import fails since there is no isocenter defined in the
> Pinnacle file. The cell 300a, 0112c should contain the isocenter, but it
> is empty.
>
> This problem doesn't occur when we use a plan generated using Pinnacle
> 6.2b.
>
> I've contacted Philips, but no solution yet.
>
> Is there a work around? Are there centers where this does work?
>
> Probably this is an issue for everyone who uses something else than
> Pinnacle to generate DRR's (Voxel, AdvantageSim (GE), etc).
>
> Thanks,

>
> Kasper Pasma
>
>
> K.L. Pasma, PhD
> ARTI, Arnhem
>
>
>

##
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account will not be distributed unless that account is also subscribed.
##

De:	Goodwin, James H.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle and RadCalc
Fecha:	martes, 07 de junio de 2005 22:30:20
Archivos adjuntos:	

We've been using RadCalc as a second check on our IMRT MU calculations. When we were using 6.2, the RadCalc MU's were typically 5% lower than the Pinnacle MU's. With 7.4, we're seeing great agreement between the two... except for one or two fields per plan where the RadCalc MU's are higher by as much as 30%. It seems to be an all or nothing phenomenon: either they agree nicely or are way off. The only characteristic that I can identify about the fields that have disagreement is that they have a calc point that is either under a leaf for most control points or is at the edge of a leaf for many control points.

Any ideas? Similar experiences?

Thanks.

Jim Goodwin
Fletcher Allen Health Care
Burlington VT 05401
802 847 2896

De:	Karen Breitman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: switching off phases in v7.4
Fecha:	martes, 07 de junio de 2005 22:32:41
Archivos adjuntos:	

Hello All:
As has been discussed, it is very important to be able to switch off the contributions from multiple phase treatments in order to evaluate the dose distribution from a single phase. However I feel strongly that we should be able to do this by simply turning a prescription on or off. The way we have to do it now by editing the prescription could lead to treatment errors if the prescription is not typed back in correctly. The workarounds being suggested for the EDW problem are making a bad situation worse.
Karen

Karen Breitman
Senior Medical Physicist
Tom Baker Cancer Center
Calgary, Alberta

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: switching off phases in v7.4
Fecha:	martes, 07 de junio de 2005 23:11:08
Archivos adjuntos:	

Interesting discussion on planning multiple stages. I for one whish our Rad Oncs would plan ahead in some cases. However, there are cases where I think it is not correct to plan all up-front i.e. lung tumors that respond to radiation during the course of radiation therapy. I think it is a mistake to, out of convenience, plan everything up-front without consideration for what is happening biologically.

However, when planning can be done up-front I don't see how putting everything into a single trial is convenient or even desired. For instance, some of our prostate patients here start with a 4 field or 6 field and eventually receive an IMRT plan. We start with the 4-field in one trial. Then that is copied into an imrt trial. When imrt planning is complete the trial is copied again. This second copy becomes the composite trial. The first copy thus becomes just imrt and the 4 field beams are deleted. It takes an whopping 60 seconds to delete 4 non imrt beams and its Rx. The copying process takes probably 120 seconds. Additionally, if you never create a trial with just the beams you want to treat at that particular time then what do you print out? All 20 beams? Seems like a waste. This method also eliminates the issue of 0 MU for beams with EDWs.

With all that being said, I would like to see a feature whereby you can "easily" import previous treatment fields.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle and RadCalc
Fecha:	martes, 07 de junio de 2005 23:12:38
Archivos adjuntos:	

Check the absolute dose to the calc point for that field. The MU and dose may be off by 30% but the absolute dose difference may be very small (1 vs 1.3 cGy). This has been our experience.

AJ

Andrew O. Jones, PhD
System Director, Radiation Physics
Department of Radiation Oncology
Geisinger Medical Center
N. Academy Ave
Danville, PA 17822
570 271-6304

>>> James.Goodwin@vtmednet.org 06/07/05 4:25 PM >>>
We've been using RadCalc as a second check on our IMRT MU calculations.
When we were using 6.2, the RadCalc MU's were typically 5% lower than the Pinnacle MU's. With 7.4, we're seeing great agreement between the two...except for one or two fields per plan where the RadCalc MU's are higher by as much as 30%. It seems to be an all or nothing phenomenon:
either they agree nicely or are way off. The only characteristic that I
can identify about the fields that have disagreement is that they have a
calc point that is either under a leaf for most control points or is at
the edge of a leaf for many control points.

Any ideas? Similar experiences?

Thanks.

Jim Goodwin
Fletcher Allen Health Care
Burlington VT 05401
802 847 2896

De:	Kevin Van Tilburg
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: switching off phases in v7.4
Fecha:	miércoles, 08 de junio de 2005 0:40:09
Archivos adjuntos:	

"However, when planning can be done up-front I don't see how putting everything into a single trial is convenient or even desired. Additionally, if you never create a trial with just the beams you want to treat at that particular time then what do you print out? All 20 beams? Seems like a waste.

It sounds like eventually you would be printing out all 20 beams anyway, phase 1 printed, treated, then phase 2 printed, treated. Would you then print out a composite?? Twice or three times the work of centres that just print out the composite plan, with all prescriptions turned on, in one go and treat off of that. We would certainly evaluate each phase individually on screen, but once done the composite is the only plan left on the computer and the only plan printed out.

The only work around I can think of for the EDW 20 mu problem is to plan everything with physical wedges (slight difference in build up region, but very similar distribution) this will allow you to give 0 mu's, and when the final plan is OK, convert your beams to EDW. Admittedly, we have been using 7.4 for a few months, but have not noticed or come across this scenario, ver 7.6 is coming soon, I don't believe this problem is fixed as well.

Kevin Van Tilburg

Director - Radiation Therapy
Nepean Cancer Care Centre
PO Box 63
Penrith, 2751
Sydney, NSW, Australia

Ph: 02) 4734 3511
Fax: 02) 4734 3570
Email: vantilk@wahs.nsw.gov.au

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	EDW
Fecha:	miércoles, 08 de junio de 2005 22:21:55
Archivos adjuntos:	

Hello All,

The switching off of the EDW and/or the minimum MU setting has been reported on numerous occasions, and I am working with engineering to find out where it is in our future plans to fix.

I suspect that in version 8.0, most of the outstanding issues will be resolved.

For now, one possible workaround is in the choosing of "warn but allow" or "warn and limit" in the machine editor in physics. The problem is that since EDWs have minimum MU settings (found in the wedge editor), the choice of what to do if this number is violated is tied to the overall limit handling, as opposed to having its own parameters.

If you want to be able to zero out a prescription so that you can look at only a subset of beams, you will need to set the limits to "warn but allow". This will outline the beam in RED but the MUs should still be able to go to zero. I just had this tested in the last two versions of Pinnacle and it seems to work.

Of course this means that your planning will staff will be able to exceed the maximum MUs for a beam, but again, the beam will be outlined in RED and there will be comments on the plan print out.

So the two bugs here are the "sticky" EDW/VW limits, and the fact that the EDW/VW do not have their own decision logic for minimum MUs.

I hope that this helps!

Marc Mlyn
Sr. Manager, Philips Radiation Oncology Systems

De:	Alberto Pérez Rozos
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: switching off phases in v7.4
Fecha:	miércoles, 08 de junio de 2005 22:48:12
Archivos adjuntos:	

I'm now commissioning the EDW on a Varian 600C with V7.4f and I don't find this problem. (and neither with 6.2 version and Varian 2100)
What I do is set the "Minimun deliverable MU" to 0 in the "Edit Golden ST Table" menu.
I have found that if I go out of the Physics module the program reset the value of "Minimun deliverable MU" to the default value of 20, but if we set that value to 0, just before commissioning, Pinnacle use the 0 value when planning and we'll be able to switch off a phase putting 0 dose.

Regards,

Alberto Perez
Medical Physicist
Hospital Clinico Virgen de la Victoria
Malaga (Spain)

De: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **En nombre de** Tang ShengZhang
Enviado el: martes, 07 de junio de 2005 18:00
Para: 'pinnacle-users@explode.unsw.edu.au'
Asunto: RE: switching off phases in v7.4

To answer your questions, the problem of not able to zero MU for any fields using EDW is not new for V7.4. We used EDW for more than 3 years now and have gone through several version of Pinnacle. That is always the issue. Actually, the problem would remain even if you remove the EDW (changing to regular physical wedge or none) once you did compute. I have complained to ADAC repeatedly more since more than three years ago. It was simply not the high priority, with IMRT, dynamic MLC plan, and other IMRT tools ADAC wants to add and sell, similarly to DICOMRT image export capability. Maybe it would be changed if more ADAC customer ask for it.

My only work around is already mentioned by someone else (zero dose as well as decreasing the fraction to one and increasing the fraction of concerned treatment to 300 or more), or simply copy to another trial and delete all other beams which can be major pain to do.

Shengzhang Tang, Ph.D., DABR
Medical Physicist
Radiation Oncology and Radiology
Berkshire Medical Center

-----Original Message-----
From: Deshpande, Nigel [mailto:Nigel.Deshpande@royalfree.nhs.uk]
Sent: Tuesday, June 07, 2005 10:50 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: switching off phases in v7.4

Hi

I agree. We also want to plan the boost fields along with the beginning set of treatment fields all in one trial. However, for purely practical reasons our planners find it much easier to plan a subsequent boost phase if they can switch the initial phase off. That way each phase can be planned separately but still in one single trial. So we want to view each phase separately in order to do the actual plan but then switch back on all prescriptions at the end so we can view all the phases of the patients treatment in its entirety. It this practical advantage that is lost when using EDWs in v7.4.

I hope this makes sense!
Nigel Deshpande
Cancer Treatment Centre
Royal Free Hospital
London, UK.
0207 794 0500 bleep 021

-----Original Message-----
From: Matthew McMullen [mailto:McMullMr@trinity-health.org]
Sent: 07 June 2005 15:32
To: mwfraser@comcast.net; pinnacle-users@explode.unsw.edu.au
Subject: RE: switching off phases in v7.4

Hi Martin et al,

I guess the general question here is:

Is planning a parallel or a serial process? We believe planning should be a parallel process where reduced or boost fields are planned along with the beginning set of treatment fields. This concept is a struggle for some radiation oncologists & dosimetrists but always (I know a strong word) gives a better result.

I agree tools in Pinnacle to merge plans/fields would be very helpful to add efficiency to our workflow...but, not to supplement a dated process.

Losing clinical direction or ahead of *your* curve?

Matthew R. McMullen, MS DABR
Chief Clinical Medical Physicist
St Joseph's Mercy Hospital
Ann Arbor, MI
Phone (734) 712-3597
Pager (734) 670-6231
E-mail: McMullMR@trinity-health.org

>>> mwfraser@comcast.net 6/7/2005 9:42:46 AM >>>
I've always found it a shortcoming that composite plans are not a 'natural' feature in Pinnacle - a serious design oversight IMHO. (Composites, of course, are possible but generally require copies of trials, turning on and off Rx's, etc. Not too cumbersome, but not an explicit feature)

Now the 'reported feature' of forcing me to remember that EDW's have minimum MU's - at the expense of Rx zeroing capability - is compounding the problem. (I've not commissioned 7.4 yet) Is this really hardcoded, or is the min MU specified in wedge definitions?

If not, he product is loosing clinical direction, a bad sign.

I hope someone will report that there are compensatory features which mitigate this problem.
I'm waiting... ;)

Martin

At 08:01 AM 6/7/2005, you wrote:
>We have just commissioned a new varian 2100CD with EDWs in v7.4.
>
>We have a problem in that our planners usually plan multi phase
treatments
>all in one trial so there are several prescriptions in a single trial.
That
>way we can easily view the total treatment. To help them plan our
planners
>switch off the trials they are not working on by setting the precribed
dose
>to 0 Gy. We have been doing this with our elekta machines in v6.2b.
>
>In v7.4 with an EDW field this is not possible as pinnacle has hard
coded in
>it a minimum of 20 monitor units for an EDW field. So it is not
possible to
>completely switch a prescription off as all the EDW beams from the
>prescriptions set to 0 Gy always contribute 20mu.
>
>Does anyone else have this problem and have you found a good work
around?
>
>Nigel Deshpande
>Cancer Treatment Centre
>Royal Free Hospital
>London, UK.
>0207 794 0500 bleep 021
>
>
>
>
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>Sent: 07 June 2005 03:07
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Re: Adding 2 CT data sets
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>throughout, then you can move the first and last slices and interpolate
>inbetween.
>
>Hope this helps, Kevin
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>Kevin Van Tilburg
>
>Director - Radiation Therapy
>Nepean Cancer Care Centre
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>Sydney, NSW, Australia
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>Ph: 02) 4734 3511
>Fax: 02) 4734 3570
>Email: vantilk@wahs.nsw.gov.au
>
>>>> dsbiggs@smartchat.net.au 06/07/05 11:23am >>>
>Hi All
>
>Is it possible to combine 2 CT data sets to then be able to plan on the
>summed data set?
>
>We have new (solid) carbon fibre couches on our treatment machines but not
>on CT. We were hoping to scan the couch (with no patient on it) and then add
>this data set to all patients that have a CT scan (effectively replacing the
>usual CT couch) so that for any fields that pass through the couch,

the
>effects can be taken care of in Pinnacle.
>
>Does anyone know if this is possible?
>
>Kind regards
>
>David
>
>
>
>
>David Biggs
>Chief Medical Physicist
>East Coast Medical Physics
>Sydney Radiotherapy & Oncology Centre
>Sydney Adventist Hospital
>' 0425 293486
>* dsbiggs@smartchat.net.au <mailto:dsbigg@smartchat.net.au>
>
>
>
>##
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>confidential information. If you are not the intended recipient,
please
>delete it and notify the sender. Views expressed in this message are
>those of the individual sender, and are not necessarily the views of
>Wentworth Area Health Service.
>
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>
>
>##
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mailing
>list, send the message unsubscribe pinnacle-users <e-mail address> to
>majordomo@explode.unsw.edu.au.
>
>Note: To avoid non-delivery error messages being sent to all list

members,
>the list has been configured so that messages can only be sent from a
>subscribed account. Messages sent from a users secondary account will
not be
>distributed unless that account is also subscribed.
>##
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##

De:	Jerry White
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Mri import to pinnacle
Fecha:	viernes, 10 de junio de 2005 5:39:28
Archivos adjuntos:	

Sorry, late response to this thread.

If you open the DICOM files and inspect all the fields you can find the inconsistent pixel size numbers in the data set that GE exports. Look at 0028,0030 "pixel spacing" parameter. That's not much help, as it would be a lot of trouble to change each manually. The fix we use is to send the images from the GE MRI to our GE Light Speed CT scanner, then send them from the Light Speed to Pinnacle.

One more vindication of my theory that DICOM is designed for optimal performance only when used in early December within 500 meters of Lake Michigan.

Jerry White

Krzysik, Joe wrote:

> good morning
> thank you for your responses
> we are currently using dicom 4.0g with v6.2 planning software
> keep getting the message about the field of view, the imported dicom
> images contain different pixel sizes
> it keeps throwing us out, spoke with adac and was told for every number
> in every slice has to be identical
> for 5 decimal places
>
> i was with the GE serviceman at the mri, sent one axial, went thru
> tried two, got error
> tried sending sagittals, they went thru
> tried sending thru, three point placement, they went thru
> looked at the header for this "5 decimal place number", couldn't find it
> went thru the errors reports, none coming from adac
>

> so if someone could please explain how to inspect the pixel image size
> also is there a procedure to use dicomworks to edit the header
> speaking of the header, where would it be edited mri, adac, pacs?
> thanks again
> joe
>
>
>
> _
>
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>
>

De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Mri import to pinnacle
Fecha:	viernes, 10 de junio de 2005 6:01:15
Archivos adjuntos:	

Sorry but this is NOT a problem with DICOM, it is a problem with incompatibility between what the GE MRI sends and what Pinnacle is capable of handling. Both are DICOM compliant. Don't shoot the messenger (DICOM in this case).

Ira Kalet

Jerry White wrote:
> Sorry, late response to this thread.
>
> If you open the DICOM files and inspect all the fields you can find the
> inconsistent pixel size numbers in the data set that GE exports. Look at
> 0028,0030 "pixel spacing" parameter. That's not much help, as it would
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> performance only when used in early December within 500 meters of Lake
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>
> Jerry White
>
>
>
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##

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Hard wedge and depth dose
Fecha:	martes, 14 de junio de 2005 0:01:29
Archivos adjuntos:	

Dear all,

I am in the process of doing beam modelling for an Elekta SL-20 and an Elekta 75-5 tuned for 4 MV. As you of course know the Elekta machines are using motorized wedges. I have had some problems getting the depth doses acceptable for all depths including the build up zone for the wedges. During my search for an acceptable solution I have tried to calculate the depth doses corresponding to a mono-energetic beam. This is easily done by setting all depth dose bins to zero except for one. Doing so the low energy bins 0.1 MeV to 0.8 MeV seems to be quite strange for the motorized wedge for large fields (ex. 30x30). The calculated mono-energetic depth doses for these low energy bins has more than one maximum (the depth dose curve is oscillating) which do not seem to be physical correct.

Actually I have had this problem for quite some years but have just neglected it. I have now started to make the models for version 7.4 which is the reason that the problem surface again. Do you have any comments on these strange depth doses which I assume is a well know problem for a hard wedge.

I assume that the most physical correct model is obtained by setting the low energy bins to zero since their contribution to the overall model is not correct. Do you find this assumption correct?

Any help will be appreciated

Carsten Brink

==========

Ph.D.
Carsten Brink
Radiofysisk laboratorium / Laboratory of radiation physics
Odense Universitetshospital / Odense University Hospital

DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 19
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	Pamela Akazawa
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DICOM RT
Fecha:	martes, 14 de junio de 2005 18:03:08
Archivos adjuntos:	

We just started sending plans to LANTIS 6.1 from Pinnacle 7.6 via DICOM RT and we think some features were left out. We would like to be able to create a course number and the prescription does not seem to go over. Any suggestions? Does anyone else send via DICOM RT? How do you handle multiple courses and different prescriptions?

Thanks
Pam

Pamela F. Akazawa CMD
UCSF Radiation Oncology
1600 Divisadero St H-1031
San Francisco, CA 94115
415-353-7198
415-719-3504 (pager)
415-353-9883 (fax)

sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DICOM RT
Fecha:	martes, 14 de junio de 2005 18:32:10
Archivos adjuntos:	

We export to IMPAC and only the field (minus table parameters) info goes over.

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Pamela Akazawa
Sent: Tue 6/14/2005 11:55 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: DICOM RT

We just started sending plans to LANTIS 6.1 from Pinnacle 7.6 via DICOM RT and we think some features were left out. We would like to be able to create a course number and the prescription does not seem to go over. Any suggestions? Does anyone else send via DICOM RT? How do you handle multiple courses and different prescriptions?

Thanks
Pam

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UCSF Radiation Oncology
1600 Divisadero St H-1031
San Francisco, CA 94115
415-353-7198
415-719-3504 (pager)
415-353-9883 (fax)

De:	Harvey Gotts
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Replace old Lexmark Optra 45 printer
Fecha:	martes, 14 de junio de 2005 20:03:46
Archivos adjuntos:	

We are looking for a short-term/inexpensive replacement for our Lexmark Optra 45 color printer. This old printer is giving us problems (not printing B&W headers, etc). Philips tells us our only option is to purchase a Ricoh 7000 printer from them. (We do not carry a service contract.) Has anyone replaced their color printer independently of Philips? Did you have issues with your IT dept?

Your advice is appreciated.

De:	Plenkovich, Dinko PhD
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	"HGOTTS@nbhd.org";
Asunto:	RE: Replace old Lexmark Optra 45 printer
Fecha:	martes, 14 de junio de 2005 20:23:29
Archivos adjuntos:	

Harvey,
Hewlett Packard Color LaserJet 4550N works for us. Biomedical Engineering maintains this printer much better than the IT department.
Dinko

> -----Original Message-----
> **From:** Harvey Gotts [mailto:HGOTTS@nbhd.org]
> **Sent:** Tuesday, June 14, 2005 12:51 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Replace old Lexmark Optra 45 printer
>
> We are looking for a short-term/inexpensive replacement for our Lexmark Optra 45 color printer. This old printer is giving us problems (not printing B&W headers, etc). Philips tells us our only option is to purchase a Ricoh 7000 printer from them. (We do not carry a service contract.) Has anyone replaced their color printer independently of Philips? Did you have issues with your IT dept?
>
> Your advice is appreciated.
>
>

De:	Robert Costa
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	CT Simulation CPT Codes
Fecha:	martes, 14 de junio de 2005 20:30:34
Archivos adjuntos:	

Hello All,

I am in need of any current information on CT Sim billable CPT Codes, specifically for a hospital base, Medicare billable codes. Can anyone share what codes and current amounts are being billed ??

The only codes I know of are: 76370 @ $97.00 and 76375 @ $97.00

Thanks

Robert Costa

De:	Clay Stablein
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Replace old Lexmark Optra 45 printer
Fecha:	martes, 14 de junio de 2005 20:54:49
Archivos adjuntos:	

Harvey,

Our Lexmark finally died at the end of last year in late November. I called our IT dept. about purchasing and hooking up the RICOH. The found it for just under $3000.00 from

PC Connections
Route 101A 730 Milford
Merrimack, NH 03054-4631.
(800) 800 0014 (voice)
(603) 683 0289 (fax)
Attn: William Rostron @ ext. 33172

But, our IT guys didn't want to touch it. I was lucky and was able to get it to print by simply programming Lexmark's IP in it!

Wow those RICOH pictures are fabulous! Don't sell yourself short. Go for the Ricoh!

Good luck.

Clay.

Harvey Gotts <HGOTTS@nbhd.org> wrote:

> We are looking for a short-term/inexpensive replacement for our Lexmark Optra 45 color printer. This old printer is giving us problems (not printing B&W headers, etc). Philips tells us our only option is to purchase a Ricoh 7000 printer from them. (We do not carry a service contract.) Has anyone replaced their color printer independently of Philips? Did you have issues with your IT dept?
>
> Your advice is appreciated.
>
>

De: Eagle, Anton L
A: "pinnacle-users@explode.unsw.edu.au";
Cc:
Asunto: RE: Replace old Lexmark Optra 45 printer
Fecha: martes, 14 de junio de 2005 21:12:54
Archivos adjuntos:

We have multiple clinics that we cover... two with HPs (a 4500 and a 4600), and one with a Ricoh 3800. I intensely dislike the Ricoh... it's warm up time is extreme, and it's reliability has not been very good. Also, it's print quality is not any better than the HPs. The two HPs that we have are work-horses... great print quality, and very good reliability. I would say go for the HP.

Anton Eagle

From: Harvey Gotts [mailto:HGOTTS@nbhd.org]
Sent: Tuesday, June 14, 2005 11:51 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Replace old Lexmark Optra 45 printer

We are looking for a short-term/inexpensive replacement for our Lexmark Optra 45 color printer. This old printer is giving us problems (not printing B&W headers, etc). Philips tells us our only option is to purchase a Ricoh 7000 printer from them. (We do not carry a service contract.) Has anyone replaced their color printer independently of Philips? Did you have issues with your IT dept?

Your advice is appreciated.

De: Thompson, Stephen K
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: Replace old Lexmark Optra 45 printer
Fecha: martes, 14 de junio de 2005 22:34:17
Archivos adjuntos:

We don't have a hardware contract either and replaced our color printer with an HP Color Laserjet 4600. The only drawback with that solution is that it only prints 8.5x11 but that's all we use anyway.

We wanted to use HP since that is what our IT department uses. And it works flawlessly.

I wrote down the steps I took to install the printer if you need/want it.

Steve T

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au on behalf of Harvey Gotts
> **Sent:** Tue 6/14/2005 10:50 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Cc:**
> **Subject:** Replace old Lexmark Optra 45 printer
>
> We are looking for a short-term/inexpensive replacement for our Lexmark Optra 45 color printer. This old printer is giving us problems (not printing B&W headers, etc). Philips tells us our only option is to purchase a Ricoh 7000 printer from them. (We do not carry a service contract.) Has anyone replaced their color printer independently of Philips? Did you have issues with your IT dept?
>
> Your advice is appreciated.

De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Replace old Lexmark Optra 45 printer
Fecha:	martes, 14 de junio de 2005 23:24:16
Archivos adjuntos:	

I agree with Clay. We used to print our plans to the old Lexmark printers and to a HP laserjet printer. We recently installed two of the new Richo 7000's. The print quality and speed is far superior to the other printers we have used. The improvement in DRR quality is especially impressive. It is unfortunate Philips puts such a large markup on hardware which they just purchase from another vendor. They claim it costs them money to have these printers approved and tested as part of the treatment planning system, but it seems like we pay enough for the software maintenance contract that they could just do a "pass through" for hardware like the printers?

Joe Herrick
Reno, NV

>From: Clay Stablein <radoncphys2@yahoo.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Re: Replace old Lexmark Optra 45 printer
>Date: Tue, 14 Jun 2005 11:42:52 -0700 (PDT)
>
>Harvey,
>
>Our Lexmark finally died at the end of last year in late November. I
>called our IT dept. about purchasing and hooking up the RICOH. The found
>it for just under $3000.00 from
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>Attn: William Rostron @ ext. 33172
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>But, our IT guys didn't want to touch it. I was lucky and was able to get
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>the Ricoh!
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>Good luck.
>
>Clay.
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>Harvey Gotts <HGOTTS@nbhd.org> wrote:We are looking for a
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>This old printer is giving us problems (not printing B&W headers, etc).
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>color printer independently of Philips? Did you have issues with your IT
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>Your advice is appreciated.
>
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##

De:	Emari Linde
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle installation: physical wedge info
Fecha:	miércoles, 15 de junio de 2005 10:43:59
Archivos adjuntos:	

Greetings from deepest darkest Africa!

We are in the process of installing/commissioning Pinnacle3 - great stuff!

Our linac is a Varian 2100C/200CR with Millennium 120 retrofit; using upper wedge tray.
We just can't seem to get hold of the physical wedge information we need. For modelling, we need the physical density and the physical dimensions (a drawing discribing the length etc. with the central axis indicated clearly).

Any help will be much appreciated!

Thanks
Emari - from Durban, South Africa

De:	Deshpande, Nigel
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: DICOM RT
Fecha:	miércoles, 15 de junio de 2005 12:41:20
Archivos adjuntos:	

Dear Pam

We export using DicomRT to VARiS v7. For multi phase treatments we plan with several prescriptions in one trial. For export we create a trial per prescription and export each trial seperately. They come up as separate plan objects at the VARiS end. It would be nice if the VARiS dicom server understood multiple prescription groups.

Nigel Deshpande
Cancer Treatment Centre
Royal Free Hospital
London, UK.
0207 794 0500 bleep 021

-----Original Message-----
From: Pamela Akazawa [mailto:pakazawa@radonc17.ucsf.EDU]
Sent: 14 June 2005 16:55
To: pinnacle-users@explode.unsw.edu.au
Subject: DICOM RT

We just started sending plans to LANTIS 6.1 from Pinnacle 7.6 via DICOM RT and we think some features were left out. We would like to be able to create a course number and the prescription does not seem to go over. Any suggestions? Does anyone else send via DICOM RT? How do you handle multiple courses and different prescriptions?

Thanks
Pam

Pamela F. Akazawa CMD
UCSF Radiation Oncology
1600 Divisadero St H-1031

San Francisco, CA 94115
415-353-7198
415-719-3504 (pager)
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De:	Emari Linde
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Export to Varis ..
Fecha:	miércoles, 15 de junio de 2005 15:57:18
Archivos adjuntos:	

Hi again,

Has anyone been able to Export to Varis (we have version 1.4), from Pinnacle (V7.6), without using Dicom RT? (Apparently the export file format is also different for MLC linacs as in our case).

Emari

De:	Jerry White
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: CT Simulation CPT Codes
Fecha:	miércoles, 15 de junio de 2005 20:22:12
Archivos adjuntos:	

HI Robert!!

For a really nice guide to all the billing issues, you should purchase a copy of the ACR/ASTRO coding guide. YOu can get it either through ACR or ASTRO and it's well worth the cost.

Jerry White

Robert Costa wrote:
> Hello All,
>
> I am in need of any current information on CT Sim billable CPT
> Codes, specifically for a hospital base, Medicare billable codes. Can
> anyone share what codes and current amounts are being billed ??
>
> The only codes I know of are: 76370 @ $97.00 and 76375 @ $97.00
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> Thanks
>
> Robert Costa
>
>

sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Candace Crowell
A:	users list Adac;
Cc:	
Asunto:	prostate imrt w bilat hip prostheses
Fecha:	jueves, 16 de junio de 2005 0:09:45
Archivos adjuntos:	

Hello - has anyone had any luck w planning an imrt prostate w bilat hip prostheses? The pt has an area betw the hips measuring 12 X 3.5 cm2 covering at least 10 slices, all w a density = air. Then throughout the rest of the pt, there are severe artifacts off the metal. We tried a diamond technique, but the rectal dose is not acceptable. Any suggestions? The doc has drawn an imaginary prostate (my words) b/c you can't see anything!! I've tried to dissuad him; to no avail as yet. How can I get a good plan that is real?

Thanks in advance,

Candace

De:	Therezo, ET
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: prostate imrt w bilat hip prostheses
Fecha:	jueves, 16 de junio de 2005 1:12:13
Archivos adjuntos:	

Just some thoughts.....

1. Contour density artifact as best as possible and give this structure a density that matches tissue in the immediate area.
2. Try 6 fields with non coplanar beam arrangement.
3. With non coplanar may want to avoid hips(radio graphically) and calc without heterogeneity to avoid all that subjective contouring.

Best of luck! That's why they pay us the big bucks!

e.t.

-----Original Message-----
From: Candace Crowell [mailto:ccrowell@nrcc-inc.org]
Sent: Wednesday, June 15, 2005 3:09 PM
To: users list Adac
Subject: prostate imrt w bilat hip prostheses

> Hello - has anyone had any luck w planning an imrt prostate w bilat hip prostheses? The pt has an area betw the hips measuring 12 X 3.5 cm2 covering at least 10 slices, all w a density = air. Then throughout the rest of the pt, there are severe artifacts off the metal. We tried a diamond technique, but the rectal dose is not acceptable. Any suggestions? The doc has drawn an imaginary prostate (my words) b/c you can't see anything!! I've tried to dissuad him; to no avail as yet. How can I get a good plan that is real?
>
> Thanks in advance,
>
> Candace

De:	David Lockman, D.Sc.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: prostate imrt w bilat hip prostheses
Fecha:	jueves, 16 de junio de 2005 3:44:22
Archivos adjuntos:	dlockman.vcf

There's an AAPM task group report on this (TG-53, June 2003), which in turn provides further references. One of their recommendations is, as Elizabeth said, avoid the implants, and if successful, don't correct for inhomogeneities. We've also done bulk density corrections with three levels - prostheses, bone, and tissue. It's more work, and only makes sense if your Pinnacle CT-density tables encompass the implant material, but you don't have to contour streak artifacts.

Two other bits of advice. First, you should be able to devise a scanning protocol to provide some information when high-Z materials (prostheses) are in the scanning field. Finally, this sort of case seems to be really grasping at IMRT straws. Avoid what? Conform to what? Can the doc see the rectum, esp the anterior wall, if you can't see the prostate?

"Therezo, ET" wrote:

> Just some thoughts..... 1. Contour density artifact as best as possible and give this structure a density that matches tissue in the immediate area. 2. Try 6 fields with non coplanar beam arrangement. 3. With non coplanar may want to avoid hips (radio graphically) and calc without heterogeneity to avoid all that subjective contouring.Best of luck! That's why they pay us the big bucks!e.t.-----Original Message-----
> **From:** Candace Crowell [mailto:ccrowell@nrcc-inc.org]
> **Sent:** Wednesday, June 15, 2005 3:09 PM
> **To:** users list Adac
> **Subject:** prostate imrt w bilat hip prostheses
>
> > Hello - has anyone had any luck w planning an imrt prostate w bilat hip prostheses? The pt has an area betw the hips measuring 12 X 3.5 cm2 covering at least 10 slices, all w a

density = air. Then throughout the rest of the pt, there are severe artifacts off the metal. We tried a diamond technique, but the rectal dose is not acceptable. Any suggestions? The doc has drawn an imaginary prostate (my words) b/c you can't see anything!! I've tried to dissuad him; to no avail as yet. How can I get a good plan that is real? Thanks in advance, Candace

---

--

David M Lockman
Medical Physicist
William Beaumont Hospital - Radiation Oncology
3601 W Thirteen Mile Rd
Royal Oak, MI 48073
248.551.6256
dlockman@beaumont.edu

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: prostate imrt w bilat hip prostheses
Fecha:	jueves, 16 de junio de 2005 3:58:59
Archivos adjuntos:	

Set a very wide window and you will find that you can see the prostheses and even the areas with bad artifacts pretty clearly. Contour the prostheses so you can avoid them in your beam arrangement as best you can. Contour the soft tissue areas with the streaking artifacts and override the density in those areas with density = 1.0 (or whatever you like best). Since the pelvis is mostly soft tissue and bone, density = 1.0 for is not going to significantly alter the plan.

I've used 7 and 8 beam plans for these. I just start with my normal beam arrangement and adjust the lateral beam angles AND collimation (if necessary) to stay away from the prostheses.

Regards,

Steve T

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Therezo, ET
Sent: Wed 6/15/2005 4:05 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Cc:
Subject: RE: prostate imrt w bilat hip prostheses

> Just some thoughts.....
>
> 1. Contour density artifact as best as possible and give this structure a density that matches tissue in the immediate area.
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>
> Best of luck! That's why they pay us the big bucks!
>
> e.t.

-----Original Message-----
From: Candace Crowell [mailto:ccrowell@nrcc-inc.org]
Sent: Wednesday, June 15, 2005 3:09 PM
To: users list Adac
Subject: prostate imrt w bilat hip prostheses

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Thanks in advance,

Candace

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Varian leaf position calibration
Fecha:	jueves, 16 de junio de 2005 4:47:13
Archivos adjuntos:	

Varian leaf position calibration:

I am trying to commission a Varian 23EX for ADAC TPS (7.4 version). I scanned MLC defined square fields of 2x2, 3x5, 5x5, 10x10 and 15x15. I found that field sizes for the cross-plane profiles are 2-3 mm bigger than their nominal field sizes. In-plane profiles are O'K. I assume that the observed difference between the actual and nominal field sizes for cross-plane profiles is due to the round tips of the MLC leaves.

Here are my questions:
a) can ADAC take this difference into account during treatment planning? If the answer is "Yes", then I can use the collected data.
b) if not, should I create a new calibration file (for MLC leaves) which will minimize the difference between the nominal and actual field sizes for MLC shaped cross-plane profiles? I assume that in the latter case I will have to rescan the beams.

Thank you,
Vadim Kuperman

unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: CT Simulation CPT Codes
Fecha:	jueves, 16 de junio de 2005 14:32:51
Archivos adjuntos:	

Robert,
76375 is rarely appropriate in XRT.
76370 is TC only but is OK (though not on the same day as 77295)
Martin

At 02:26 PM 6/14/2005, you wrote:

> Hello All,
>
> I am in need of any current information on CT Sim billable CPT Codes, specifically for a hospital base, Medicare billable codes. Can anyone share what codes and current amounts are being billed ??
>
> The only codes I know of are: 76370 @ $97.00 and 76375 @ $97.00
>
> Thanks
>
> Robert Costa

De:	hugo.tremblay@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Réf. : Varian leaf position calibration
Fecha:	jueves, 16 de junio de 2005 15:51:08
Archivos adjuntos:	pic21738.pcx

Hi VADIM,

Did you put the mlctable.txt values first into Pinnacle? These file is located on the VARIAN MLC controller. These vendor specific values did an excellent job for us. However, you can edit these values to match your measurements (you must trust your measurements!!!). Then you can edit the tip radius to modify the penumbra of your crossplane profiles.

You should do a QA of your radiation field size before going further (check the jaw radiation field vs nominal field first)...

Good luck,

Hugo

De :
Vadim Kuperman <vadimkuperman@yahoo.com>@explode.unsw.edu.au

Envoyé par :
owner-pinnacle-users@explode.unsw.edu.au

Pour :
pinnacle-users@explode.unsw.edu.au

cc :
(ccc : Hugo Tremblay/CH de la Sagamie/Reg02/SSSS)

Objet :
Varian leaf position calibration

2005-06-15 22:34
Veuillez répondre à

pinnacle-users

Varian leaf position calibration:

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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##
(Embedded image moved to file: pic21738.pcx)

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: prostate imrt w bilat hip prostheses
Fecha:	jueves, 16 de junio de 2005 17:44:37
Archivos adjuntos:	

One of our dosimetrists tells me that he scanned a patient with a hip prosthesis this morning, using 140 kVp,
instead of the default 120 kVp that we use for most scanning. He thinks that the streak artifacting was
reduced noticeably compared to previous patients using 120 kVp.
Has anyone done a comparison study to see if there is a real difference?
Thanks

E. Joseph (Joe) Grant, M.S., D.A.B.R.
Medical Physicist
C.A.R.T.I.-P.O. Box 55050
Little Rock, AR 72215
(501)296-3269

> -----Original Message-----
> **From:** Thompson, Stephen K [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Thompson, Stephen K
> **Sent:** Wednesday, June 15, 2005 8:55 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: prostate imrt w bilat hip prostheses
>
> Set a very wide window and you will find that you can see the prostheses and even the areas with bad artifacts pretty clearly. Contour the prostheses so you can avoid them in your beam arrangement as best you can. Contour the soft tissue areas with the streaking artifacts and override the density in those areas with density = 1.0 (or whatever you like best). Since the pelvis is mostly soft tissue and bone, density = 1.0 for is not going to significantly alter the plan.
>
> I've used 7 and 8 beam plans for these. I just start with my normal beam arrangement and adjust the lateral beam angles AND collimation (if necessary) to stay away from the prostheses.

Regards,

Steve T

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Therezo, ET
Sent: Wed 6/15/2005 4:05 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Cc:
Subject: RE: prostate imrt w bilat hip prostheses

Just some thoughts.....

1. Contour density artifact as best as possible and give this structure a density that matches tissue in the immediate area.
2. Try 6 fields with non coplanar beam arrangement.
3. With non coplanar may want to avoid hips(radio graphically) and calc without heterogeneity to avoid all that subjective contouring.

Best of luck! That's why they pay us the big bucks!

e.t.

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Thanks in advance,

Candace

De:	Marisa A Sheehan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: prostate imrt w bilat hip prostheses
Fecha:	jueves, 16 de junio de 2005 18:28:59
Archivos adjuntos:	

---

we will be starting a bilat hip prosthesis case in July(pt had personal sched issues). we are considering a tomotherapy (6mV) scan to see if planning can be done with a megavoltage ct. has this been done? ct density table issues? thoughts? comments?
marisa

>>> jgrant@carti.com 6/16/2005 11:33:32 AM >>>
One of our dosimetrists tells me that he scanned a patient with a hip prosthesis this morning, using 140 kVp,
instead of the default 120 kVp that we use for most scanning. He thinks
that the streak artifacting was
reduced noticeably compared to previous patients using 120 kVp.
Has anyone done a comparison study to see if there is a real difference?
Thanks
E. Joseph (Joe) Grant, M.S., D.A.B.R.
Medical Physicist
C.A.R.T.I.-P.O. Box 55050
Little Rock, AR 72215
(501)296-3269

-----Original Message-----
From: Thompson, Stephen K
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Thompson,
Stephen K
Sent: Wednesday, June 15, 2005 8:55 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: prostate imrt w bilat hip prostheses

Set a very wide window and you will find that you can see the prostheses
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Regards,

Steve T
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From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Therezo, ET

Sent: Wed 6/15/2005 4:05 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Cc:
Subject: RE: prostate imrt w bilat hip prostheses

Just some thoughts.....

1. Contour density artifact as best as possible and give this structure a density that matches tissue in the immediate area.
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Best of luck! That's why they pay us the big bucks!

e.t.

-----Original Message-----
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can't see anything!! I've tried to dissuad him; to no avail as yet. How can I get a good plan that is real?

Thanks in advance,

Candace

———

De:	hugo.tremblay@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Réf. : RE: prostate imrt w bilat hip prostheses
Fecha:	jueves, 16 de junio de 2005 20:27:01
Archivos adjuntos:	C.htm pic23022.pcx

Hi,

Yes, you get less artifacts with higher CT energy. Photoeffet is proportional to atomic number at a power of about 4. Metal has a high atomic number and photoeffect goes down with energy... Be sure to get the rigth density table because the density table depends on the kvP used for the CT.

About planning with megavoltage beam... You should have your density table rigth first... I think you would also have artifact since the pair production is also strongly dependant on the atomic number and goes UP with energy (18 MV beam for prostate). However, I have never seen this kind of images with metal postheses.

As mentioned before, you should have a look at TG63 recommandations. There are published physical density for the more popular prostheses.

My plan:

1. Try to avoid the protheses with non-coplanar technique. if impossible try this rough way:

1. Be sure to know the type of prostheses and if they are empty inside (look at the medical record or take portal imaging)
2. Know its dimensions with the prostheses model number or take simulator images to measure the exterior dimensions
3. Play with the window/leve to "mask" artefacts and contour the prostheses accordingly to its dimensions
4. If the prosthese is not empty, assign the published density for the alloy and look at the corresponding mass stopping power in the following file:
   (compare it to the published value and be careful with it)

export\local\adacnew\PinnacleStatic_6.2b\PhysicsData\MassAttenuationTables.db
5. Outline all the OARs and PTV...
5. To remove artefact outside the prosthesis, outline the region, substract the protheses contour and assign a density of about 1
6. Calculate your plan with ihnomogenity ON
7. Calculate your plan without inhomogeneity correction and look at the dose difference. Look if it makes sens.
8. Know that Pinnacle does not give you a good estimate at tissue-metal interfaces. Do not go over 55 Gy around the prostheses (ring of 1 cm; recommandation of TG-63 if I remember)
9. Do exit dosimetry for the lateral field to get confident...

A lot of work, so try to shoot elsewhere if possible!!!

A few refences:

"Tissue inhomogeneity corrections for megavoltage beams: Report 85 of the AAPM Radiation Therapy Committee Task Group 65," (2004) : http://aapm.org/pubs/reports/

P. J. Gullane, "Primary mandibular reconstruction: analysis of 64 cases and evaluation
of interface radiation dosimetry on bridging plates," Laryngoscope 101:1?24 (1991).

G. X. Ding and C. W. Yu, "A study on beams passing through hip prosthesis for
pelvic radiation treatment," Int. J. Radiat. Oncol. Biol. Phys. 51:1167?75 (2001).

P. J. Keall and all, " Radiotherapy dose calculations in the presence of hip prostheses,"
Medical Dosimetry 28(2) :107-112 (2003).

"Dosimetric Considerations for Patients with Hip Prostheses Undergoing Pelvic Irradiation: Report of the AAPM Radiation Therapy Committee Task Group 63," Reprinted from Medical Physics, Vol. 30, Issue 6 (2003) http://aapm.org/pubs/reports/

I. J. Das and F. M. Khan, "Backscatter dose perturbation at high atomic number interfaces in megavoltage photon beams," Med. Phys. 16:367?375 (1989).

A. Niroomand-Rad, R. Razavi, S. Thobejane, and K.W. Harter, "Radiation dose perturbation at tissue-titanium dental interfaces in head and neck cancer patients," Int. J. Radiat. Oncol. Biol. Phys. 34:475?80 (1996).

B. Emami, J. Lyman, A. Brown, L. Coia, M. Goiten, J. E. Munzenrider, B. Shank, L. J. Solin, and M. Wesson, "Tolerance of normal tissue to therapeutic irradiation," Int. J. Radiat. Oncol., Biol., Phys. 21, 109?122 (1991).

M. Tatcher, A. Kuten, J. Helman, and D. Laufer, "Perturbation of cobalt 60 radiation doses by metal objects implanted during oral and maxillofacial surgery," J. Oral. Maxillofac. Surg. 42(2):108?10 (1984).

Good luck,

Best regards,

Hugo

Hugo Tremblay, M.sc., Medical Physicist

Complexe Hospitalier de la Sagamie (CHS)
Service de radio-oncologie
305 St-Vallier
Chicoutimi, Quebec, Canada
G7H 5H6
email: hugo.tremblay@ssss.gouv.qc.ca

De :
"Joe Grant" <jgrant@carti.com>@explode.unsw.edu.au
Envoyé par :
owner-pinnacle-users@explode.unsw.edu.au

Pour :
<pinnacle-users@explode.unsw.edu.au>
cc :
(ccc : Hugo Tremblay/CH de la Sagamie/Reg02/SSSS)
Objet :

RE: prostate imrt w bilat hip prostheses

2005-06-16 11:33
Veuillez répondre à
pinnacle-users

(See attached file: C.htm)
(Embedded image moved to file: pic23022.pcx)

De:	Sapareto, Steve
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DICOM RT
Fecha:	viernes, 17 de junio de 2005 1:11:56
Archivos adjuntos:	

Pam
There is a lot of information that treatment planning systems do not send to Lantis/IMPAC (e.g. couch parameters) that require manual editing. For multiple courses, in Pinnacle, you can give each field an id number (machine tab) and preface multiple courses with a letter or number- (eg A1 or 1-1) and once they have been imported into Lantis you can create a new prescription and drag and drop them to the new prescription pretty easily. The current IMPAC 8.x has made significant improvements in importing (e.g. allowing defaults for missing info and multiple aliases for machines), however, you will have to wait until Siemens releases this upgrade for Lantis.

Stephen Sapareto, Ph.D.
Director of Medical Physics
Department of Radiation Oncology
Banner Good Samaritan Medical Center
1111 E McDowell Rd
Phoenix, AZ 85006
(602)239-4500

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Pamela Akazawa
Sent: Tuesday, June 14, 2005 8:55 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: DICOM RT

We just started sending plans to LANTIS 6.1 from Pinnacle 7.6 via DICOM RT and we think some features were left out. We would like to be able to create a course number and the prescription does not seem to go over. Any suggestions? Does anyone else send via DICOM RT? How do you handle multiple courses and different prescriptions?

Thanks
Pam

Pamela F. Akazawa CMD
UCSF Radiation Oncology
1600 Divisadero St H-1031
San Francisco, CA 94115
415-353-7198
415-719-3504 (pager)
415-353-9883 (fax)

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT segment deletion
Fecha:	lunes, 20 de junio de 2005 15:46:31
Archivos adjuntos:	

Here's a question probably trivial for some:

In deleting individual segment (e.g. when I run Seg Wt Opt and some segs end up with 0 or nearly 0 MUs) I find that sometimes deleting the seg will invalidate dose for the beam, requiring recalculation to repopulate the MU's of the remaining segs (and beams) - while on other occasions Pinnacle will allow me to delete individual segments with no other effect - i.e. all other segs are preserved (and their weights/MU's are automatically when I delete a non-zero MU segment)

What makes these two scenarios different? what causes the beam to require recalculation?

Thanks,
Puzzled in Beantown.

(Martin Fraser)

De:	Clay Stablein
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT segment deletion
Fecha:	lunes, 20 de junio de 2005 21:44:11
Archivos adjuntos:	

Martin,

I have found that if I closed the plan after Segment Weight Optimization (SWO) and reopened it later to then delete some segments, that then the damn thing zeros the calc and I have to recalc after each deletion. If I hadn't closed the plan, but began deleting immediately after SWOing, then it behaved.

Just my experience....

Clay.

Martin Fraser <mwfraser@comcast.net> wrote:

> Here's a question probably trivial for some:
>
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>
> Thanks,
> Puzzled in Beantown.
>
> (Martin Fraser)
>
>

> account will not be distributed unless that account is also subscribed.
> ##

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT segment deletion
Fecha:	lunes, 20 de junio de 2005 22:07:30
Archivos adjuntos:	

The dose kernel is saved while you are segment wt optimizing. You'll notice that when you run your first segment wt optimization ADAC takes quite a long time calculating doses first. Subsequent optimizations utilize the precomputed kernel.

If you close the plan, the dose kernel is not present upon reopening unless you optimize again first.

This should explain the issue...

Steve T

==========
Stephen K. Thompson, M.S.
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Clay Stablein
> **Sent:** Monday, June 20, 2005 12:27 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Re: IMRT segment deletion
>
> Martin,
>
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>
> Clay.
>
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What makes these two scenarios different? what causes the beam to require recalculation?

Thanks,
Puzzled in Beantown.

(Martin Fraser)

De:	Cooper, Paul - SEQ
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: IMRT segment deletion
Fecha:	lunes, 20 de junio de 2005 22:09:28
Archivos adjuntos:	

If you don't check the box for "store control point dose" then deletion (or even just a re-weighting) of a segment will cause all dose to be lost. The exception is if you're deleting a zero percent weight segment. So if your MU are just close to 0, that's not exactly 0%, and you'll lose the dose. Also, and I don't know about v7.4, but in v6.2 you can check the box for store control point dose if you like, but it only stores the dose while the plan is open. Next time you open it, as Clay said, it has lost the individual segments' doses, and also unchecked that box, so you'll have to re-check the box and recalculate all the segments doses if you're making a change. The only workaround I know of for this bug is not really a workaround - do not close the plan until you're sure it is final and accepted. Not great, but there's nothing else you can do.

Paul Cooper

-----Original Message-----
From: Clay Stablein [mailto:radoncphys2@yahoo.com]
Sent: Monday, June 20, 2005 12:27 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: IMRT segment deletion

Martin,

I have found that if I closed the plan after Segment Weight Optimization (SWO) and reopened it later to then delete some segments, that then the damn thing zeros the calc and I have to recalc after each deletion. If I hadn't closed the plan, but began deleting immediately after SWOing, then it behaved.

Just my experience....

Clay.

Martin Fraser <mwfraser@comcast.net> wrote:

Here's a question probably trivial for some:

In deleting individual segment (e.g. when I run Seg Wt Opt and some segs end up with 0 or nearly 0 MUs) I find that sometimes deleting the seg will invalidate dose for the beam, requiring recalculation to repopulate the MU's of the remaining segs (and beams) - while on other occasions Pinnacle will allow me to delete individual segments with no other effect - i.e. all other segs are preserved (and their weights/MU's are automatically when I delete a non-zero MU segment)

What makes these two scenarios different? what causes the beam to require recalculation?

Thanks,
Puzzled in Beantown.

(Martin Fraser)

De:	zz jj
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT segment deletion
Fecha:	lunes, 20 de junio de 2005 22:18:43
Archivos adjuntos:	

Seg Wt Opt save dose for each segments until you exit
Pinnacle. If you bring the plan back after you exit
out it will require recalc if you delete segs.

So don't exit pinnacle after seg Wt. Opt if you want
to modify constrains and re-opt or delete segs.

Jim

--- Martin Fraser <mwfraser@comcast.net> wrote:

> Here's a question probably trivial for some:
>
> In deleting individual segment (e.g. when I run Seg
> Wt Opt and some segs end up with 0 or nearly 0 MUs)
> I find that sometimes deleting the seg will
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>
> (Martin Fraser)
>
>
>

>
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> To unsubscribe (yourself or other account) from the
> pinnacle-users mailing list, send the message
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account will not be distributed unless that account is also subscribed.
##

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT segment deletion
Fecha:	lunes, 20 de junio de 2005 22:54:54
Archivos adjuntos:	

My experience seems to diverge from those reported.

- I'm not exiting a plan and reentering it (I rarely if ever do, though I save it frequently, of course)
- I've never clicked "save control point dose" - I never even knew it existed! - (you've got to click for each beam - how silly is that?)

Yet SOMETIMES I can delete segments, zero or non-zero, and retain dose, SOMETIMES deleting even a 0 MU segment will necessitate recalculation(I believe).
I dunno why...

At 03:56 PM 6/20/2005, you wrote:

> If you don't check the box for "store control point dose" then deletion (or
> even just a re-weighting) of a segment will cause all dose to be lost. The
> exception is if you're deleting a zero percent weight segment. So if your MU
> are just close to 0, that's not exactly 0%, and you'll lose the dose. Also,
> and I don't know about v7.4, but in v6.2 you can check the box for store
> control point dose if you like, but it only stores the dose while the plan
> is open. Next time you open it, as Clay said, it has lost the individual
> segments' doses, and also unchecked that box, so you'll have to re-check the
> box and recalculate all the segments doses if you're making a

change.
The only workaround I know of for this bug is not really a workaround - do
not close the plan until you're sure it is final and accepted. Not great,
but there's nothing else you can do.

Paul Cooper

-----Original Message-----
From: Clay Stablein [mailto:radoncphys2@yahoo.com]
Sent: Monday, June 20, 2005 12:27 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: IMRT segment deletion

Martin,

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(SWO) and reopened it later to then delete some segments, that then the damn
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closed the plan, but began deleting immediately after SWOing, then it
behaved.

Just my experience....

Clay.

Martin Fraser <mwfraser@comcast.net> wrote:

De:	Vadim Kuperman
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	Wedding, William;
Asunto:	RE: Varian leaf position calibration
Fecha:	martes, 21 de junio de 2005 20:04:04
Archivos adjuntos:	

Bill,

The distance between radiation-field edge and the light-field edge for the cross-plane is about 0.24 mm at 100 SSD because of the rounded leaf edge (the radiation field is always wider for symmetric fields). This conclusion comes form a very nice paper by Boyer and Li (see Medical Physics, 1997). When I used their equation (16) in Excel I got 0.28 mm separation between the light-field and radiation-field edges (on each side of the field).

Let us assume that the light field is only 1 mm wider (0.5 mm on each side) than the nominal field at SSD of 100 cm. If we use the latter number (i.e., 0.28 mm) then the radiation field becomes 1 mm+0.56 mm=1.56 mm wider than the nominal width at 100 SSD. Now, at a depth of 10 cm the field width becomes 1.56x1.1=1.716 mm wider. I wonder if what I have is a combination of two small effects: a) light field is a little wider (< 1mm on each side); b) small radiation-light field misalignment caused by the round leafs.
>It sounds like there is a problem in the light/radiation field
>congruence.

I checked radiation-light field coincidence (for MLC shaped fields) with very satisfactory results.

>The field sizes you used it sounds like came from the preliminary
>release
>recommendations from Philips. The final recommendations from that are

>different and you want to have the inplane jaws displaced from the
>chamber.

For your information: when we were scanning, we used 22x22 field size (as defined by the jaws). The field sizes used for MLC shaped fields were 2x2, 3x3, 5x5, 10x10, 15x15 as indicated by the documentation CD which arrived with the 7.4 software. The chamber offset was 0.25 cm for cross-plane profiles. The leaves were closed at in such a way so that the line of abutment was at least 5 cm from the chamber when we were scanning in-plane profiles.

I verified my data with RIT. The conclusion is that RIT and chamber measurements give the same result (i.e., cross-plane is wider than the nominal field width).

My plan is to investigate the results further before commissioning 7.4 version.

Vadim Kuperman

--- "Wedding, William" <William.Wedding@baycare.org> wrote:

>
> Vadim,
> Your observations are interesting. I have spoken to
> two Varian service
> engineers about this type of thing and have come to
> the conclusion you DON'T
> want to change the MLC table. First of all the
> table is calculated by
> Varian software during the calibration of the MLC's.
> This process uses a
> bar that goes into the MLC along with measurements
> from feeler gauges. The
> measurements are about 50/1000 of an inch. The
> software takes those
> calibration measurements and applies them to the
> MLC's.
>
> It sounds like there is a problem in the

> light/radiation field congruence.
> You may want to use your RIT system to verify the
> differences. In
> measurements I have made, the MLC field size is
> about .1 to .2 mm different
> from the set values.
>
> The field sizes you used it sounds like came from
> the preliminary release
> recommendations from Philips. The final
> recommendations from that are
> different and you want to have the inplane jaws
> displaced from the chamber.
> You can check with Philips for the details as their
> Beam Data Acquisition
> information is not quite clear, at least it wasn't
> to me.
>
> Good luck,
> Bill Wedding
> > -----Original Message-----
> > From: Bill [SMTP:W_Wedding@nextel.blackberry.net]
> > Sent: Tuesday, June 21, 2005 9:11 AM
> > To: William R. Wedding
> > Subject: Fw: Varian leaf position calibration
> >
> >
> > -----Original Message-----
> > From: Vadim Kuperman <vadimkuperman@yahoo.com>
> > Date: Wed, 15 Jun 2005 19:34:30
> > To:pinnacle-users@explode.unsw.edu.au
> > Subject: Varian leaf position calibration
> >
> > Varian leaf position calibration:
> >
> > I am trying to commission a Varian 23EX for ADAC
> TPS
> > (7.4 version). I scanned MLC defined square fields
> of
> > 2x2, 3x5, 5x5, 10x10 and 15x15. I found that
> field
> > sizes for the cross-plane profiles are 2-3 mm
> bigger
> > than their nominal field sizes. In-plane profiles
> are

> > O'K. I assume that the observed difference
> between
> > the actual and nominal field sizes for cross-plane
> > profiles is due to the round tips of the MLC
> leaves.
> >
> > Here are my questions:
> > a) can ADAC take this difference into account
> during
> > treatment planning? If the answer is "Yes", then
> I
> > can use the collected data.
> > b) if not, should I create a new calibration file
> (for
> > MLC leaves) which will minimize the difference
> between
> > the nominal and actual field sizes for MLC shaped
> > cross-plane profiles? I assume that in the latter
> case
> > I will have to rescan the beams.
> >
> > Thank you,
> > Vadim Kuperman
> >
> >
> >
> > _____
> > Discover Yahoo!
> > Use Yahoo! to plan a weekend, have fun online and
> more. Check it out!
> > http://discover.yahoo.com/
> >
> >
> >
>

> messages can only be
> > sent from a subscribed account. Messages sent from
> a users secondary
> > account will not be distributed unless that
> account is also subscribed.
> >
>
##
> >
> > BlackBerry service provided by Nextel
>

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##

##

De:	Nathan Childress
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Importing profiles from Sun Nuclear"s Profiler
Fecha:	miércoles, 22 de junio de 2005 17:22:07
Archivos adjuntos:	

I'm sure this has been done before, but it seems very tedious to convert Sun Nuclear's Profiler data to a generic ASCII file that Pinnacle can read and successfully import to its beam model. I was wondering if anyone has done this before and found some shortcut, or if I'm just missing something really obvious =). Thanks!

Nathan

De:	lightningrider@frii.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Importing profiles from Sun Nuclear"s Profiler
Fecha:	miércoles, 22 de junio de 2005 17:58:02
Archivos adjuntos:	

Nathan,

I've used the Profiler to generate data to help commission EDWs in Pinnacle. The process is straight forward using a utility program called ProfiletoPinnacle to convert the data files from the Profiler into files directly usable by Pinnacle. I don't have the details on the top of my desk, but could probably find them if your interested.

Bob

Robert J. Matthews, Ph.D., DABR
Centennial Medical Physics

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> obvious =). Thanks!
>
> Nathan
>

sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	adamcla@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	diode measurements on forward planning.
Fecha:	miércoles, 22 de junio de 2005 19:36:15
Archivos adjuntos:	

Hi, has anybody been doing forward planning on breasts, and verifying dose with diodes. Our instituition doesn't allow us to bill for Imrt anymore. Therefore the physicist isn't performing a film verification, because of charging issues. So we are doing handcalcs, and trying to verify point doses with diodes.

Thanks

De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Importing profiles from Sun Nuclear"s Profiler
Fecha:	miércoles, 22 de junio de 2005 20:07:40
Archivos adjuntos:	

I am currently trying to accomplish the same task of moving my profiler virtual wedge data to pinnacle. Please let me know the details if anyone has found an easy way to accomplish this.

Thanks,

Joe Herrick
Reno, NV

>From: lightningrider@frii.com
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Re: Importing profiles from Sun Nuclear's Profiler
>Date: Wed, 22 Jun 2005 09:48:36 -0600 (MDT)
>
>Nathan,
>
>I've used the Profiler to generate data to help commission EDWs in
>Pinnacle. The process is straight forward using a utility program called
>ProfiletoPinnacle to convert the data files from the Profiler into files
>directly usable by Pinnacle. I don't have the details on the top of my
>desk, but could probably find them if your interested.
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account will not be distributed unless that account is also subscribed.
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De:	Steve Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Importing profiles from Sun Nuclear"s Profiler
Fecha:	miércoles, 22 de junio de 2005 20:41:29
Archivos adjuntos:	

As Bob Matthews wrote earlier today, Sun Nuclear can provide a very nice program named "ProfiletoPinnacle". If you contact them, they can send it to you via email attachment at no charge. It very simply converts profiles acquired with the Profiler into a format that can be directly imported into and used by Pinnacle.

Steve Jones, M.S., DABR
Centennial Medical Physics, LLC
Fort Collins, CO

> ----- Original Message -----
> **From:** Joe Herrick
> **To:** pinnacle-users@explode.unsw.edu.au
> **Sent:** 6/22/2005 11:57:12 AM
> **Subject:** Re: Importing profiles from Sun Nuclear's Profiler
>
> I am currently trying to accomplish the same task of moving my profiler virtual wedge data to pinnacle. Please let me know the details if anyone has found an easy way to accomplish this.
>
> Thanks,
>
> Joe Herrick
> Reno, NV
>
> >From: lightningrider@frii.com
> >Reply-To: pinnacle-users@explode.unsw.edu.au
> >To: pinnacle-users@explode.unsw.edu.au
> >Subject: Re: Importing profiles from Sun Nuclear's Profiler
> >Date: Wed, 22 Jun 2005 09:48:36 -0600 (MDT)
> >
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> > this before and found some shortcut, or if I'm just missing something
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> > obvious =). Thanks!
> >
> > Nathan

De:	Debbie Rothley
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Importing Thebes II Profiles to Pinnacle
Fecha:	miércoles, 22 de junio de 2005 23:23:42
Archivos adjuntos:	

Does anyone have a good way to import EDW profiles measured with a Thebes II in Pinnacle? Other than printing the profiles and digitizing, the people that I've spoken to at Philips and Cardinal Health don't have an efficient solution.

Thanks,

Debbie Rothley, M.S., DABR
drothley@rosonline.net

Director of Physics
Radiation Oncology Services
Riverdale, GA

De:	Nathan Childress
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Importing profiles from Sun Nuclear"s Profiler
Fecha:	miércoles, 22 de junio de 2005 23:44:59
Archivos adjuntos:	

One last update. Apparently either Sun Nuclear no longer distributes the "ProfiletoPinnacle.exe" software that converts the Proifiler data into Pinnacle files, or at least their current tech support doesn't know about it (I tried that right before posting to the list). But Bob was kind enough to pass along a copy he had, and I'd be happy to do the same for anyone else that needs it.

Nathan

De:	Ray Kaczur
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Importing profiles from Sun Nuclear"s Profiler
Fecha:	jueves, 23 de junio de 2005 0:09:12
Archivos adjuntos:	

Nathan,
I would be appreciative if you could send me a copy.
Thank you very much,

Ray Kaczur, M.S., DABR
Akron City Hospital
Akron, OH

> ----- Original Message -----
> **From:** Nathan Childress
> **To:** pinnacle-users@explode.unsw.edu.au
> **Sent:** Wednesday, June 22, 2005 5:39 PM
> **Subject:** Re: Importing profiles from Sun Nuclear's Profiler
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> One last update. Apparently either Sun Nuclear no longer distributes the "ProfiletoPinnacle.exe" software that converts the Proifiler data into Pinnacle files, or at least their current tech support doesn't know about it (I tried that right before posting to the list). But Bob was kind enough to pass along a copy he had, and I'd be happy to do the same for anyone else that needs it.
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De:	Nathan Childress
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Importing profiles from Sun Nuclear"s Profiler
Fecha:	jueves, 23 de junio de 2005 0:47:02
Archivos adjuntos:	

It's at

http://www.doselab.com/uploads/ProfileToPinnacle.exe

for now.

Nathan

On 6/22/05, **Ray Kaczur** <rkaczur@alltel.net> wrote:

> Nathan,
> I would be appreciative if you could send me a copy.
> Thank you very much,
>
> Ray Kaczur, M.S., DABR
> Akron City Hospital
> Akron, OH

De:	Farhad Kader
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Importing profiles from Sun Nuclear"s Profiler
Fecha:	jueves, 23 de junio de 2005 2:42:40
Archivos adjuntos:	

Hi Nathan,

I would appreciate getting a copy.

Thanks,

Farhad

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Nathan Childress
Sent: Wednesday, June 22, 2005 5:39 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Importing profiles from Sun Nuclear's Profiler

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Nathan

De:	So, Dr. Samuel
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Importing profiles from Sun Nuclear"s Profiler
Fecha:	jueves, 23 de junio de 2005 3:00:18
Archivos adjuntos:	

Thanks.

Sam

> -----Original Message-----
> **From:** Nathan Childress [mailto:nathanchildress@gmail.com]
> **Sent:** Wednesday, June 22, 2005 3:42 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Re: Importing profiles from Sun Nuclear's Profiler
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> > Ray Kaczur, M.S., DABR
> > Akron City Hospital
> > Akron, OH

De:	William Dezarn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Importing profiles from Sun Nuclear"s Profiler
Fecha:	jueves, 23 de junio de 2005 14:59:05
Archivos adjuntos:	

Thanks for setting this up Nathan. It should be a good tool to use.

Andy Dezarn, PhD
Wake Radiology Oncology
Cary NC

Nathan Childress <nathanchildress@gmail.com> wrote:

> It's at
>
> http://www.doselab.com/uploads/ProfileToPinnacle.exe
>
> for now.
>
> Nathan
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> On 6/22/05, **Ray Kaczur** <rkaczur@alltel.net> wrote:
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> > I would be appreciative if you could send me a copy.
> > Thank you very much,
> >
> > Ray Kaczur, M.S., DABR
> > Akron City Hospital
> > Akron, OH

De:	Young, Donna
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: prostate imrt w bilat hip prostheses
Fecha:	jueves, 23 de junio de 2005 21:50:30
Archivos adjuntos:	

We have had success fusing w/ MRI. Md can see prostate much better. Contour streaking artifact and override density and give it a density=1.0

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Candace Crowell
Sent: Wednesday, June 15, 2005 6:09 PM
To: users list Adac
Subject: prostate imrt w bilat hip prostheses

Hello - has anyone had any luck w planning an imrt prostate w bilat hip prostheses? The pt has an area betw the hips measuring 12 X 3.5 cm2 covering at least 10 slices, all w a density = air. Then throughout the rest of the pt, there are severe artifacts off the metal. We tried a diamond technique, but the rectal dose is not acceptable. Any suggestions? The doc has drawn an imaginary prostate (my words) b/c you can't see anything!! I've tried to dissuad him; to no avail as yet. How can I get a good plan that is real?

Thanks in advance,

Candace

De:	John Balog
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Dose plane for Irreg calc
Fecha:	jueves, 23 de junio de 2005 23:36:55
Archivos adjuntos:	image001.gif

Hi,

I want to measure the dose for the first few patients we plan on our new Varian 2100 SC using Pinnalce 7.4. A patient was just planned using an Irreg calculation, i.e. no CT. What's the best way to create a dose plane from this for measurement? I was able to do so by FTP'ing data between QA patients, but it was awkward.

Thanks

John

John Balog, Ph.D. ABMP

Mohawk Valley Medical Physics, PLLC
127 Dixon Drive
Rome, NY 13440

MVMP.Net
JPB@MVMP.Net
315-271-9614

,

De:	Mark Phillips
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Final plan documentation
Fecha:	viernes, 24 de junio de 2005 0:09:46
Archivos adjuntos:	

We have recently started using Pinnacle and one problem we have been having finding a way to mark a plan (actually "trial" in Pinnacle vernacular) as being the "final" trial and knowing that it has not changed. The revision history, e.g. R1P2D3, seems designed to this goal somewhat, but I have noticed that not every change results in a change to the revision history count (for example, adding an ROI changed it, but editing an ROI did not). There doesn't even seem to be a good place to write extensive comments that one can rely on that get printed out.

Part of this stems from our use of an in-house system that timestamped every plan that was saved and no changes could be made (all subsequent changes resulted in a new plan being created). IN this way, we had a time stamp that matched printout with a plan on the disk for all time, and it was easy to verify which plan had been approved and what it contained. In essence, that is the sort of functionality that I am seeking. Any suggestions or solutions that I may have missed are appreciated.

Mark Phillips

--

Mark H. Phillips, Ph.D.
Professor, Department of Radiation Oncology
Box 356043
University of Washington
Seattle, WA 98195-6043

(office) 206.598.6219
(fax) 206.598.6218

www.radonc.washington.edu/faculty/mark/

De:	John Balog
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Dose plane for Irreg calc
Fecha:	viernes, 24 de junio de 2005 0:51:24
Archivos adjuntos:	image001.gif

I thought I was sending this to Philips directly, not the list server. Please ignore.

John

John Balog, Ph.D. ABMP

Mohawk Valley Medical Physics, PLLC
127 Dixon Drive
Rome, NY 13440

MVMP.Net
JPB@MVMP.Net
315-271-9614

,

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** John Balog
> **Sent:** Thursday, June 23, 2005 5:30 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Dose plane for Irreg calc
>
> Hi,
>
> I want to measure the dose for the first few patients we plan on our new Varian 2100 SC using Pinnalce 7.4. A patient was just planned using an Irreg calculation, i.e. no CT. What's the best way to create a dose plane from this for measurement? I was able to do so by FTP'ing data between QA patients, but it was awkward.
>
> Thanks

John

John Balog, Ph.D. ABMP

Mohawk Valley Medical Physics, PLLC
127 Dixon Drive
Rome, NY 13440

MVMP.Net
JPB@MVMP.Net
315-271-9614
,

De:	Kevin Van Tilburg
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Final plan documentation
Fecha:	viernes, 24 de junio de 2005 2:46:08
Archivos adjuntos:	

The Revision numbers stopped working in ver 7.4 but have been fixed in ver 7.6. We find that they only work effectively after you have printed something. You also need to save your work as well to see it update. If you have edited an ROI you won't see the numbers change until after you save, i.e. it gives you the option to exit without saving so that you don't change the numbers.
What we do to make the RPD numbers work to our advantage is when we have our final plan we will treat on, is at that stage print the DVH and record the RPD numbers (along with the plan max as a safe guard) onto our treatment sheet and then save the plan, we find that this is sufficient to track any modifications from this point on.

Hope this helps.

Kevin

Kevin Van Tilburg

Director - Radiation Therapy
Nepean Cancer Care Centre
PO Box 63
Penrith, 2751
Sydney, NSW, Australia

Ph: 02) 4734 3511
Fax: 02) 4734 3570
Email: vantilk@wahs.nsw.gov.au

>>> markp@u.washington.edu 06/24/05 08:03am >>>
We have recently started using Pinnacle and one problem we have been having finding a way to mark a plan (actually "trial" in Pinnacle vernacular) as being the "final" trial and knowing that it has not changed. The revision history, e.g. R1P2D3, seems designed to this goal somewhat, but I have noticed that not every change results in a change to the revision history count (for example, adding an ROI changed it, but editing an ROI did not). There doesn't even seem to be a good place

to write extensive comments that one can rely on that get printed out.

Part of this stems from our use of an in-house system that timestamped every plan that was saved and no changes could be made (all subsequent changes resulted in a new plan being created). IN this way, we had a time stamp that matched printout with a plan on the disk for all time, and it was easy to verify which plan had been approved and what it contained. In essence, that is the sort of functionality that I am seeking. Any suggestions or solutions that I may have missed are appreciated.

Mark Phillips

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www.radonc.washington.edu/faculty/mark/

De:	Deshpande, Nigel
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Final plan documentation
Fecha:	viernes, 24 de junio de 2005 11:08:16
Archivos adjuntos:	

Dear Mark,

We have the same issue with pinnacle not having a good date/time stamp system to mark plans so we can be sure no changes have been made. We add our own unique (well almost) plan id to each plan and write it in the planner box under plan - edit. Our ID consists of two numbers, the first is the sum of the reference and isocentre POI coordinates and the second is the sum of all the monitor units and the total number of fractions. This number is then on pinnacle, the pinnacle print out and is sent to our VARiS R&V when we export the plan. Our Docs also record the plan id on the patients chart when they prescribe so all documentation is linked. It is not a perfect solution but we couldn't rely on the revision numbers.

Does anyone know if we could write a script to automatically calculate our plan id.

Nigel Deshpande
Cancer Treatment Centre
Royal Free Hospital
London, UK.
0207 794 0500 bleep 021

-----Original Message-----
From: Mark Phillips [mailto:markp@u.washington.edu]
Sent: 23 June 2005 23:04
To: pinnacle-users@explode.unsw.edu.au
Subject: Final plan documentation

We have recently started using Pinnacle and one problem we have been having finding a way to mark a plan (actually "trial" in Pinnacle vernacular) as being the "final" trial and knowing that it has not changed. The revision history, e.g. R1P2D3, seems designed to this goal somewhat, but I have noticed that not every change results in a change

to the revision history count (for example, adding an ROI changed it, but editing an ROI did not). There doesn't even seem to be a good place to write extensive comments that one can rely on that get printed out.

Part of this stems from our use of an in-house system that timestamped every plan that was saved and no changes could be made (all subsequent changes resulted in a new plan being created). IN this way, we had a time stamp that matched printout with a plan on the disk for all time, and it was easy to verify which plan had been approved and what it contained. In essence, that is the sort of functionality that I am seeking. Any suggestions or solutions that I may have missed are appreciated.

Mark Phillips

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##

De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Final plan documentation
Fecha:	lunes, 27 de junio de 2005 0:20:05
Archivos adjuntos:	

Mark Phillips schrieb:
> We have recently started using Pinnacle and one problem we have been
> having finding a way to mark a plan (actually "trial" in Pinnacle
> vernacular) as being the "final" trial and knowing that it has not
> changed. The revision history, e.g. R1P2D3, seems designed to this goal
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> to write extensive comments that one can rely on that get printed out.
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> every plan that was saved and no changes could be made (all subsequent
> changes resulted in a new plan being created). IN this way, we had a
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> and it was easy to verify which plan had been approved and what it
> contained. In essence, that is the sort of functionality that I am
> seeking. Any suggestions or solutions that I may have missed are
> appreciated.
>
> Mark Phillips
>

Hello Mark,

i am not quite sure, but i think it´s possible to lock the current Plan
using a PinnacleScript based on the UNIX command chmod -w.

After this the Plan is write protected and safe.

Iam on holiday the next Weeks, but if requested I will figure out such a
script for You.

Bjørne

--

Achtung ich bin Wortblind.
Diese Nachricht wurde ohne Berücksichtigung der momentan
gültigen Rechtschreib- und Gramatikregeln verfasst.

De:	Michel Moreau
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Michel Moreau is out of the office.
Fecha:	lunes, 27 de junio de 2005 11:24:04
Archivos adjuntos:	

I will be out of the office starting 06/25/2005 and will not return until 07/06/2005.

I will be out of the office from June 25 through July 5 without access to email. I will respond to your message when I return.

De:	Eason, Guy
A:	Pinnacle-Users (E-mail);
Cc:	
Asunto:	DRR import for irreg planning.
Fecha:	martes, 28 de junio de 2005 14:18:51
Archivos adjuntos:	

Has anyone been able to import a DRR directly from a Simulator into Pinnacle for irreg planning with out first having to print it out and then digitize it?

Guy Eason
Radiation Oncology
Phoebe Putney Memorial Hospital
(229) 312-2280

De:	Gary Hower
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Diode Breast Measurements
Fecha:	martes, 28 de junio de 2005 18:38:04
Archivos adjuntos:	

I recommend sticking with your hand calcs. in vivo measurements on breast setups are inherently irreproducible. Forward or inverse planned treatments are difficult or impossible to verify with by in vivo dosimetery due to the precise dosimeter positioning required in high dose gradient fields on a moving patient. You also need to be sure of your calculation method, and the data you are using, for determining the dose in the range from the surface to Dmax is valid for your setup.

De:	Cooper, Paul - SEQ
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Problems importing due to inconsistent FOV (in v6.2)
Fecha:	jueves, 30 de junio de 2005 21:51:51
Archivos adjuntos:	

Has anyone else run into trouble importing a CT or MRI (we are stuck with an MRI study) where the images are rejected for import because the pixel size is not consistent throughout the series? Philips tech support informed us that earlier versions of DICOM read the pixel size value to five decimal places, so a tiny fluctuation,even in just one image in a series, that is not actually representative of a real FOV change will invalidate the whole series. Later versions of DICOM are less strict, so 7.4 users should not see this problem.
I am wondering if anyone knows of a way to edit the pixel size value in the DICOM images, so that we can use them?

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Problems importing due to inconsistent FOV (in v6.2)
Fecha:	jueves, 30 de junio de 2005 21:58:57
Archivos adjuntos:	

You can edit the tags in Dicomworks...

http://dicom.online.fr/

You have to register to receive the license to unlock that feature.

Steve T

==========
Stephen K. Thompson, M.S.
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Cooper, Paul - SEQ
Sent: Thursday, June 30, 2005 12:41 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: Problems importing due to inconsistent FOV (in v6.2)

Has anyone else run into trouble importing a CT or MRI (we are stuck with an MRI study) where the images are rejected for import because the pixel size is not consistent throughout the series? Philips tech support informed us that earlier versions of DICOM read the pixel size value to five decimal places, so a tiny fluctuation,even in just one image in a series, that is not actually representative of a real FOV change will invalidate the whole series. Later versions of DICOM are less strict, so 7.4 users should not see this problem. I am wondering if anyone knows of

a way to edit the pixel size value in the DICOM images, so that we can use them?

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Problems importing due to inconsistent FOV (in v6.2)
Fecha:	jueves, 30 de junio de 2005 22:02:10
Archivos adjuntos:	

I forgot to add that this is the easiest and quickest method/software I have seen so far...

Steve T
==========
Stephen K. Thompson, M.S.
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

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De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Scripting object/syntax reference?
Fecha:	jueves, 30 de junio de 2005 22:12:12
Archivos adjuntos:	

Is there a reference for the objects and syntax of the scripting language?

I've reverse-engineered enough scripts! It would be a heck of a lot easier if I could just locate the syntax and objects in a document...

Anyone know?

Steve T

==========

Stephen K. Thompson, M.S.
Medical Physicist
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Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

De:	Ayyangar M Komanduri
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Problems importing due to inconsistent FOV (in v6.2)
Fecha:	jueves, 30 de junio de 2005 22:31:56
Archivos adjuntos:	

---

we ran into this problem
we found the inconsistent slices
we deleted them from the import directory (/files/network/DICOM)

to know the pixel slice we use dcm_dump_file dicom utility in another sgi computer
dicom utilities are freely available from
ftp://ftp.erl.wustl.edu/pub/dicom/software/ctn/binaries/
i assume you can load one for pinnacle

it would be good if pinnacle gives a list of inconsistent slices
corvus has no problem. it puts the inconsistent slices in different study
we should ask Philips for better handling in future release

Ayyangar M. Komanduri Ph.D.
Professor & Chief of Medical Physics
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University of Nebraska Medical Center
987521 Nebraska Medical Center
Omaha, NE 68198-7521
(402)-552-3838, 3844
(402)-888-5719 pager
(402)-552-3926 - Fax
akomanduri@unmc.edu

"Cooper, Paul - SEQ" <Paul.Cooper@chw.edu>
Sent by: owner-pinnacle-users@explode.unsw.edu.au

To "'pinnacle-users@explode.unsw.edu.au'" <pinnacle-users@explode.unsw.edu.au>
cc
Subject Problems importing due to inconsistent FOV (in v6.2)

06/30/2005 02:40 PM

Please respond to pinnacle-users@explode.unsw.edu.au

Has anyone else run into trouble importing a CT or MRI (we are stuck with an
MRI study) where the images are rejected for import because the pixel size

is not consistent throughout the series? Philips tech support informed us
that earlier versions of DICOM read the pixel size value to five decimal
places, so a tiny fluctuation,even in just one image in a series, that is
not actually representative of a real FOV change will invalidate the whole
series. Later versions of DICOM are less strict, so 7.4 users should not see
this problem.
I am wondering if anyone knows of a way to edit the pixel size value in the
DICOM images, so that we can use them?

De:	Silgen, Patrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle brachytherapy
Fecha:	jueves, 30 de junio de 2005 22:56:26
Archivos adjuntos:	

Can someone tell me how Pinnacle calculates dose (cGy or Gy) for a permanent implant? I understand how Pinnacle calculates in terms of dose rate, but I don't see any documentation in the manuals explaining how dose is calculated for permanent implants. For what it's worth, I have entered my source data and commissioned point sources. I am able to get results for various points in terms of dose rate and dose (permanent implant), but I don't follow how Pinnacle comes up with it's result in terms of dose for a permanent implant. My initial guess is Pinnacle takes the dose rate and uses an effective half life to get to total dose. Ultimately, I am trying to compare results from my pre-planning software (Variseed), post-planning software (Pinnacle) to TG-43 hand calc.

Thanks for any input.

Pat Silgen
Methodist Hospital Minnesota

De:	Carolan, Martin
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Scripting object/syntax reference?
Fecha:	viernes, 01 de julio de 2005 0:38:20
Archivos adjuntos:	

Me too. I asked this question quite some time ago and nothing materialised so I'm guessing no such resource exists - if this is truly the case perhaps Philips could look at compiling one???

Martin C

Martin Carolan PhD
Senior Medical Physicist
Illawarra Cancer Care Centre
Wollongong NSW 2500
Australia

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Thompson, Stephen K
Sent: Friday, 1 July 2005 6:00 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Scripting object/syntax reference?

Is there a reference for the objects and syntax of the scripting language?

I've reverse-engineered enough scripts! It would be a heck of a lot easier if I could just locate the syntax and objects in a document...

Anyone know?

Steve T

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Stephen K. Thompson, M.S.
Medical Physicist

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De:	Ostapiak, Orest
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Scripting object/syntax reference?
Fecha:	viernes, 01 de julio de 2005 0:49:22
Archivos adjuntos:	

You would have to ask the Pinnacle developers directly for syntax, but it is easy to figure out if you look at the transcript files in the patient's plan directory.
Orest.

-----Original Message-----
From: Thompson, Stephen K [mailto:ThompsSK@sutterhealth.org]
Sent: Thursday, June 30, 2005 4:00 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Scripting object/syntax reference?

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De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Scripting object/syntax reference?
Fecha:	viernes, 01 de julio de 2005 1:30:56
Archivos adjuntos:	

Orest - well, I've done a fair amount of that. It's just painful!

Do you know how to step through the list of beams to do something, but stop when you get to the last beam? The caveat is that you don't know how many beams will be in the list and also that you need to avoid beams that are not of type "Step and Shoot MLC."

Steve T

==========

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-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Ostapiak, Orest
Sent: Thursday, June 30, 2005 3:44 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: Scripting object/syntax reference?

You would have to ask the Pinnacle developers directly for syntax, but it is easy to figure out if you look at the transcript files in the patient's plan directory. Orest.

-----Original Message-----
From: Thompson, Stephen K [mailto:ThompsSK@sutterhealth.org]
Sent: Thursday, June 30, 2005 4:00 PM
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De:	Erik van Dieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Problems importing due to inconsistent FOV (in v6.2)
Fecha:	viernes, 01 de julio de 2005 13:48:52
Archivos adjuntos:	

Hi,

I just had the same problem today. The CT user "switched" between reconstruction matrices during the scan. I used ConquestDicomserver as an intermediate Dicom station.
ftp://ftp-rt.nki.nl/outbox/MarcelVanHerk/dicomserver/dicom.html
It has the possibility to split a dataset into two, and to send only the correct one.

good luck

Erik

Dr E.B. van Dieren
Clinical Physicist

HaGaHospital, location Leyenburg
The Hague, The Netherlands

----- Original Message -----
From: "Cooper, Paul - SEQ" <Paul.Cooper@chw.edu>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Thursday, June 30, 2005 9:40 PM
Subject: Problems importing due to inconsistent FOV (in v6.2)

> Has anyone else run into trouble importing a CT or MRI (we are stuck with an
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> this problem.
> I am wondering if anyone knows of a way to edit the pixel size value in the
> DICOM images, so that we can use them?
>

Daarom wordt iedere aansprakelijkheid voor het gebruik van dit medium door het HagaZiekenhuis van de hand gewezen.
****

De: Harvey Gotts

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Replace old Lexmark Optra 45 printer

Fecha: viernes, 01 de julio de 2005 14:59:16

Archivos adjuntos:

Steve,
I would like to take you up on your offer for the steps you took to install your HP printer. We will most likely be getting an HP printer soon and it would be helpful to have this.
Thanks!
Harvey

>>> ThompsSK@sutterhealth.org 6/14/2005 2:07 PM >>>
We don't have a hardware contract either and replaced our color printer with an HP Color Laserjet 4600. The only drawback with that solution is that it only prints 8.5x11 but that's all we use anyway.

We wanted to use HP since that is what our IT department uses. And it works flawlessly.

I wrote down the steps I took to install the printer if you need/want it.

Steve T

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Harvey Gotts
Sent: Tue 6/14/2005 10:50 AM
To: pinnacle-users@explode.unsw.edu.au
Cc:
Subject: Replace old Lexmark Optra 45 printer

We are looking for a short-term/inexpensive replacement for our Lexmark Optra 45 color printer. This old printer is giving us problems (not printing B&W headers, etc). Philips tells us our only option is to purchase a Ricoh 7000 printer from them. (We do not carry a service contract.) Has anyone replaced their color printer independently of Philips? Did you have issues with your IT dept?

Your advice is appreciated.

****
NORTH BROWARD HOSPITAL DISTRICT CONFIDENTIALITY NOTICE:
This message and any included attachments are intended for the sole use of
The individual or entity to which it is addressed. This message may contain information
that is confidential and protected by federal and state law. If you are not the intended
recipient, you are hereby notified that any disclosure, copying, or distribution of this
message is strictly prohibited. If you received this message in error, please immediately
notify the sender by reply e-mail and then delete the original message and its
attachments without reading or saving the attachments in any manner. Thank you.
****

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Scripting object/syntax reference?
Fecha:	sábado, 02 de julio de 2005 18:23:22
Archivos adjuntos:	

Eureka!

Thanks to Orest who had shared a script a while ago I finally realized how to gain the most flexibility with scripting, including iterating over all beams, etc. Also thanks to a few people who shared other scripting info.

If anyone else is interested, email me for details...

Thanks all!

Steve T
Memorial Medical Center

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au on behalf of Ostapiak, Orest
> **Sent:** Thu 6/30/2005 3:44 PM
> **To:** 'pinnacle-users@explode.unsw.edu.au'
> **Cc:**
> **Subject:** RE: Scripting object/syntax reference?
>
> You would have to ask the Pinnacle developers directly for syntax, but it is easy to figure out if you look at the transcript files in the patient's plan directory.
> Orest.
>
> -----Original Message-----
> From: Thompson, Stephen K [mailto:ThompsSK@sutterhealth.org]
> Sent: Thursday, June 30, 2005 4:00 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Scripting object/syntax reference?
>
> Is there a reference for the objects and syntax of the scripting language?
>
> I've reverse-engineered enough scripts! It would be a heck of a lot

easier if I could just locate the syntax and objects in a document...

Anyone know?

Steve T

==========

Stephen K. Thompson, M.S.
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

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##########

De:	Deshpande, Nigel
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: varian 120leaf mlc relative leaf/jaw positions
Fecha:	lunes, 04 de julio de 2005 17:35:13
Archivos adjuntos:	

Dear Pinnacle users,

We have just commissioned a new (and our 1st) Varian 2100CD with millenium MLC. I am told that varian recommend that the Y jaw is positioned a few millimeters behind the most retracted mlc in order to that the field width is not restricted. Does anyone plan for this on Pinnacle (v7.4f) and what is the quickest way of achieving it using the auto-surround tools etc as these affect both X & Y?

Nigel Deshpande

Cancer Treatment Centre
Royal Free Hospital
London, UK.
0207 794 0500 bleep 021

> -----Original Message-----
> **From:** Thompson, Stephen K [mailto:ThompsSK@sutterhealth.org]
> **Sent:** 02 July 2005 17:11
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Scripting object/syntax reference?
>
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>
> Steve T
> Memorial Medical Center
>
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> > **From:** owner-pinnacle-users@explode.unsw.edu.au on behalf of Ostapiak, Orest
> > **Sent:** Thu 6/30/2005 3:44 PM
> > **To:** 'pinnacle-users@explode.unsw.edu.au'
> > **Cc:**
> > **Subject:** RE: Scripting object/syntax reference?

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Sent: Thursday, June 30, 2005 4:00 PM
To: pinnacle-users@explode.unsw.edu.au
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(209) 526-5280 (fax)
thompssk@sutterhealth.org

De:	Pipman, Yakov
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Scripting object/syntax reference?
Fecha:	miércoles, 06 de julio de 2005 0:14:59
Archivos adjuntos:	

Would you share the wisdom?

Regards, Yakov

Yakov Pipman, Ph. D.
Physics Section Head
Department of Radiation Oncology
Long Island Jewish Medical Center
270-05, 76th Ave.
New Hyde Park, NY 11040
e-mail: pipman@lij.edu
tel: 718-470-7199
FAX: 718-470-9756

From: Thompson, Stephen K [mailto:owner-pinnacle-users@explode.unsw.edu.au]
On Behalf Of Thompson, Stephen K
Sent: Saturday, July 02, 2005 12:11 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Scripting object/syntax reference?

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Memorial Medical Center

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##

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Sun Fire V250 configured for RAID
Fecha:	miércoles, 06 de julio de 2005 0:18:51
Archivos adjuntos:	

Is anyone running a Pinnacle on a Sun Fire V250 configured for RAID?

I was wondering if you configured it yourself or got Philips to do it?
My understanding is that RAID 5 is simplest option.
Does it affect the read speed from disk, is it faster or slower than a
single disk?
What is the final capacity and how do you backup?

This might be a little academic as Sun have discontinued the Sun Fire V250.
Does anyone know if Philips have announced what the replacement will be?

Regards

Nick

De:	Andreas Liebhold
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	advise needed in commissioning of electron module
Fecha:	miércoles, 06 de julio de 2005 12:40:47
Archivos adjuntos:	

Dear pinnacle users,
in our hospital were are working on implementing the pinnacle ELECTRON module. We are using a Varian 2100 accelarator.
Maybe somebody of you have already experience in verifying and commissioning the machine. Have you got some good hints or procedures to verify in reasonable time that the calculated dose is correct? So far the the only way I know is to compare optically (via printouts with the same scaling) the measured dose profiles with the profiles calculated, which is quite bothersome for so many field configurations.
Did you also recognize that the calculated Depth-Dose-Curves of certain fieldsizes fit perfectly whereas others of almost the same size show big deviations compared to the measured curves???
In which way did you verify your pinnacle model? Via calculation by hand?
How did you verify the dose for irregular fieldshapes?
That's my first time of comisssioning the Pinnacle electron module, so any help is welcome.
Many thanks in advance,

Andreas

Dipl.-Ing. Andreas Liebhold
Medizinphysiker
Zentralklinikum Augsburg (Germany)
email: a.liebhold@gmx.de

--

unsubscribe pinnacle-users <e-mail address>
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##

De:	Wilfried Maier
A:	Alexander Schwennicke;
Cc:	
Asunto:	Anforderung ÄS BLÄK - Lantis
Fecha:	miércoles, 06 de julio de 2005 13:24:15
Archivos adjuntos:	

Hallo Alexander,

wie habt Ihr die Listen für die ÄS zusammengestellt. Im Report sind ja keine Dosen, Fraktionierungen und Namen der ZV protokolliert?
Monatsreport inds Excel exportiert und dann alles per Hand nachgetragen?

Gruß
Wilfried

De:	Chris Deibel
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Importing MRI from Vitrea CDROM
Fecha:	miércoles, 06 de julio de 2005 23:54:38
Archivos adjuntos:	

Patients are often referred to us from other institutions.
Their MRIs were scanned elsewhere, and imaging information
is sent to us on a CDROM about which we know little.

Our present problem MRI set on CDROM was written by
a Vitrea workstation that took the data from a Toshiba MRI
scanner. That MRI scanner does not have a CD burner.

We tried to read this CDROM on Pinnacle but could not.
We even tried to copy the scans on to /files/network/DICOM.
When we try to read images from CDROM or from "network",
the files with the patient name are not found... are not
displayed in the image import window. When I use the unix
command "file *", these files that I copied to /files/network/DICOM
show as type "text" while images readable by Pinnacle are
file type "data".

Pinnacle support looked at the CDROM and told us that these
are not dicom images, yet Vitrea insists they are. If one
puts the CDROM on a PC, the images appear clear, using the
Vitrea software included on the CDROM. If one puts the CD
on a Macintosh and uses OsiriX, the images appear clear
as well. If the image directory in OsiriX is copied to
Pinnacle using binary FTP, the images are not seen in Pinnacle,
and "file *" still says they are "text" even though while on
the Mac, "file *" says they are "DICOM medical imaging data".

The patient is now scheduled for an MRI here, but we would
like to save the patient this expense.

Any thoughts?

Thanks.

-Chris Deibel

De:	Ray Kaczur
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Importing MRI from Vitrea CDROM
Fecha:	jueves, 07 de julio de 2005 0:18:37
Archivos adjuntos:	

Hi Chris,

I'll take a stab at this maybe it may help, maybe not, but perhaps worth a try.

Pinnacle requires the CD be made and finalized using ISO 9660 format. A PC may be able to read the CD but Pinnacle cannot.

One thing you can try is to re-burn the files (files only, not a CD-copy) form a PC using software like Nero. You can download a trial version at www.nero.com and try it.

Re-burn it after selecing the files from the original CD and re-burn it with ISO 9660 format and be sure to finalize the CD, ie not a multissession CD. Then try reading it in ADAC.

Let me know if it works..

Ray Kaczur, M.S.

----- Original Message -----
From: "Chris Deibel" <deibelc@ccf.org>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Wednesday, July 06, 2005 5:45 PM
Subject: Importing MRI from Vitrea CDROM

> Patients are often referred to us from other institutions.
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> is sent to us on a CDROM about which we know little.
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> Any thoughts?
>
> Thanks.
>
> -Chris Deibel
>
>
>

>

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Importing MRI from Vitrea CDROM
Fecha:	jueves, 07 de julio de 2005 0:23:30
Archivos adjuntos:	

Chris

I have no experience of the Vitrea system, but it is common for 3rd party PACS systems to archive in a screen capture format. This is still covered by DICOM so they can claim that the images are DICOM. However they are not the original "raw" data required by Pinnacle and treatment planning systems in general.

If the MRI centre still has the original data (on the MRI), try sending it to a workstation using one of the many DICOM utility programs and burning a CD from there.

Regards

Nick
At 05:45 PM 6/07/2005 -0400, you wrote:
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>is sent to us on a CDROM about which we know little.
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De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Importing MRI from Vitrea CDROM
Fecha:	jueves, 07 de julio de 2005 0:26:25
Archivos adjuntos:	

Or, you could go back to the source and ask them to send the images over
a DICOM network connection, the way DICOM was intended to be used.

Ira Kalet

Ray Kaczur wrote:
> Hi Chris,
>
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>
>
>
>
> ----- Original Message ----- From: "Chris Deibel" <deibelc@ccf.org>
> To: <pinnacle-users@explode.unsw.edu.au>
> Sent: Wednesday, July 06, 2005 5:45 PM
> Subject: Importing MRI from Vitrea CDROM
>
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De:	Bawa, Walter
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: [SPAM] - Importing MRI from Vitrea CDROM - Found word(s) list error in the Text body
Fecha:	jueves, 07 de julio de 2005 2:42:27
Archivos adjuntos:	

Chris,
You want to try and locate the dicom folder on a PC and copy the entire contents of the CD via ftp or so into
you may have to zip the entire contents in window and unzip unto the /autoDataSets/ DICOM folder in solaris.
/autoDataSets/DICOM (/files/network/DICOM)
I have made the experience that, some MRI CD creator programs(efilms) simply create a sub folder on the CD called "DICOM" with all patient dicom , while other simply copy the dicom files onto the cd.You should be able to recognise the dicom files by the consistency of the slice number and the slice size(CT slice aprox 515kb)

hope this helps

Walter Bawa,Dipl. Math.
Programmer Analyst.
Grand River Regional Cancer Centre.
Grand River Hospital
Kitchener, ON
Canada

-----Original Message-----
From: Chris Deibel [mailto:deibelc@ccf.org]
Sent: Wednesday, July 06, 2005 3:45 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: [SPAM] - Importing MRI from Vitrea CDROM - Found word(s) list error in the Text body

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Thanks.

-Chris Deibel

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De:	Bawa, Walter
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: [SPAM] - Importing MRI from Vitrea CDROM - Found word(s) list error in the Text body
Fecha:	jueves, 07 de julio de 2005 2:47:42
Archivos adjuntos:	

Chris,
You could also let the Vitrea systems Guys create a Dicom Node for you on their end (assuming is in the same hospital)

They will need
the server's IP address:?
server Port:normally 104
server AETITLE:normally(ADACRTP_SCP) check this

This should be the easiest way to go

Walter

-----Original Message-----
From: Chris Deibel [mailto:deibelc@ccf.org]
Sent: Wednesday, July 06, 2005 3:45 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: [SPAM] - Importing MRI from Vitrea CDROM - Found word(s) list error in the Text body

Patients are often referred to us from other institutions.
Their MRIs were scanned elsewhere, and imaging information
is sent to us on a CDROM about which we know little.

Our present problem MRI set on CDROM was written by
a Vitrea workstation that took the data from a Toshiba MRI
scanner. That MRI scanner does not have a CD burner.

We tried to read this CDROM on Pinnacle but could not.

We even tried to copy the scans on to /files/network/DICOM.
When we try to read images from CDROM or from "network",
the files with the patient name are not found... are not
displayed in the image import window. When I use the unix
command "file *", these files that I copied to /files/network/DICOM
show as type "text" while images readable by Pinnacle are
file type "data".

Pinnacle support looked at the CDROM and told us that these
are not dicom images, yet Vitrea insists they are. If one
puts the CDROM on a PC, the images appear clear, using the
Vitrea software included on the CDROM. If one puts the CD
on a Macintosh and uses OsiriX, the images appear clear
as well. If the image directory in OsiriX is copied to
Pinnacle using binary FTP, the images are not seen in Pinnacle,
and "file *" still says they are "text" even though while on
the Mac, "file *" says they are "DICOM medical imaging data".

The patient is now scheduled for an MRI here, but we would
like to save the patient this expense.

Any thoughts?

Thanks.

-Chris Deibel

De:	Plenkovich, Dinko PhD
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Eclipse Mailing List
Fecha:	jueves, 07 de julio de 2005 7:30:03
Archivos adjuntos:	

Is there any list server for Eclipse treatment planning system, similar to this one for Pinnacle.

Thank you,
Dinko Plenkovich, Ph.D.
dinko@post.harvard.edu
(785)354-5319

De:	Chen, Hansen
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Importing MRI from Vitrea CDROM
Fecha:	jueves, 07 de julio de 2005 16:39:00
Archivos adjuntos:	

Hi, Chris:

Couple of steps you might want to test out after
you copied your DICOM images from CD to Pinnacle's
/files/network/DICOM directory:
1. Try to rename the original Dicom filenames into
   a shorter format with the file extension of ".img"
2. Change Mode for these image files to
   chmod 666
To see if Pinnacle can reveal patient 's name from the
list now.

Best wishes,
Hansen Chen
Christiana Care

-----Original Message-----
From: Chris Deibel [mailto:deibelc@ccf.org]
Sent: Wednesday, July 06, 2005 5:45 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Importing MRI from Vitrea CDROM

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Thanks.

-Chris Deibel

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##

De:	Maria Cristina Pressello
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle & Elekta Precise: conformal arc?
Fecha:	lunes, 11 de julio de 2005 14:19:19
Archivos adjuntos:	

Ciao to everybody!
I work with Pinnacle3 7.4f and Elekta Precise Linac. I
am not able to send to the Linac a plan with a
Conformal arc with DICOM RT protocol. I followed all
instructions on the DICOMRT statements manual and the
plan seems to leave, and it can be sent to an internal
DICOM node but not to the linac. The .log file at
Elekta consolle says: plan too complex (even if with 3
control point!).
Does anybody have any experience about this problem?
Thank you
cristina

De:	Ozard, Siobhan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	software integrity checks in Pinnacle
Fecha:	lunes, 11 de julio de 2005 23:31:48
Archivos adjuntos:	

Hi Everyone,

Does anyone know what software integrity checks (like CRCs) are done in Pinnacle to verify the integrity of the RTP system data files and executables?

I'm interested from a quality assurance point of view, to know what is checked and how often.

Much thanks,
Siobhan Ozard

Siobhan Ozard, Ph.D., MCCPM
Department of Medical Physics
Windsor Regional Cancer Centre
2220 Kildare Rd.
Windsor, ON
CANADA
N8W 2X3

Siobhan_Ozard@wrh.on.ca
Phone: (519) 253-3191 xtn 58718
Pager: (519) 251-6401

sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Vadim Kuperman
A:	ADAC;
Cc:	
Asunto:	Omni Pro data conversion into ADAC format
Fecha:	martes, 12 de julio de 2005 11:12:33
Archivos adjuntos:	

It appears that conversion of scan data in Omni Pro software into ADAC Pinnacle format doesn't work for profiles obtained with a non-zero offset. That is, only profiles with zero offset can be converted within Omni Pro. Omni Pro people advised me to first save profiles in ASCII format, then edit the ASCII files to remove the offset. The next steps: a) open ASCII files in Omni Pro; b) convert data into ADAC format with zero offset; c) use ADAC editing tools during import to define the true physical offset. I find this very cumbersome and difficult to implement.

Does anyone know an efficient way of converting profiles with an offset by using Omni Pro?

Vadim Kuperman

account will not be distributed unless that account is also subscribed.
##

De:	Goodwin, James H.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Omni Pro data conversion into ADAC format
Fecha:	martes, 12 de julio de 2005 16:48:56
Archivos adjuntos:	

Vadim,

We ran into the same problem. An easy fix was to set the Omni Pro origin at the offset position and collect the offset data with Omni Pro thinking that you were on the CAX. Then the data can be converted to ADAC format as usual. When you input it into Pinnacle, there is a place where you can specify that the data did indeed have an offset.

Jim Goodwin
Fletcher Allen Health Care
802 847 2896

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Vadim Kuperman
Sent: Tuesday, July 12, 2005 04:55
To: ADAC
Subject: Omni Pro data conversion into ADAC format

It appears that conversion of scan data in Omni Pro software into ADAC Pinnacle format doesn't work for profiles obtained with a non-zero offset. That is, only profiles with zero offset can be converted within Omni Pro. Omni Pro people advised me to first save profiles in ASCII format, then edit the ASCII files to remove the offset. The next steps: a) open ASCII files in Omni Pro; b) convert data into ADAC format with zero offset; c) use ADAC editing tools during import to define the true physical offset. I find this very cumbersome and difficult to implement.

Does anyone know an efficient way of converting

profiles with an offset by using Omni Pro?

Vadim Kuperman

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Omni Pro data conversion into ADAC format
Fecha:	miércoles, 13 de julio de 2005 3:23:26
Archivos adjuntos:	

Thank you for your suggestion. Unfortunately, we already have all data collected. By the way - if you have a Varian linac with MLC - did you observe a 2-3 mm difference between the nominal field width and the measured field width of cross-plane profiles collected for MLC shaped fields?

Vadim Kuperman

--- "Goodwin, James H." <James.Goodwin@vtmednet.org> wrote:

> Vadim,
>
> We ran into the same problem. An easy fix was to
> set the Omni Pro
> origin at the offset position and collect the offset
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> Jim Goodwin
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> 802 847 2896
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> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On
> Behalf Of Vadim
> Kuperman

> Sent: Tuesday, July 12, 2005 04:55
> To: ADAC
> Subject: Omni Pro data conversion into ADAC format
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> Vadim Kuperman
>
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>
> _____
> Sell on Yahoo! Auctions - no fees. Bid on great
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De:	DAVID SHEPARD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Improving Pinnacle Speed
Fecha:	jueves, 14 de julio de 2005 21:56:36
Archivos adjuntos:	

Hello,

We have 7 Pinnacle workstations, and our dosimetrists are complaining about the speed of the systems. The systems seems to get particularly slow during the afternoon.

I was wondering what suggestions there might be on how to improve the speed of Pinnacle. I know for example that turning off the 3D display of organs improves performance.

Thanks,
Dave Shepard

* David Shepard
* Department of Radiation Oncology
* University of Maryland School of Medicine
* 22 South Greene St.
* Baltimore, MD 21201-1595
* ph. 410-328-1831 fax 410-328-5279

De:	Therezo, ET
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Improving Pinnacle Speed
Fecha:	jueves, 14 de julio de 2005 22:17:10
Archivos adjuntos:	SLOW SYSTEM TIP.doc

Hope this helps!

e.t.
Elizabeth Therezo, RTT, CMD
Comprehensive Cancer Centers of Nevada
10001 S. Eastern Ave. Suite 108
Henderson, Nevada 89052
(702) 952-3350 X5518

-----Original Message-----
From: DAVID SHEPARD [mailto:dshepard@umm.edu]
Sent: Thursday, July 14, 2005 12:33 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Improving Pinnacle Speed

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* 22 South Greene St.
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* ph. 410-328-1831 fax 410-328-5279

De:	Marisa A Sheehan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Improving Pinnacle Speed
Fecha:	jueves, 14 de julio de 2005 22:45:57
Archivos adjuntos:	

---

polygon regions of interest feature seems burdensome to system

use ROI point reduction feature every time an ROI edit is made, including expansions, etc.

use Clean ROI feature, especially after doctors contour, or paint brush is used

after autoblock feature is used, proven and accepted, repace with a manual block

use single view or the 3 view (no 3D window)

keep workspace as clean as possible (don't keep ROI or Beam spreadsheets or weighting options open)

minimize dose grid size and maximize resolution

delete trials after they are found to be useless

exit from plan, exit from institution, exit from Pinnacle, and leave pinnacle closed whenever practical

clear Dicom image deletion files from within the dicom image directory and from workspace tool menu feature

archive/delete patients

good luck,
marisa sheehan
St.Mary's Health Care
Lacks Cancer Center
Radiation Oncology
Grand Rapids, Michigan
sheehama@trinity-health.org

>>> dshepard@umm.edu 7/14/2005 3:33:12 PM >>>

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De:	Chen, Hansen
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Improving Pinnacle Speed
Fecha:	jueves, 14 de julio de 2005 23:17:24
Archivos adjuntos:	

I think David's point is @
"get particularly slow during the afternoon".

We experience the same scenario with our 9 workstations
especially near 4, 5 o'clock in the afternoon...
Pinnacle is kindly reminding us to go home I guess. :-)

I am throwing the following possible considerations
to see if someone with strong system senses can tell
us the answers, thanks in advance.

1. Is it possible that after a day of planning / computing,
   the system memory almost used up?
   (Is reboot working or is logging out all W/S working?)
2. Is it possible that Solaris is running some background
   tasks at specific time everyday?
3. Is it possible that the hospital network is executing
   some tasks at the specific time of the day as well?

Best wishes,
Hansen Chen
Christiana Care, DE

-----Original Message-----
From: DAVID SHEPARD [mailto:dshepard@umm.edu]
Sent: Thursday, July 14, 2005 3:33 PM
To: pinnacle-users@explode.unsw.edu.au
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De:	Bawa, Walter
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: [SPAM] - RE: Improving Pinnacle Speed - Found word(s) list error in the Text body
Fecha:	jueves, 14 de julio de 2005 23:53:13
Archivos adjuntos:	

We have the same problem here at Grand River Cancer centre,

-----Original Message-----
From: Chen, Hansen [mailto:Hchen@Christianacare.org]
Sent: Thursday, July 14, 2005 3:08 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: [SPAM] - RE: Improving Pinnacle Speed - Found word(s) list error in the Text body

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Christiana Care, DE

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From: DAVID SHEPARD [mailto:dshepard@umm.edu]
Sent: Thursday, July 14, 2005 3:33 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Improving Pinnacle Speed

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Dave Shepard

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De:	Will Christia
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Improving Pinnacle Speed
Fecha:	viernes, 15 de julio de 2005 1:40:34
Archivos adjuntos:	

David,

We are using Sun Blades with 7.4 and I discovered something that everyone else probably knows. If you delete files using the file manager shell instead of X-term commands, those files are copied to the trash can. Check and Shred the trash can contents! All it takes is a couple of archive files to gum up your system. Trust me.

Cheers,

Will Christian
Satilla Regional Cancer Treatment Center
WAycross, GA

--- DAVID SHEPARD <dshepard@umm.edu> wrote:

>
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>
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> * David Shepard
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##

De:	Eason, Guy
A:	Pinnacle-Users (E-mail);
Cc:	
Asunto:	Is DRR import planning available for pinnacle.
Fecha:	viernes, 29 de julio de 2005 19:30:49
Archivos adjuntos:	

Does any know if pinnacle is now able to handle a single film (CR or DR) input and do irreg planning from that Dcom image?

Guy Eason
Radiation Oncology
Phoebe Putney Memorial Hospital
(229) 312-2280

De:	Ozard, Siobhan
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	CT image "delete" button
Fecha:	jueves, 04 de agosto de 2005 1:21:04
Archivos adjuntos:	

Hi Everyone,

Unfortunately since upgrading to DICOM Image 4.4b and Pinnacle 7.6c we have been unable to delete CT data from the "Select Image for Import" window. Specifically the "delete" button in that window does not function properly. The "delete" button is a convenient way to erase CT data. Has anyone encountered this problem before and knows how to rectify it??

Thanks,
Siobhan

Siobhan Ozard, Ph.D., MCCPM
Department of Medical Physics
Windsor Regional Cancer Centre
2220 Kildare Rd.
Windsor, ON
CANADA
N8W 2X3

Siobhan_Ozard@wrh.on.ca
Phone: (519) 253-3191 xtn 58718
Pager: (519) 251-6401

##

De:	Ohm, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: CT image "delete" button
Fecha:	jueves, 04 de agosto de 2005 13:50:38
Archivos adjuntos:	

We have also seen this and PROS is aware. The delete button will remove whatever image set is at the *top* of the list, at least in our case.
As a work-around, you may have a unix script available by 'right-clicking' on the desktop and selecting 'Delete DICOM Images'.
This is what we do for now if the image set at the top of the list needs to remain available for import. If you don't have the script, call tech support and have them put it there.

Mike

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Ozard, Siobhan
Sent: Wednesday, August 03, 2005 7:03 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: CT image "delete" button

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Specifically the "delete" button in that window does not function properly.
The "delete" button is a convenient way to erase CT data. Has anyone encountered this problem before and knows how to rectify it??

Thanks,
Siobhan

Siobhan Ozard, Ph.D., MCCPM
Department of Medical Physics

Windsor Regional Cancer Centre
2220 Kildare Rd.
Windsor, ON
CANADA
N8W 2X3

Siobhan_Ozard@wrh.on.ca
Phone: (519) 253-3191 xtn 58718
Pager: (519) 251-6401

De:	Chris Deibel
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	BEV DRR: how to transfer to Impac
Fecha:	jueves, 04 de agosto de 2005 16:45:52
Archivos adjuntos:	

Can you tell me how to transfer a Beams Eye View to Impac?
We presently print to film, then scan the film in.
There should be an easier way.

I thought about printing the window to a file, ftp it
to Impac, convert from postscript to pdf, then import...
there should be a better way!

Thanks.

-Chris

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: BEV DRR: how to transfer to Impac
Fecha:	jueves, 04 de agosto de 2005 16:56:55
Archivos adjuntos:	

Call ADAC and they will set up a printer option for IMPAC. Then you can select this for your printer and bingo the DRR goes to IMPAC.

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Chris Deibel
Sent: Thu 8/4/2005 10:34 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: BEV DRR: how to transfer to Impac

Can you tell me how to transfer a Beams Eye View to Impac?
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There should be an easier way.

I thought about printing the window to a file, ftp it
to Impac, convert from postscript to pdf, then import...
there should be a better way!

Thanks.

-Chris

De:	Bud Baker
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: BEV DRR: how to transfer to Impac
Fecha:	jueves, 04 de agosto de 2005 16:58:10
Archivos adjuntos:	

Do you have ViewStation?

>>> deibelc@ccf.org 08/04/05 10:34 AM >>>
Can you tell me how to transfer a Beams Eye View to Impac?
We presently print to film, then scan the film in.
There should be an easier way.

I thought about printing the window to a file, ftp it
to Impac, convert from postscript to pdf, then import...
there should be a better way!

Thanks.

-Chris

De:	Crooks, Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	7.4 Modeling
Fecha:	jueves, 04 de agosto de 2005 17:02:52
Archivos adjuntos:	

Hi All,

Has anyone had problems modeling Varian 2100CD wedges on version 7.4 (or other versions)? I can get the profiles of the 45 and 60 degree wedges to match in one direction or the other but not both. Any tips would be greatly appreciated. Thanks.

Ian Crooks
Danbury Hospital
Danbury, CT

De:	Ozard, Siobhan
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: CT image "delete" button
Fecha:	jueves, 04 de agosto de 2005 17:07:50
Archivos adjuntos:	

Thanks Mike.

I just tried deleting the first CT scan in the list with the "delete" button and this works. One has to "reread" the exam directory to see the change. We do have the Unix script to "Delete DICOM Images". I'm avoiding using the script because I think use of the script may be causing what I call a "missing CT scan" problem: sometimes a CT scan sent from the CT server doesn't appear in the Pinnacle CT exam list. So CTs have to be sent twice. This missing CT scan problem seems to occur after using the script. There will be a single missing CT scan and then the problem doesn't occur again for a while.

PROS did take a look at our filesystem for both the "delete" button and "missing CT scan" problems and did not found anything out of the ordinary.

Thanks,
Siobhan

-----Original Message-----
From: Ohm, Mike [mailto:OHMM@ccf.org]
Sent: Thursday, August 04, 2005 7:39 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: CT image "delete" button

We have also seen this and PROS is aware. The delete button will remove whatever image set is at the *top* of the list, at least in our case.
As a work-around, you may have a unix script available by 'right-clicking' on the desktop and selecting 'Delete DICOM Images'. This is what we do for now if the image set at the top of the list needs to remain available for import. If you don't have the script, call tech support and have them put it there.

Mike

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Ozard, Siobhan
Sent: Wednesday, August 03, 2005 7:03 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: CT image "delete" button

Hi Everyone,

Unfortunately since upgrading to DICOM Image 4.4b and Pinnacle 7.6c we have
been unable to delete CT data from the "Select Image for Import" window. Specifically the "delete" button in that window does not function properly.
The "delete" button is a convenient way to erase CT data. Has anyone encountered this problem before and knows how to rectify it??

Thanks,
Siobhan

Siobhan Ozard, Ph.D., MCCPM
Department of Medical Physics
Windsor Regional Cancer Centre
2220 Kildare Rd.
Windsor, ON
CANADA
N8W 2X3

Siobhan_Ozard@wrh.on.ca
Phone: (519) 253-3191 xtn 58718
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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send
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##

De:	Chris Deibel
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: BEV DRR: how to transfer to Impac
Fecha:	jueves, 04 de agosto de 2005 17:57:46
Archivos adjuntos:	

Thankyou for the many responses. Some wanted to know
what I found, so here it is:

1) Pros support said:
You can do this via Dicom Print. Call into support and tell them you want to have Dicom print to IMPAC setup. As long as you guys have Dicom RT from
us it is quick, easy, and free.

(I have a call in to Pros Support and am waiting their reply.)

2) Instructions as to how to do this once the "printer" is installed are available on the web, through customer login at http://apps1.medical.philips.com/. Go to "documentation" on the left margin, under "application notes" find
"Send DRRs from Pinnacle3 to Impac".

-Chris

De:	Lee Zarger
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: 7.4 Modeling
Fecha:	jueves, 04 de agosto de 2005 18:21:45
Archivos adjuntos:	

No but FYI- for the Elekta the software version transition went seamlessly(because of the way the jaws are in relation to the MLC)and just think- only one wedge to check!

-----Original Message-----
From: Crooks, Ian [mailto:Ian.Crooks@danhosp.org]
Sent: Thursday, August 04, 2005 10:57 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: 7.4 Modeling

Hi All,

Has anyone had problems modeling Varian 2100CD wedges on version 7.4 (or other versions)? I can get the profiles of the 45 and 60 degree wedges to match in one direction or the other but not both. Any tips would be greatly appreciated. Thanks.

Ian Crooks
Danbury Hospital
Danbury, CT

De:	oozeer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: 7.4 Modeling
Fecha:	jueves, 04 de agosto de 2005 20:00:29
Archivos adjuntos:	

Hi Ian,
i suppose you are talking about physical wedge since i haven't noticed any problems with the virtual wedge.
when there is a physical or motorized wedge, usually i have one model for non wedged fields and one model for wedged fields, copied from the non wedged field model
in the wedged field model i reoptimize the spectrum and electron contamination and the off axis softening factor, and i optimize the wedge scator factor, without changing the fluence (arbitrary), usually it is enough to get acceptable results.
best regards

Rashid OOZEER
CHD CASTELLUCCIO
AJACCIO
FRANCE
----- Original Message -----
From: "Crooks, Ian" <Ian.Crooks@danhosp.org>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Thursday, August 04, 2005 4:57 PM
Subject: 7.4 Modeling

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##

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Mantles revisited
Fecha:	viernes, 05 de agosto de 2005 16:47:29
Archivos adjuntos:	

Listers,

I was perusing the mantle thread from earlier this year and was wondering if anyone has had additional experience or success using:

1. 2 beams, one with cerro, the other with MLC?

2. IMRT?

for mantle sites.

Thanks in advance,

Sean Frigo

De:	Jennifer Buskerud
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Mantles revisited
Fecha:	viernes, 05 de agosto de 2005 18:24:04
Archivos adjuntos:	

No experience with IMRT but we have used cerro and MLC for the beams. We have also planned cases with cerro and MLC used for the same single beam.
Jen

Sean Frigo <sfrigo@turvillebay.com> wrote:

> Listers,
>
> I was perusing the mantle thread from earlier this year and was wondering if anyone has had additional experience or success using:
>
> 1. 2 beams, one with cerro, the other with MLC?
>
> 2. IMRT?
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> for mantle sites.
>
> Thanks in advance,
>
> Sean Frigo
>
>

De:	Therezo, ET
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Mantles revisited
Fecha:	lunes, 08 de agosto de 2005 22:02:16
Archivos adjuntos:	

Sean,
What exactly are you interested in "experience"?
We use Cerro for irregular shape and several fields with MLC in ADDITION to cerro. Composite plan done with field as if it were blocked.
Is that what your are looking for?

E.T.

Elizabeth Therezo, RTT, CMD
Comprehensive Cancer Centers of Nevada
(702) 953-3399 x5518

De:	Bawa, Walter
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Hermes medical System @GRRCC
Fecha:	miércoles, 10 de agosto de 2005 18:31:15
Archivos adjuntos:	

Hi All,

We have a two Dell prescision 360 X86 running solaris 8 which is used to do image coregistration(from Hermes medical system).With this computer we could coregister different images(CT & MRI).

These computers also acts as a mini pacs storage for Dicom images.
We have a dicom send/retrieve from The Acqsim to these computers and the automatic option is turn on in acqsim , which means every image scanned is pushed over to these systems both for storage and to work with in the working directory.

This is working excellent for us.

We also have a dicom send node to pinnacle.Which means coregistered images can be sent to pinnacle for planning.

We would want to coregister images, contour on the images and then send the images over.For now the system can't do that.I wonder if there is anyone out there doing

images coregistration with the Hermes medical system software.

We also like to be able to get Images(MRI,CT) from our hospital medical image department.We did create some send/retrieve nodes to our siemen pacs system but encountered some problems.

We have had cases where we need CT/MRI of patients already scanned by medical image Dept and stored in the siemen pacs.I have always had to put in a request for that to be sent to the pinnacle dicom node.

For some reason, The siemen guy could solve the problem of giving us retrieve right to the images.We could connect to the siemen pacs, query the image database, get a

patient list, but can not retrieve the images.

Has anyone come accross the difficulty of retrieving images from siemen pacs with a third party software?

De:	Bawa, Walter
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Remote Pinnacle
Fecha:	miércoles, 10 de agosto de 2005 18:33:51
Archivos adjuntos:	

To All,
We have Radonc. that need the capability of opening and contouring plans remotely. Has anyone succeeded in runing pinnacle remotely with the help of any third party application?
i think this is a huge drawback as the licenses are tied to the ip addresses of the displayed station.

With a window-based planning apps like eclipse, one could publish it in citrix and allow specific Docs access to it.

Walter

De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Remote Pinnacle
Fecha:	miércoles, 10 de agosto de 2005 18:43:09
Archivos adjuntos:	

Walter,

This is specifically disallowed by Philips, presumably for business reasons. I would imagine you could purchase additional licenses from Philips.

They have a viewing only arrangement, P3MD, but we have not yet been able to get them to make it work in a HIPAA compliant mode. We hope this will be resolved soon.

Ira

Bawa, Walter wrote:
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>
>

De:	Ostapiak, Orest
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Remote Pinnacle
Fecha:	miércoles, 10 de agosto de 2005 19:22:53
Archivos adjuntos:	

I had considered putting together something based on ImageJ (for example) whereby one would draw contours on the patient's planning CT data-set independently of Pinnacle, and then use a script to translate the contours into a Pinnacle plan.ROI file for import into the patient's plan.

I thought that this would make a good summer-student project, but there was not enough interest here.

Orest.

-----Original Message-----
From: Ira Kalet [mailto:ikalet@u.washington.edu]
Sent: Wednesday, August 10, 2005 12:36 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Remote Pinnacle

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##

De:	Pblax37@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Remote Pinnacle
Fecha:	miércoles, 10 de agosto de 2005 22:13:24
Archivos adjuntos:	

Hi everyone,

This is in reply to Walter's issue of remote contouring and image viewing on Pinnacle. We are currently using the P3MD module. Our MD's have it on their in office personal PC's. They can view images and plans already calculated as well as contour. They cannot generate dose in P3MD. This arrangement has worked very well on our in-house network. We are in the process of looking into the possibility of remote, off site, access for a MD who lives in another town to check plans and images. Our network engineer is concerned with firewall protection and speed issues. He's looking at T1 or T3 lines. But other than that P3MD would work perfect for in-house applications.

The only other option that I could come up with is the new laptop Phillips has come out with for Pinnacle, but you would have the same security and data speed issues we are looking at. The new Laptop is a full blown Pinnacle workstation, generate DRR's, Dose, et.

Respectfully.
Chris Lillicotch
Oconee Regional Cancer Center
Dublin, GA

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DICOM images form PACS
Fecha:	miércoles, 10 de agosto de 2005 22:44:56
Archivos adjuntos:	

Dear all,

I have a question concerning DICOM

Normally we send the CT images from the CT scanner and these are then received by the pinnacle system.
We do not have our own MR scanner and are therefore using MR images from our diagnostics department.
We would like to be able to get images from their DICOM PACS system simply by making an electronically query and retrieve in Dicom format. Another solution would of course be to call the diagnostics department each time we need images and have them to send the images to the pinnacle system. But such a solution does not seem to be optimal.

The diagnostic department has a SCP (service class provider) which will accept query and retrieve from our system. Thus I just need some system that I can use to request specific images. I assume that this software should be a SCU (service class user) which can send a query and ask to have the retrieved images directed to the pinnacle system.

Are there any one how have any experience in setting up such a system. As far as I know it is not possible to handle this situation inside Pinnacle without any additional software. There are a few free dicom projects which have implemented both SCU and SCP but it seems that I could spend many hours on all the details. Thus I will be happy to receive any information on this subject.

All the best,

Carsten

==========

Ph.D.
Carsten Brink
Radiofysisk laboratorium / Laboratory of radiation physics
Odense Universitetshospital / Odense University Hospital

DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 19
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DICOM images form PACS
Fecha:	miércoles, 10 de agosto de 2005 23:04:20
Archivos adjuntos:	

We had the PACs vendor setup a "target" that effectively pushes the selected images to our Pinnacle system. Quik and easy.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Remote Pinnacle
Fecha:	miércoles, 10 de agosto de 2005 23:17:48
Archivos adjuntos:	

I have used tight VNC to run a pinnacle workstation remotely from my pc at home.

Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bawa, Walter
Sent: Wednesday, August 10, 2005 10:23 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Remote Pinnacle

To All,
We have Radonc. that need the capability of opening and contouring plans remotely.
Has anyone succeeded in runing pinnacle remotely with the help of any third party application?
i think this is a huge drawback as the licenses are tied to the ip addresses of the displayed station.

With a window-based planning apps like eclipse, one could publish it in citrix and allow specific Docs access to it.

Walter

De:	Bawa, Walter
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Remote Pinnacle
Fecha:	jueves, 11 de agosto de 2005 0:18:20
Archivos adjuntos:	

How did you get around with the licenses??
What VNC server did you installed on the pinnacle workstation

Thanks

-----Original Message-----
From: Greg Gibbs [mailto:glgibbs@qwest.net]
Sent: Friday, June 24, 2005 3:09 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Remote Pinnacle

I have used tight VNC to run a pinnacle workstation remotely from my pc at home.

Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bawa, Walter
Sent: Wednesday, August 10, 2005 10:23 AM
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De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Remote Pinnacle
Fecha:	jueves, 11 de agosto de 2005 0:55:20
Archivos adjuntos:	

Pinnacle is still running on the Sun workstation, the license resides there. I am just controlling it remotely.

Greg Gibbs
Colorado Associates in Medical Physics

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bawa, Walter
> **Sent:** Wednesday, August 10, 2005 4:13 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Remote Pinnacle
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owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bawa, Walter
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De:	Bawa, Walter
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Remote Pinnacle
Fecha:	jueves, 11 de agosto de 2005 1:23:19
Archivos adjuntos:	

---

how is the speed?
what vnc server did you installed on pinnacle station?
Walter

> -----Original Message-----
> **From:** Greg Gibbs [mailto:glgibbs@qwest.net]
> **Sent:** Friday, June 24, 2005 4:41 PM
> **To:** pinnacle-users@explode.unsw.edu.au
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> > **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bawa, Walter
> > **Sent:** Wednesday, August 10, 2005 4:13 PM
> > **To:** pinnacle-users@explode.unsw.edu.au
> > **Subject:** RE: Remote Pinnacle
> >
> > How did you get around with the licenses??
> > What VNC server did you installed on the pinnacle workstation
> >
> > Thanks
> >
> > > -----Original Message-----
> > > **From:** Greg Gibbs [mailto:glgibbs@qwest.net]
> > > **Sent:** Friday, June 24, 2005 3:09 PM

To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Remote Pinnacle

I have used tight VNC to run a pinnacle workstation remotely from my pc at home.

Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bawa, Walter
Sent: Wednesday, August 10, 2005 10:23 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Remote Pinnacle

To All,
We have Radonc. that need the capability of opening and contouring plans remotely.
Has anyone succeeded in runing pinnacle remotely with the help of any third party application?
i think this is a huge drawback as the licenses are tied to the ip addresses of the displayed station.

With a window-based planning apps like eclipse, one could publish it in citrix and
allow specific Docs access to it.

Walter

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De:	William Bice, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Remote Pinnacle
Fecha:	jueves, 11 de agosto de 2005 7:54:22
Archivos adjuntos:	

Hey, Greg, could you please reset the date in your computer? Or the server, or whatever. You are a couple of months behind everyone else (it must be the lack of air) and when my email sorts by date, I have to hunt to find yours--which I always read.

Thanks.

Bill Bice

p.s. I absolutely hate the fact that Jerry is so well spoken and organized. The Lions (actually just him) slew the Christians (actually just me) at the AAPM meeting. What you hear now is the bleating of the sacrificial lamb...

Bill

Greg Gibbs <glgibbs@qwest.net> wrote:

> Pinnacle is still running on the Sun workstation, the license resides there. I am just controlling it remotely.
>
> Greg Gibbs
> Colorado Associates in Medical Physics
>
> > -----Original Message-----
> > **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bawa, Walter
> > **Sent:** Wednesday, August 10, 2005 4:13 PM
> > **To:** pinnacle-users@explode.unsw.edu.au
> > **Subject:** RE: Remote Pinnacle
> >
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What VNC server did you installed on the pinnacle workstation

Thanks

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Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bawa, Walter
Sent: Wednesday, August 10, 2005 10:23 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Remote Pinnacle

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Walter

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De:	Shikuan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Remote Pinnacle
Fecha:	jueves, 11 de agosto de 2005 22:40:25
Archivos adjuntos:	

You can check with Radiation Oncology Resources @ www.roresources.com. I fund its P3AyWhere product @ Seattle meeting. It can provide the remote accessing to Pinnacle.

Shikuan

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Bawa, Walter
Sent: Wednesday, August 10, 2005 9:23 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Remote Pinnacle

To All,
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With a window-based planning apps like eclipse, one could publish it in citrix and
allow specific Docs access to it.

Walter

De:	Julius_Turian@rush.edu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle inhomog commissioning - ppt slides
Fecha:	jueves, 11 de agosto de 2005 23:02:05
Archivos adjuntos:	

Greetings to all
Is anyone out there willing to share with me some of your slides adressing the issue of inhomogeneities. Our MD colleagus would very much like to understand the limitations and clinical implications.
Plese send them directly to me Julius_Turian@rush.edu
Thanks
Dr. Julius V Turian

De:	Naresh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle inhomog commissioning - ppt slides
Fecha:	viernes, 12 de agosto de 2005 1:08:43
Archivos adjuntos:	

Just in case you don't get a response soon enough about powerpoint slides:

You could run a plan (especially a thorax/lung) with all heterogeneities corrections turned on, save the plan. Create a copy trial of this plan.

In the trial version, turn off all hetereogeneity corrections, and use the trial comparison feature to demonstrate the effects of heteroegeities on and off simultaneously on screen. You can also compare dvh's for different trials to further evaluate the differences.

Respectfully,

Naresh

Julius_Turian@rush.edu wrote:

> Greetings to all
> Is anyone out there willing to share with me some of your slides adressing the issue of inhomogeneities. Our MD colleagus would very much like to understand the limitations and clinical implications.
> Plese send them directly to me Julius_Turian@rush.edu
> Thanks
> Dr. Julius V Turian

De:	Erik van Dieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	absolute dose calibration at SSD 90 cm
Fecha:	lunes, 15 de agosto de 2005 17:10:44
Archivos adjuntos:	

Dear All,

I recently tried to commission a machine at SSD 90 cm instead of SSD 100 cm, the distance I always used. I noticed the following during validation of monitor unit computations. (I do have some screen dumps, but I'll try to explain in words first.)

For calibration point depth 10 cm, source to calibration point distance 100 cm, 10 MV beam, dose/MU at calibration point was **set** at 0.08726 Gy/MU. When I commission the machine, compute the dose in that situation, and prescribe 1000 MU, the dose in 10 cm depth at SSD 90 cm point is actually 86.62 Gy, a ratio of 0.993
In Windows/Monitor Units, SSD, and effective depth are correct, but the normalized dose, which I expected to be unity, is actually 0.991, which largely explains the difference (remainder = rounding error = acceptable).

For 6 MV, the difference between calculated and set is even larger: 1.5%, with a similar "normalized dose" difference.

I never saw this problem when I used SSD 100 cm for output calibration during commissioning.

Two questions:
- shouldn't normalized dose be unity under reference conditions in windows/ monitor units?
- can anyone clarify this for me: why is the reference situation not reproduced in monitor unit computation?

sincerely,

Erik

Dr E.B. van Dieren
Clinical Physicist

HaGaHospital, location Leyenburg
The Hague, The Netherlands

De:	Ozard, Siobhan
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: absolute dose calibration at SSD 90 cm
Fecha:	lunes, 15 de agosto de 2005 17:20:09
Archivos adjuntos:	

---

what version of Pinnacle are you running?
what linac vendor are you commissioning?

Siobhan Ozard, Ph.D., MCCPM
Department of Medical Physics
Windsor Regional Cancer Centre
2220 Kildare Rd.
Windsor, ON
CANADA
N8W 2X3

Siobhan_Ozard@wrh.on.ca
Phone: (519) 253-3191 xtn 58718
Pager: (519) 251-6401

> -----Original Message-----
> **From:** Erik van Dieren [mailto:e.vdieren@hagaziekenhuis.nl]
> **Sent:** Monday, August 15, 2005 11:06 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** absolute dose calibration at SSD 90 cm
>
> Dear All,
>
> I recently tried to commission a machine at SSD 90 cm instead of SSD 100 cm, the distance I always used. I noticed the following during validation of monitor unit computations. (I do have some screen dumps, but I'll try to explain in words first.)
>
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sincerely,

Erik

Dr E.B. van Dieren
Clinical Physicist

HaGaHospital, location Leyenburg
The Hague, The Netherlands

De:	Janelle.Morrier.chs@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Janelle Morrier est absente.
Fecha:	lunes, 15 de agosto de 2005 17:37:33
Archivos adjuntos:	

Je serai absent(e) du 2005-08-13 au 2005-09-06.

Je serai absente du travail du 15 août au 2 septembre inclusivement.
Pendant mon absence, vous pouvez me contacter à l'adresse suivante :

morrier.janelle@mailcity.com

ou contacter mon collègue Patrice Jones à l'adresse suivante :

patrice.jones@chs02.qc.ca

Dans le cas contraire, je répondrai à votre message dès mon retour.

Merci,

Janelle Morrier

I am currently out of office (from August 15th to september 2nd). I will
get back to you as soon as possible.

Thanks,

Janelle Morrier

##

De:	Charland, Paule
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: absolute dose calibration at SSD 90 cm
Fecha:	lunes, 15 de agosto de 2005 20:37:12
Archivos adjuntos:	

Wasn't just a calc grid size effect?

Paule Madeleine Charland, PhD DABR
Medical Physics/Radiation Treatment Program
Grand River Hospital
P.O. Box 9056
835 King Street West
Kitchener, Ontario
N2G 1G3
Canada

paule.charland@grhosp.on.ca
PHONE: 519-749-4300 ext 5758
FAX 519-749-4394

> -----Original Message-----
> **From:** Erik van Dieren [mailto:e.vdieren@hagaziekenhuis.nl]
> **Sent:** Monday, August 15, 2005 11:06 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** absolute dose calibration at SSD 90 cm
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sincerely,

Erik

Dr E.B. van Dieren
Clinical Physicist

HaGaHospital, location Leyenburg
The Hague, The Netherlands

De:	Gibbons, John
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: absolute dose calibration at SSD 90 cm
Fecha:	martes, 16 de agosto de 2005 15:01:59
Archivos adjuntos:	

MDAnderson (c.f., Starkshall et al., JACMP 1:86-94 (2000)) reported dose rate differences between physics and clinical mode, due to the difference ray tracing was done in each mode. The MDACC folks added a ~0.5% to their normalization to account for this. This was fixed in later versions of Pinnacle (e. g., 6.2), but was present in at least a beta version of 7.4.

John P. Gibbons, Jr., Ph.D.
Chief of Clinical Physics
Mary Bird Perkins Cancer Center
4950 Essen Lane, Baton Rouge, 70809
Phone: 225.215.1145, *Fax:* 225.215.1215

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Erik van Dieren
Sent: Monday, August 15, 2005 10:06 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: absolute dose calibration at SSD 90 cm

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sincerely,

Erik

Dr E.B. van Dieren
Clinical Physicist

HaGaHospital, location Leyenburg
The Hague, The Netherlands

De:	Erik van Dieren
A:	carsten.brink@ouh.fyns-amt.dk;
Cc:	pinnacle-users@explode.unsw.edu.au;
Asunto:	Re: DICOM images form PACS
Fecha:	martes, 23 de agosto de 2005 17:52:43
Archivos adjuntos:	

Dear Carsten,

A bit late, but perhaps it is of help.

I used Conquest Dicom Server.
http://www.xs4all.nl/~ingenium/dicom.html

When you use this, the PACS should be set up to accept query/retrieve commands from your "PACS" PC.

Alternatively, most manufacturers (e.g. Toshiba), have a web based viewer, which also allows sending from the PACS to any station.

Note that both solutions require a good relationship with the radiologists, since they a distrusting of any stranger "entering" their system and viewing patient data without their permission. Technically, it is easy, but it still took me 3 months before access was granted.

sincerely,

Erik

Dr E.B. van Dieren
Clinical Physicist

HaGaHospital, location Leyenburg
The Hague, The Netherlands

----- Original Message -----
From: "Carsten Brink" <carsten.brink@ouh.fyns-amt.dk>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Wednesday, August 10, 2005 10:38 PM

Subject: DICOM images form PACS

> Dear all,
>
> I have a question concerning DICOM
>
> Normally we send the CT images from the CT scanner and these are then received by the pinnacle system.
> We do not have our own MR scanner and are therefore using MR images from our diagnostics department.
> We would like to be able to get images from their DICOM PACS system simply by making an electronically query and retrieve in Dicom format. Another solution would of course be to call the diagnostics department each time we need images and have them to send the images to the pinnacle system. But such a solution does not seem to be optimal.
>
> The diagnostic department has a SCP (service class provider) which will accept query and retrieve from our system. Thus I just need some system that I can use to request specific images. I assume that this software should be a SCU (service class user) which can send a query and ask to have the retrieved images directed to the pinnacle system.
>
> Are there any one how have any experience in setting up such a system. As far as I know it is not possible to handle this situation inside Pinnacle without any additional software. There are a few free dicom projects which have implemented both SCU and SCP but it seems that I could spend many hours on all the details. Thus I will be happy to receive any information on this subject.
>
> All the best,
>
> Carsten
>
>
>
> ==========
> Ph.D.
> Carsten Brink
> Radiofysisk laboratorium / Laboratory of radiation physics
> Odense Universitetshospital / Odense University Hospital
> DK-5000 Odense C
> Denmark
> Phone (+45) 65 41 29 19
> e-mail: carsten.brink@ouh.fyns-amt.dk
>

>
>
>
##
> To unsubscribe (yourself or other account) from the pinnacle-users mailing
list, send the message
> unsubscribe pinnacle-users <e-mail address>
> to majordomo@explode.unsw.edu.au.
>
> Note: To avoid non-delivery error messages being sent to all list
> members, the list has been configured so that messages can only be
> sent from a subscribed account. Messages sent from a users secondary
> account will not be distributed unless that account is also subscribed.
>
##
>

De:	Tanxia Qu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Min MLC position is setup at -10.00cm, but converted MLC position is -10.5
Fecha:	martes, 23 de agosto de 2005 19:07:19
Archivos adjuntos:	

Hello All,

We setup the min postion of Siemens Primus MLC to be -10.00cm. Several control points give -10.5 or -11.0 positions.

Do others have the same problem? How to tell Pinnacle3 to remember the rule?

--
Thank You.
Tanxia Qu

De:	Julius_Turian@rush.edu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	data loss
Fecha:	martes, 23 de agosto de 2005 21:31:58
Archivos adjuntos:	

We are experiencing some data loss during our treatment planning process with Pinnacle ver 7.6. Let me explain; The dosimetrist was working on a plan for about 3 hr and then quit planning following the correct closing routine. Few moments later he try to open the plan again to continue working on it. To my dismay when he open the plan all the info was lost including the CT data, contours, plan, etc. A root cause analysis revealed nothing unusual in the process. This is the second time such an incident occurred in the last 4-6 weeks. Has anyone else see this behavior. If so were you able to recover the info (image, plan etc). Is ADAC aware of the problem. Is this a software/ hardware, OS or user problem. I have to admit that I'm a new user and maybe that is why I find this so disturbing. Please reply to the list or directly to me.
Thanks

Julius V. Turian PhD DABMP
Assistant Professor / Medical Physicist
Rush University Medical Center
Department of Radiation Oncology / Medical Physics
1653 W. Congress Pkwy
Chicago IL 60612
phone 312.942.6086
email Julius_Turian@rush.edu

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: data loss
Fecha:	martes, 23 de agosto de 2005 23:00:44
Archivos adjuntos:	

Have you tried to make a database rebuild (can be done from the of the menu items in LaunchPad - Configuration if I remember correctly). We occasionally do see loss of CT data. Normally this is repaired after a database rebuild. I believe that our problems is related to a transfer from one institution to another. During this process the data might occasionally get lost (but as stated this is very seldom - during 5 years only once of twice have we not been able to recover the data by a rebuild)

All the best,

Carsten

Ps We are currently using version 6.2

Julius_Turian@rush.edu wrote:
> We are experiencing some data loss during our treatment
> planning process
> with Pinnacle ver 7.6. Let me explain; The dosimetrist was
> working on a
> plan for about 3 hr and then quit planning following the
> correct closing
> routine. Few moments later he try to open the plan again to
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> Please reply to the list or directly to me.
> Thanks
> Julius V. Turian PhD DABMP
> Assistant Professor / Medical Physicist
> Rush University Medical Center
> Department of Radiation Oncology / Medical Physics
> 1653 W. Congress Pkwy
> Chicago IL 60612
> phone 312.942.6086
> email Julius_Turian@rush.edu

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: data loss
Fecha:	miércoles, 24 de agosto de 2005 14:00:34
Archivos adjuntos:	

Julius

You say you are a new user. Do you know the path to the patient directory? Follow
/PrimaryPatientData/NewPatients/Institution_i/Mount_0/Patient_n
where i is institution number, and n is patient number. If you don't know these from when they where created, then look in
/PrimaryPatientData/NewPatients/LPDB

in the Patient dir you should find the image data, the Patient description file and a dir for each plan. If the data looks reasonably complete, try a database rebuild. If that doesn't work, try replacing the latest Patient file with one of the backups (the most recent with the correct plan info).

Its sometimes worth looking thru the transcript files in /PrimaryPatientData/NewPatients/logs. Sometime someone will have pressed exit without saving instead of save and exit. If they do this it clears the auto-backups, so all is gone back to last save. This will show in the transcript.

I don't think we had a problem with v6.2b for more than a year. However since v7.6c we've had at least one instance.

Regards

Nick

At 02:16 PM 23/08/2005 -0500, you wrote:

> We are experiencing some data loss during our treatment planning process with Pinnacle ver 7.6. Let me explain; The dosimetrist was working on a plan for about 3 hr and then quit planning following the correct closing routine. Few moments later he try to open the plan again to continue working on it. To my dismay when he open the plan all the info was lost including the CT data, contours, plan, etc. A root

cause analysis revealed nothing unusual in the process. This is the second time such an incident occurred in the last 4-6 weeks. Has anyone else see this behavior. If so were you able to recover the info (image, plan etc). Is ADAC aware of the problem. Is this a software/ hardware, OS or user problem. I have to admit that I'm a new user and maybe that is why I find this so disturbing. Please reply to the list or directly to me.
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Julius V. Turian PhD DABMP
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Rush University Medical Center
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1653 W. Congress Pkwy
Chicago IL 60612
phone 312.942.6086
email Julius_Turian@rush.edu

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au; impac-users@wfubmc.edu;
Cc:	
Asunto:	Checking paperless Pinnacle plans in IMPAC
Fecha:	jueves, 25 de agosto de 2005 23:38:51
Archivos adjuntos:	

Now that we have eScribe and eScan, we can save our Pinnacle plans in the Documents section of IMPAC. The beam text pages get saved as a WORD docucment using eScribe and the isodose pages get saved as TIF using eScan.

Now we are wondering how to perform the double check without a paper copy. It is not very satisfying to jump between windows to make sure the Pinnacle parameters match the IMPAC parameters.

Has anyone figured out the best way to do this?

De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	impac-users@wfubmc.edu;
Asunto:	Re: Checking paperless Pinnacle plans in IMPAC
Fecha:	viernes, 26 de agosto de 2005 0:31:44
Archivos adjuntos:	

BIG screen? Or multiple screens?

Ira Kalet

Scott DUBE wrote:
> Now that we have eScribe and eScan, we can save our Pinnacle plans in the Documents section of IMPAC. The beam text pages get saved as a WORD docucment using eScribe and the isodose pages get saved as TIF using eScan.
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>
> Has anyone figured out the best way to do this?
>
>
>
>
>
>
>

De:	Kent Krugh
A:	Pinnacle users list;
Cc:	
Asunto:	prescriptions exported with DICOM
Fecha:	viernes, 26 de agosto de 2005 17:05:42
Archivos adjuntos:	

Greetings all,

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Lantis users, what is your experience with DICOM plan exports?

Thanks,

==========
Kent Krugh kkrugh@goodnews.net

"The evidence for Christian truth is not exhaustive, but it is sufficient. Too often, Christianity has not been tried and found wanting -- it has been found demanding, and not tried."
...John Baillie
==========

@-->---

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Cooper, Paul - SEQ
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: prescriptions exported with DICOM
Fecha:	viernes, 26 de agosto de 2005 19:42:12
Archivos adjuntos:	

Seems too easy, but can't one just import the beams all under the 1st course, and then simply drag them over onto the boost prescription? That's how I would do it in Impac, I think Lantis is basically the same thing, isn't it?
There is also one advantage to the extra work on having separate trials, in that it is easier to fully optimize the two plans in isolation from each other. This topic was discussed a while back.

Paul Cooper

-----Original Message-----
From: Kent Krugh [mailto:kkrugh@goodnews.net]
Sent: Friday, August 26, 2005 7:46 AM
To: Pinnacle users list
Subject: prescriptions exported with DICOM

Greetings all,

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##########

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: prescriptions exported with DICOM
Fecha:	viernes, 26 de agosto de 2005 20:17:06
Archivos adjuntos:	

This isn't related to the original topic, I wouldn't want to do boost plans in "isolation" since I think it is important to evaluate dose to critical structures for the whole course. It is quite simple to set the prescription to "0 cGy" for the part of the composite that you do not want turned "on" while you optimize.

Regards,

Steve Thompson

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au on behalf of Cooper, Paul - SEQ
> **Sent:** Fri 8/26/2005 10:31 AM
> **To:** 'pinnacle-users@explode.unsw.edu.au'
> **Cc:**
> **Subject:** RE: prescriptions exported with DICOM
>
> Seems too easy, but can't one just import the beams all under the 1st course, and then simply drag them over onto the boost prescription? That's how I would do it in Impac, I think Lantis is basically the same thing, isn't it?
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>
> Paul Cooper
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> -----Original Message-----
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##########

De:	Jeff Limmer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: prescriptions exported with DICOM
Fecha:	viernes, 26 de agosto de 2005 20:21:31
Archivos adjuntos:	

Greetings,

We have a similar issue with VARiS, we need to go to a third-party program (we use Rad Calc) which allows us to enter more than one prescription into the R&V from Pinnacle. VARiS will not accept multiple prescriptions (e.g. boost) for the same plan/ trial.

I see this as a flaw in the R&V, not Pinnacle.

Happy Friday,
Jeff

Jeff Limmer MS Ed, MSc, DABR
Chief Medical Physicist - Radiation Oncology
E-Mail: jeffl@aspirus.org

UW Cancer Center Wausau
Phone: 715/847-2685
FAX: 715/847-2319
Riverview UW Cancer Center:
Phone: 715/422-9294
FAX: 715/421-7408

>>> kkrugh@goodnews.net 26-Aug-05 09:46:16 >>>
Greetings all,

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But with a new version 6.1 Lantis, Siemens is strongly suggesting we use DICOM export. We did a test DICOM export of a plan with two prescriptions in it: 1st course and a boost. After importing into Lantis, both courses came across under the same prescription, the 1st course. i.e. there was no boost prescription.

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##########

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Plotting in solaris
Fecha:	domingo, 28 de agosto de 2005 15:38:34
Archivos adjuntos:	

Dear all,

During commissioning of new accelerators in the physics module I would like to plot different graphs from the UNIX environment. Is there anyone who is using the Solaris system to do plotting of xy- data pairs? Any information would be appreciated.

I do think gplot should be able to do the job. Any simple example of its use would be helpful

All the best,
Carsten

==========
Ph.D.
Carsten Brink
Radiofysisk laboratorium / Laboratory of radiation physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 19
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	David Lockman, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Plotting in solaris
Fecha:	lunes, 29 de agosto de 2005 15:50:12
Archivos adjuntos:	

Hi Carsten -

If gplot is, as I think, a frontend to gnuplot, this page may prove helpful:
http://gplot.sourceforge.net/man.html
It looks like gplot accepts gnuplot commands - I have lots of source files (somewhere ...) for the latter, but there are samples on the above page that may suffice. Let me know if you need me to dig out my old files.

Dave

>>> carsten.brink@ouh.fyns-amt.dk 08/28/05 9:16 AM >>>
Dear all, During commissioning of new accelerators in the physics module I would like to plot different graphs from the UNIX environment. Is there anyone who is using the Solaris system to do plotting of xy- data pairs? Any information would be appreciated. I do think gplot should be able to do the job. Any simple example of its use would be helpful All the best,Carsten==========
Ph.D.
Carsten Brink
Radiofysisk laboratorium / Laboratory of radiation physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 19
e-mail: carsten.brink@ouh.fyns-amt.dk

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##

De:	Maria Cristina Pressello
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	export of DVH
Fecha:	martes, 30 de agosto de 2005 7:09:30
Archivos adjuntos:	

I need to export DVH from Pinnacle.
I can use a script that export single organ DHVs in single ascii file without any specific information (i. e. name of the organ or of the patients). Running another script I can export the list of DVHs for that patient. It is time wasting collect all information after export and surely the probability to make mistakes is high.
Is there a more powerful and easier way to perform this task?
thank you to eveybody

Maria Cristina Pressello
Medical Physics Laboratory
Istituto Regina Elena
Rome Italy

##

De:	Bjoerne Riis
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: export of DVH
Fecha:	martes, 30 de agosto de 2005 15:08:59
Archivos adjuntos:	

Am 30 Aug 2005 um 6:48 hat Maria Cristina Pressello geschrieben:

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> single ascii file without any specific information (i.
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> mistakes is high.
> Is there a more powerful and easier way to perform
> this task?
> thank you to eveybody
>
> Maria Cristina Pressello
> Medical Physics Laboratory
> Istituto Regina Elena
> Rome Italy
>
>
>

Hello,
first please excuse my poor english.

I use a combination of shell and Pinnacle Scripts to generate my own DVH output.

I use a script who:
1 export selected DVH Volumes
2 run a ShellScript to generate a Pinnacle Script
3 run the just generated Pinnacle Script to exort the DVH Data
4 open OpenOffice on the SUN to display the collected Data

Maybe not the smartest but a usefull way.

I can mail the scripts on demand .

Bjørne

Radiologische Gemeinschaftspraxis
Blettenberg, Ollrogge, Brandenburg, Steidle Katic

De:	Carolan, Martin
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DICOM header editor & Pinnacle list archives
Fecha:	miércoles, 31 de agosto de 2005 11:56:18
Archivos adjuntos:	

Dear all,

Can anyone suggest a good tool for editing information in DICOM headers (good = effective, simple and free+/- $0.50). Not necessarily an elaborate application just a tool that would enable me to edit the header and then save the images with the modified header. I need more than just the DICOM anonymisers that only allow modification of patient names and ID. I need to be able to view and edit image parameters. Command line apps are fine.

I know that this has been addressed here previously, but my saved copies of this list do not go back far enough. Which raises my next question: is there a web based searchable archive of this list anywhere? If not is there a command line / email archive search tool for finding previously discussed topics like the one above?

Thankyou,

Martin C

==========
Martin Carolan, PhD
Senior Physicist

Illawarra Cancer Care Centre, Wollongong Hospital
Australia

==========

De:	Meyer_J@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DICOM export to visir
Fecha:	miércoles, 31 de agosto de 2005 12:05:02
Archivos adjuntos:	

Hi,

we export our Pinnacle (7.6) plans to our R&V system Visir (2.0) via DICOM. It works well but the problem is that the trial name does not appear in Visir. What appears is the plan name and a plan label (Planetikett) . The plan label is 'planname.X', where X is a number that seems to correspond to the trial. For instance, for the first trial X=0, for the second trial X=1, etc . Does anybody know of any way to make the trial name appear in visir so that it can be easily checked whether the right plan was loaded?

Any help is appreciated. Thanks!
Regards
Jürgen Meyer

_____

Jürgen Meyer, Ph.D. | Universität Würzburg | Klinik für Strahlentherapie | Josef-Schneider-Str. 11 | D-97080 Würzburg | Germany | phone: +49 (0)931-201-28881 | fax: +49 (0)931-201-28221 | email: Meyer_J@klinik.uni-wuerzburg.de

De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DICOM export to visir
Fecha:	miércoles, 31 de agosto de 2005 17:29:19
Archivos adjuntos:	

Hi, Juergen,

You could use Prism instead :)

How are you? Things here are about the same, except Bob Giansiracusa left, as a result of our Pinnacle acquisition (the hospital administration insisted they were going to eliminate his position so he found another job in the Seattle area).

Best regards,

Ira Kalet
University of Washington
Seattle

Meyer_J@klinik.uni-wuerzburg.de wrote:
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>
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>
> _____
> Jürgen Meyer, Ph.D. | Universität Würzburg | Klinik für Strahlentherapie | Josef-Schneider-Str. 11 | D-97080 Würzburg | Germany | phone: +49 (0)931-201-28881 | fax: +49 (0)931-201-28221 | email: Meyer_J@klinik.uni-wuerzburg.de
>
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De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DICOM header editor & Pinnacle list archives
Fecha:	miércoles, 31 de agosto de 2005 20:07:00
Archivos adjuntos:	

Dicomworks (http://www.dicomworks.com) is an easy and low cost tool.

It's what I use!

Steve T

==========

Stephen K. Thompson, M.S.
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Carolan, Martin
> **Sent:** Wednesday, August 31, 2005 2:46 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** DICOM header editor & Pinnacle list archives
>
> Dear all,
>
> Can anyone suggest a good tool for editing information in DICOM headers (good = effective, simple and free+/- $0.50). Not necessarily an elaborate application just a tool that would enable me to edit the header and then save the images with the modified header. I need more than just the DICOM anonymisers that only allow modification of patient names and ID. I need to be able to view and edit image parameters. Command line apps are fine.

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Martin C

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Martin Carolan, PhD
Senior Physicist

Illawarra Cancer Care Centre, Wollongong Hospital
Australia

==========

De:	Cooper, Paul - SEQ
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: DICOM header editor & Pinnacle list archives
Fecha:	miércoles, 31 de agosto de 2005 20:41:20
Archivos adjuntos:	

Try dicomworks, it is free and has a header editing feature. You have to request a free license to unlock full functionality, but it is a simple process and usually only takes a couple of days for the email turn-around. http://dicom.online.fr/ <http://dicom.online.fr/>

-----Original Message-----
From: Carolan, Martin [mailto:CarolanM@iahs.nsw.gov.au]
Sent: Wednesday, August 31, 2005 2:46 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: DICOM header editor & Pinnacle list archives

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Martin C

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Martin Carolan, PhD

Senior Physicist

Illawarra Cancer Care Centre, Wollongong Hospital

Australia

==========

De:	David Djajaputra
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Fusion with feet-first MR scan
Fecha:	miércoles, 31 de agosto de 2005 21:49:37
Archivos adjuntos:	

I'm having trouble fusing MR image set from our radiology department with our CT set. The CT was scanned head first while the MR was scanned feet first. When the MR set is loaded into Pinnacle, there are two buttons available: one for changing the orientation of the viewbox (S to I), and the other is (supposedly) for actually reconfiguring the image to effect the change from feet first scan to head first. I've tried all possible combinations of these two buttons and nothing has worked. The transformed set always ends up as a mirror image (either Left-Right, or Sup-Inf) of what it should be if it were scanned head-first.

Does anyone know how to do this? Philips tech support told me that: (1) This is a known problem to them; (2) There is no solution from them other than suggesting to rescan the MR head first.

A dirty solution would be to flip the DICOM images myself, which I have actually done with a short program. But as a self-respecting medical physicist, I prefer not to get dirty in the future. Any suggestion for a clean solution?

Thanks in advance,

David

De:	Bossart, Elizabeth
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Fusion with feet-first MR scan
Fecha:	miércoles, 31 de agosto de 2005 22:45:44
Archivos adjuntos:	

David,

Try bringing the MR and CT images in as they are and using the fusion tools to "flip" the MR in Pinnacle. It's kind of a pain, but you can, in a coronal or sagittal window, turn the MR images 180 degrees. Good luck.

B

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** David Djajaputra
Sent: Wednesday, August 31, 2005 3:38 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Fusion with feet-first MR scan

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Thanks in advance,

David

De:	Carolan, Martin
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: DICOM header editor & Pinnacle list archives
Fecha:	jueves, 01 de septiembre de 2005 2:33:57
Archivos adjuntos:	

Dear Steve,

Thanks for the suggestion I'll check it out now.

Regards From Down Under

Martin C

==========
Martin Carolan, PhD
Senior Physicist

Illawarra Cancer Care Centre, Wollongong Hospital
Private Mail Bag 8808, South Coast Mail Centre NSW 2521
Australia

==========

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Thompson, Stephen K
Sent: Thursday, 1 September 2005 3:56 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: DICOM header editor & Pinnacle list archives

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Steve T

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Sent: Wednesday, August 31, 2005 2:46 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: DICOM header editor & Pinnacle list archives

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Martin C

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Martin Carolan, PhD
Senior Physicist

Illawarra Cancer Care Centre, Wollongong Hospital
Australia

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De:	Dienst Radiotherapie/Service de Radiotherapie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Collimator settings invertion using Dicom to Lantis - RE: prescriptions exported with DICOM
Fecha:	jueves, 01 de septiembre de 2005 15:14:34
Archivos adjuntos:	

Hi,

I have a question related to the previous topic: we were up to now using RTP-link to export our P3 plans to Lantis (for Siemens accelerator), but recently we installed and tested the Dicom export and import to Lantis.
First we got a problem with the collimator angles (90 ? off), solved by setting the configuration in Pinnacle as mentioned in the user notes.
Now we still have a problem with the X1, X2, Y1, Y2 and MLC positions: X2 comes over OK, but for the X1-value the sign is inverted (+ 5 cm in P3 is transferred as -5 cm in Lantis). The same happens for Y en MLC values. The problem seems to come from Pinnacle, as it is allready in the Dicom files that are transferred.
I guess it has a simular origin as the collimator rotation problem (which had to do with an automatic transformation into IEC format generated by Pinnacle).
Has anybody seen a simular problem? Does anybody know a solution?

PS. Maybe this has been dealt with before, but I haven't had the possibility to consult the mailing list for the last six months.

Thanks,

Alex Rijnders, Physicist
Europe Hospitals
Department of Radiotherapy
Uccle (Brussels), Belgium

-----Message d'origine-----
De : owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]De la part de Kent Krugh
Envoye : vendredi 26 aout 2005 16:46
A : Pinnacle users list
Objet : prescriptions exported with DICOM

Greetings all,

We have always exported our Pinnacle plans to Lantis via Record & Verify, as opposed to DICOM.

But with a new version 6.1 Lantis, Siemens is strongly suggesting we use DICOM export. We did a test DICOM export of a plan with two prescriptions in it: 1st course and a boost. After importing into Lantis, both courses came across under the same prescription, the 1st course. i.e. there was no boost prescription.

When I called ADAC, a work-around was suggested which required each course/prescription be a separate trial and be exported separately. Obviously, this is not a good solution.

Lantis users, what is your experience with DICOM plan exports?

Thanks,

==========
Kent Krugh kkrugh@goodnews.net

"The evidence for Christian truth is not exhaustive, but it is sufficient. Too often, Christianity has not been tried and found wanting -- it has been found demanding, and not tried."
...John Baillie
==========

@-->---

De:	nabil_adnani@ntimedical.com
A:	pinnacle-users@explode.unsw.edu.au; Ira Kalet;
Cc:	impac-users@wfubmc.edu;
Asunto:	Re: Checking paperless Pinnacle plans in IMPAC
Fecha:	sábado, 03 de septiembre de 2005 6:08:32
Archivos adjuntos:	

I suggest that you configure your windows desktop to tile windows vertically. It
works well for me using EMSYS.

Dr. N. Adnani

Quoting Ira Kalet <ikalet@u.washington.edu>:

> BIG screen? Or multiple screens?
>
> Ira Kalet
>
> Scott DUBE wrote:
>> Now that we have eScribe and eScan, we can save our Pinnacle plans
>> in the Documents section of IMPAC. The beam text pages get saved as
>> a WORD docucment using eScribe and the isodose pages get saved as
>> TIF using eScan.
>>
>> Now we are wondering how to perform the double check without a paper
>> copy. It is not very satisfying to jump between windows to make
>> sure the Pinnacle parameters match the IMPAC parameters.
>>
>> Has anyone figured out the best way to do this?
>>
>>
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>>

>> unsubscribe pinnacle-users <e-mail address>
>> to majordomo@explode.unsw.edu.au.
>>
>> Note: To avoid non-delivery error messages being sent to all list
>> members, the list has been configured so that messages can only be
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>> account will not be distributed unless that account is also subscribed.
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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Linda Miller
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Printer
Fecha:	martes, 06 de septiembre de 2005 23:14:04
Archivos adjuntos:	

We need to replace our color printer. Philips recommends and is quoting us for a Ricoh Aficio CL7000 printer. I'm not real happy with the price. Has anyone replaced their printer lately with a printer that they would recommend either under $4000 or close to that price that is much faster and just as good quality?

Linda Miller, MS
lamiller@etmc.org
East Texas Medical Center
Tyler, TX
903/535-6301

De:	Hendee, Eric
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Printer
Fecha:	miércoles, 07 de septiembre de 2005 0:23:31
Archivos adjuntos:	

We're going completely electronic, so I'll have a couple used Lexmark 1200 printers for cheap. Or you could just go electronic too...
Eric

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Linda Miller
> **Sent:** Tuesday, September 06, 2005 3:53 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Printer
>
> We need to replace our color printer. Philips recommends and is quoting us for a Ricoh Aficio CL7000 printer. I'm not real happy with the price. Has anyone replaced their printer lately with a printer that they would recommend either under $4000 or close to that price that is much faster and just as good quality?
>
> Linda Miller, MS
> lamiller@etmc.org
> East Texas Medical Center
> Tyler, TX
> 903/535-6301
>
>

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Printer
Fecha:	miércoles, 07 de septiembre de 2005 3:10:43
Archivos adjuntos:	

Eric,

We are starting a Dosimetry Program here, in Tampa, FL. The dosimetry program is affiliated with Saint Leo College. We are trying to get equipment for practical sessions (i.e., TPS and accessories). Could you donate your couple of Lexmark printers to the Program?

Vadim Kuperman, Ph.D.
Program Director

--- "Hendee, Eric" <eric.hendee@phci.org> wrote:

> We're going completely electronic, so I'll have a
> couple used Lexmark 1200
> printers for cheap. Or you could just go electronic
> too...
> Eric
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au]On
> Behalf Of Linda Miller
> Sent: Tuesday, September 06, 2005 3:53 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Printer
>
>
> We need to replace our color printer. Philips
> recommends and is quoting us
> for a Ricoh Aficio CL7000 printer. I'm not real
> happy with the price. Has
> anyone replaced their printer lately with a printer

> that they would
> recommend either under $4000 or close to that price
> that is much faster and
> just as good quality?
>
> Linda Miller, MS
> lamiller@etmc.org <mailto:lamiller@etmc.org>
> East Texas Medical Center
> Tyler, TX
> 903/535-6301
>

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>

> transmitted by this email.
>
>

De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Printer
Fecha:	miércoles, 07 de septiembre de 2005 10:15:11
Archivos adjuntos:	

Hello Linda

Check out the Lexmark C920. It has lower materials and maintanance costs than the Richoh and costs a good deal less too. It is quiet and fast and we are happy with the quality.

We are exporting all our plans and DRR's into Multi-ACCESS, but still print out some slices and DVH's. Its nice to have a decent printer.

Ian Norton
Clinic for Radiation Oncology
University Hospital Zurich
8091 Zurich
Switzerland

+41 1 255 3251
ian.norton@usz.ch

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**Im Auftrag von** Linda Miller
Gesendet: Dienstag, 6. September 2005 22:53
An: pinnacle-users@explode.unsw.edu.au
Betreff: Printer

> We need to replace our color printer. Philips recommends and is quoting us for a Ricoh Aficio CL7000 printer. I'm not real happy with the price. Has anyone replaced their printer lately with a printer that they would recommend either under $4000 or close to that price that is much faster and just as good quality?
>
> Linda Miller, MS
> lamiller@etmc.org
> East Texas Medical Center

Tyler, TX
903/535-6301

De:	LIU,CHIHRAY
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Printer
Fecha:	miércoles, 07 de septiembre de 2005 13:48:42
Archivos adjuntos:	

Linda;

Lexmark C920 is ok. The most important thing is to buy a laser color printer with network ready and able to do PS printing (for example C920N) and then replace the current printer's ip address and other network configuration to this new printer. After that, you are ready.
On Tue Sep 06 16:52:30 EDT 2005, Linda Miller <LAMiller@etmc.org> wrote:

> We need to replace our color printer. Philips recommends and is
> quoting us for a Ricoh Aficio CL7000 printer. I'm not real happy
> with the price. Has anyone replaced their printer lately with a
> printer that they would recommend either under $4000 or close to
> that price that is much faster and just as good quality?
> Linda Miller, MS
> lamiller@etmc.org
> East Texas Medical Center
> Tyler, TX
> 903/535-6301
>
>
> **********
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> for the named recipient(s) and may contain
> information that is privileged or exempt from
> disclosure under applicable law. If you are
> not the intended recipient(s), you are notified
> that the dissemination, distribution or copying
> of this message is strictly prohibited. If you
> received this message in error, or are not the
> named recipient(s), please notify the sender
> and delete this e-mail from your computer.
> Thank you.
>

--
LIU,CHIHRAY

De:	swarwick@stmaryshealth.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Printer
Fecha:	miércoles, 07 de septiembre de 2005 15:17:36
Archivos adjuntos:	

Linda,

You can probably get the same Ricoh from a local supplier for 4k-5k. We went that route and gained the added advantage that the local supplier would service it as long as we purchased our toner from them. The toner price was equivalent to anywhere else.

R. Scott Warwick
Clinical Leader
St. Mary's Cancer Centers

"Linda Miller" <LAMiller@etmc.org> To: <pinnacle-users@explode.unsw.edu.au>
Sent by: owner-pinnacle-users@explode. Fax to: unsw.edu.au Subject: Printer

09/06/2005 04:52 PM
Please respond to pinnacle-users

We need to replace our color printer. Philips recommends and is quoting us for a Ricoh Aficio CL7000 printer. I'm not real happy with the price. Has anyone replaced their printer lately with a printer that they would recommend either under $4000 or close to that price that is much faster and just as good quality?

Linda Miller, MS
lamiller@etmc.org
East Texas Medical Center
Tyler, TX
903/535-6301

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Scanning with diodes
Fecha:	viernes, 09 de septiembre de 2005 22:14:21
Archivos adjuntos:	

I am about to do some in-air scanning of my electron beams for Pinnacle. I have the standard scanning chambers. But I also have two diode detectors: an SRS diode and a reference diode. I was wondering if there would be any problem using the diodes to scan the electron beams other than the amount of signal obtained from these devices?

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	L.vanBolderen@rther.umcn.nl
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Scanning with diodes
Fecha:	lunes, 12 de septiembre de 2005 12:43:48
Archivos adjuntos:	

In our instituut we do use special electron field diodes from Scanditronix (swedish company). We used these diodes also for the commissioning of our planningsystem (those in-air scans and to calculate the sigma-theta-X). Those diodes have a very small sensitive volume (0.2-0.3 mm^3), so give beter results for the penumbra than when you using a chamber.

Ing. Lars van Bolderen
Klinisch Fysisch Medewerker
afdeling Radiotherapie
UMC St. Radboud Nijmegen
Postbus 9101
6500 HB Nijmegen
tel: 024-3616832
e-mail: L.vanBolderen@rther.umcn.nl

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of
JGarrett@mbhs.org
Sent: vrijdag 9 september 2005 21:56
To: pinnacle-users@explode.unsw.edu.au
Subject: Scanning with diodes

I am about to do some in-air scanning of my electron beams for Pinnacle. I have the standard scanning chambers. But I also have two diode detectors: an SRS diode and a reference diode. I was wondering if there would be any problem using the diodes to scan the electron beams other than the amount of signal obtained from these devices?

Jeffrey A. Garrett, MS, DABR
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##

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Elekta wedges in version 7.4
Fecha:	martes, 13 de septiembre de 2005 10:25:20
Archivos adjuntos:	

Dear all,

I am in the process to remodelling the physics data for Pinnacle version 7.4. In the previous version I had major difficulties in obtaining a good fit for Elekta wedges for large field sizes. I did hope that this problem would be less in version 7.4. However it seems that I am not able to reduce these problems. Are there anyone who have made a model for Elekta wedges which is close to fulfil the Van Dyk criteria listed in the manual (3% in high dose regions or 4 mm in high gradient regions - being 30%/cm) especially for the large field sizes?

I would also like to ask how large deviation people is forced to accept for the Elekta wedge fields in case they do not fulfil the Van Dyk criteria.

The manual defines the Van Dyk criteria as the acceptance criteria of Pinnacle photon beams. Thus I do believe there most be a way to fulfil these criteria

All the best,

Carsten

==========
Ph.D.
Carsten Brink
Radiofysisk laboratorium / Laboratory of radiation physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 19
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	oozeer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE : Elekta wedges in version 7.4
Fecha:	martes, 13 de septiembre de 2005 11:18:10
Archivos adjuntos:	

---

i recently commissionned an Elekta machine with 7.4 with one model for open fields and one for wedged fields. I found it very good for 6X but had some problems with 25X, specially for 1cm depth which i considered was not clinically significant faor 25X, for higher depths 3,5cm to 20cm we are close to Van Dyk criteria
i can send you more specific information if you wish

rashid

Rashid OOZEER, Ph.D.
Consultant Radiothérapie
Radiophysicien
CHD CASTELLUCCIO, BP85
20176 AJACCIO Cedex
FRANCE
mob. +33615495906
email. roozeer@free.fr

> -----Message d'origine-----
> **De :** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **De la part de** Carsten Brink
> **Envoyé :** mardi 13 septembre 2005 10:15
> **À :** pinnacle-users@explode.unsw.edu.au
> **Objet :** Elekta wedges in version 7.4
>
> Dear all,
>
> I am in the process to remodelling the physics data for Pinnacle version 7.4. In the previous version I had major difficulties in obtaining a good fit for Elekta wedges for large field sizes. I did hope that this problem would be less in version 7.4. However it seems that I am not able to reduce these problems. Are there anyone who have made a model for Elekta wedges which is close to fulfil the Van Dyk criteria listed in the

manual (3% in high dose regions or 4 mm in high gradient regions - being 30%/cm) especially for the large field sizes?

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The manual defines the Van Dyk criteria as the acceptance criteria of Pinnacle photon beams. Thus I do believe there most be a way to fulfil these criteria

All the best,

Carsten

==========

Ph.D.
Carsten Brink
Radiofysisk laboratorium / Laboratory of radiation physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 19
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	Mark Phillips
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DMPO with Elekta MLC
Fecha:	martes, 13 de septiembre de 2005 23:13:34
Archivos adjuntos:	

To those of you using DMPO with Elekta machines,

In the DMPO algorithm, the jaw settings are not part of the aperture optimization. The jaws are set to the most extreme leaf positions after the aperture is determined. This means that the ability of the Elekta X jaws to partially cover the top and/or bottom of a segment is not utilized.

I don't think this is a big problem, but it seems like something that is useful to be aware of when you are looking at the results of the optimization.

I have been in contact with Scott Johnson at Philips and he promises to make a pitch to get future versions to include the jaw optimization as well as the leaves.

Mark

--

Mark H. Phillips, Ph.D.
Professor, Department of Radiation Oncology
Box 356043
University of Washington
Seattle, WA 98195-6043

(office) 206.598.6219
(fax) 206.598.6218

www.radonc.washington.edu/faculty/mark/

to majordomo@explode.unsw.edu.au.

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##

De:	Chihray Liu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DMPO with Elekta MLC
Fecha:	miércoles, 14 de septiembre de 2005 15:42:44
Archivos adjuntos:	

Mark;

It is a problem when you try to cover the most superior and inferior slides of PTV, especially the case of prostate IMRT. We have to adjust the isocenter location so that neither the most superior or inferior slide of PTV is not too close to the MLC leaf side. I am glad that next version of DMPO will fix this problem.

Chihray Liu, Ph.D.

Associate Professor

Department of Radiation Oncology

University of Florida

Office: (352)265-8217

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mark Phillips
Sent: Tuesday, September 13, 2005 5:00 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: DMPO with Elekta MLC

To those of you using DMPO with Elekta machines,

In the DMPO algorithm, the jaw settings are not part of the aperture optimization. The jaws are set to the most extreme leaf positions after the aperture is determined. This means that the ability of the Elekta X jaws to partially cover the top and/or bottom of a segment is not utilized.

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I have been in contact with Scott Johnson at Philips and he promises to make a pitch to get future versions to include the jaw optimization as well as the leaves.

Mark

--

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##########

De:	Luse, Ray W.
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: DMPO with Elekta MLC
Fecha:	miércoles, 14 de septiembre de 2005 17:21:12
Archivos adjuntos:	

Mark

I saw your Pinnacle note and thought I would say hello.
I am still here in Spokane.
Kids are growing, my oldest starts College next week at Eastern...
I feel a little old.

Work is good, busy with IMRT now and all of that goes with it.

Hope you and your family are well,

Ray Luse

De:	Luse, Ray W.
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: DMPO with Elekta MLC
Fecha:	miércoles, 14 de septiembre de 2005 17:26:44
Archivos adjuntos:	

Pinnacle users

I apologize for the group distribution of a personal note,
It did reply as expected.

Ray in Spokane who is feeling Old! :)

De:	Johnston, Ann
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Bolus and IMRT
Fecha:	miércoles, 14 de septiembre de 2005 17:57:01
Archivos adjuntos:	

Has anyone used bolus with IMRT to increase skin dose? If so how did you achieve it, using Pinnacle bolus feature or hand-drawn bolus? Any help is appreciated Thanks
-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Luse, Ray W.
Sent: Wednesday, September 14, 2005 11:13 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: DMPO with Elekta MLC

Mark

I saw your Pinnacle note and thought I would say hello.
I am still here in Spokane.
Kids are growing, my oldest starts College next week at Eastern...
I feel a little old.

Work is good, busy with IMRT now and all of that goes with it.

Hope you and your family are well,

Ray Luse

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account will not be distributed unless that account is also subscribed.
##

De:	Mark Phillips
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DMPO with Elekta MLC
Fecha:	miércoles, 14 de septiembre de 2005 18:18:22
Archivos adjuntos:	

Chihray,

I think that there can be an issue with "in-field" segments too, in the sense that small segments are always multiples of leaf thickness even if structures being irradiated/protected are not.

As to the "next" release, Scott Johnson only promised to make sure it gets considered in future releases. As to how high it is on the priority list, I suppose that depends on what else is in the queue and how many people are asking for it. So, I think it is up to Elekta users to push them if we want them to make it a high priority.

Mark

Mark H. Phillips, Ph.D.
Professor, Department of Radiation Oncology
Box 356043
University of Washington
Seattle, WA 98195-6043

(office) 206.598.6219
(fax) 206.598.6218

www.radonc.washington.edu/faculty/mark/

On Wed, 14 Sep 2005, Chihray Liu wrote:

> Mark;
>
> It is a problem when you try to cover the most superior and inferior slides
> of PTV, especially the case of prostate IMRT. We have to adjust the
> isocenter location so that neither the most superior or inferior slide of
> PTV is not too close to the MLC leaf side. I am glad that next version of
> DMPO will fix this problem.

> Chihray Liu, Ph.D.
>
> Associate Professor
>
> Department of Radiation Oncology
>
> University of Florida
>
> Office: (352)265-8217
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mark Phillips
> Sent: Tuesday, September 13, 2005 5:00 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: DMPO with Elekta MLC
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> the aperture is determined. This means that the ability of the Elekta X
> jaws to partially cover the top and/or bottom of a segment is not utilized.
>
> I don't think this is a big problem, but it seems like something that is
> useful to be aware of when you are looking at the results of the
> optimization.
>
> I have been in contact with Scott Johnson at Philips and he promises to
> make a pitch to get future versions to include the jaw optimization as
> well as the leaves.
>
> Mark
>
> --
> ----------
>
> Mark H. Phillips, Ph.D.
> Professor, Department of Radiation Oncology
> Box 356043
> University of Washington
> Seattle, WA 98195-6043
>
> (office) 206.598.6219

> (fax) 206.598.6218
>
> www.radonc.washington.edu/faculty/mark/
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##

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Bolus and IMRT
Fecha:	miércoles, 14 de septiembre de 2005 20:23:04
Archivos adjuntos:	

1.) We drawn the bolus on as an exterior contour and then override the density.
2.) Sometimes we CT the patient with the bolus in place and it is on the CT.

Hope this helps.

From: Johnston, Ann
Sent: Wed 9/14/2005 11:52 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: Bolus and IMRT

```
Has anyone used bolus with IMRT to increase skin dose? If so how did you
achieve it, using Pinnacle bolus feature or hand-drawn bolus? Any help is
appreciated  Thanks
-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Luse, Ray
W.
Sent: Wednesday, September 14, 2005 11:13 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: DMPO with Elekta MLC


Mark


I saw your Pinnacle note and thought I would say hello.
I am still here in Spokane.
Kids are growing, my oldest starts College next week at Eastern...
I feel a little old.

Work is good, busy with IMRT now and all of that goes with it.

Hope you and your family are well,


Ray Luse


##########################################################################
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##########################################################################
```

De: Colliander, Sandra

A: "pinnacle-users@explode.unsw.edu.au";

Cc:

Asunto: RE: Bolus and IMRT

Fecha: miércoles, 14 de septiembre de 2005 20:46:33

Archivos adjuntos:

We have used both of these options, as well. If at all possible, we try to CT the patient with the bolus in place.
Sandra

-----Original Message-----
From: Spicer, Terry [mailto:terry.spicer@mjh.org]
Sent: Wednesday, September 14, 2005 11:11 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Bolus and IMRT

1.) We drawn the bolus on as an exterior contour and then override the density.
2.) Sometimes we CT the patient with the bolus in place and it is on the CT.

Hope this helps.

From: Johnston, Ann
Sent: Wed 9/14/2005 11:52 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: Bolus and IMRT

```
Has anyone used bolus with IMRT to increase skin dose? If so how did you
achieve it, using Pinnacle bolus feature or hand-drawn bolus? Any help is
appreciated  Thanks
-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Luse, Ray
W.
Sent: Wednesday, September 14, 2005 11:13 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: DMPO with Elekta MLC


Mark


I saw your Pinnacle note and thought I would say hello.
I am still here in Spokane.
Kids are growing, my oldest starts College next week at Eastern...
I feel a little old.

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Hope you and your family are well,


Ray Luse


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##

De:	Royal, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DMPO with Elekta MLC
Fecha:	jueves, 15 de septiembre de 2005 17:37:52
Archivos adjuntos:	

Using a slight collimator angle has helped us to cover the superior/inferior slices. Also, manually looking at every segment and adjusting Jaws (pinnacle only gives us jaw sizes of every 0.5 cm; so changing to a 3.7cm from 3.5cm might help). We don't have DMPO yet, trying to justify the high price tag.

Jim Royal
Nebraska Methodist

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Chihray Liu
Sent: Wednesday, September 14, 2005 8:27 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: DMPO with Elekta MLC

Mark;

It is a problem when you try to cover the most superior and inferior slides of PTV, especially the case of prostate IMRT. We have to adjust the isocenter location so that neither the most superior or inferior slide of PTV is not too close to the MLC leaf side. I am glad that next version of DMPO will fix this problem.

Chihray Liu, Ph.D.

Associate Professor

Department of Radiation Oncology

University of Florida

De:	Krieger_T@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DICOM Pinnacle Siemens-Linac
Fecha:	viernes, 16 de septiembre de 2005 14:05:35
Archivos adjuntos:	

Dear Pinnacle-Users

Is anyone of you (having Pinnacle and Siemens-Linac with MLC-head) able to send me a DICOM-Export-file of a simple Treatment-Plan (e.g. Field 10x10 on a Waterphantom).

Thank you very much

Thomas

****

Thomas Krieger
Klinik für Strahlentherapie, Universitaet Wuerzburg
Josef-Schneider-Strasse 11, D-97080 Wuerzburg, Germany
Tel: +49 931 201 28412 Fax: +49 931 201 28221
Email: Krieger_T@klinik.uni-wuerzburg.de
WWW: http://www.strahlentherapie.uni-wuerzburg.de

De:	oozeer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE : DICOM Pinnacle Siemens-Linac
Fecha:	lunes, 19 de septiembre de 2005 10:12:02
Archivos adjuntos:	

Hi Thomas,
i think you must have a CT scan to perform DICOMRT

Rashid

_____
Rashid OOZEER, Ph.D.
Consultant Radiothérapie
Radiophysicien
CHD CASTELLUCCIO, BP85
20176 AJACCIO Cedex
mob. +33615495906
email. roozeer@free.fr

-----Message d'origine-----
De : owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] De la part de
Krieger_T@klinik.uni-wuerzburg.de
Envoyé : vendredi 16 septembre 2005 13:56
À : pinnacle-users@explode.unsw.edu.au
Objet : DICOM Pinnacle Siemens-Linac

Dear Pinnacle-Users

Is anyone of you (having Pinnacle and Siemens-Linac with MLC-head) able to send me a DICOM-Export-file of a simple Treatment-Plan (e.g. Field 10x10 on a Waterphantom).

Thank you very much

Thomas

****

Thomas Krieger
Klinik für Strahlentherapie, Universitaet Wuerzburg
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Tel: +49 931 201 28412 Fax: +49 931 201 28221
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De:	Krieger_T@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: RE : DICOM Pinnacle Siemens-Linac
Fecha:	lunes, 19 de septiembre de 2005 11:45:17
Archivos adjuntos:	

Hi Rashid,

With a phantom it also works. But i already got a file. Thank you

Thomas

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von oozeer
Gesendet: Montag, 19. September 2005 09:55
An: pinnacle-users@explode.unsw.edu.au
Betreff: RE : DICOM Pinnacle Siemens-Linac

Hi Thomas,
i think you must have a CT scan to perform DICOMRT

Rashid

_____
Rashid OOZEER, Ph.D.
Consultant Radiothérapie
Radiophysicien
CHD CASTELLUCCIO, BP85
20176 AJACCIO Cedex
mob. +33615495906
email. roozeer@free.fr

-----Message d'origine-----
De : owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] De la part de Krieger_T@klinik.uni-wuerzburg.de Envoyé : vendredi 16 septembre 2005 13:56 À : pinnacle-users@explode.unsw.edu.au
Objet : DICOM Pinnacle Siemens-Linac

Dear Pinnacle-Users

Is anyone of you (having Pinnacle and Siemens-Linac with MLC-head) able to send me a DICOM-Export-file of a simple Treatment-Plan (e.g. Field 10x10 on a Waterphantom).

Thank you very much

Thomas

****

Thomas Krieger
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De:	Krieger_T@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Switching from Elekta- to Siemens-Linac
Fecha:	lunes, 19 de septiembre de 2005 14:11:31
Archivos adjuntos:	

Dear Pinnacle-Users,

If I switch from an Elekta- to a Siemens-Linac (both with MLC), Pinnacle 7.6c automatically switches the collimator angle from 0 to 90 degree.
Did anybody observe something similar?
Does anybody know whether this is a bug or a feature?

Thank you

Thomas

****

Thomas Krieger
Klinik für Strahlentherapie, Universitaet Wuerzburg
Josef-Schneider-Strasse 11, D-97080 Wuerzburg, Germany
Tel: +49 931 201 28412 Fax: +49 931 201 28221
Email: Krieger_T@klinik.uni-wuerzburg.de
WWW: http://www.strahlentherapie.uni-wuerzburg.de

De:	graham.freestone@ksa.ch
A:	pinnacle-users@explode.unsw.edu.au; Krieger_T@klinik.uni-wuerzburg.de;
Cc:	
Asunto:	Switching from Elekta- to Siemens-Linac
Fecha:	lunes, 19 de septiembre de 2005 14:48:59
Archivos adjuntos:	

Thomas,

You will see this also if you switch between a Siemens MLC linac and a Siemens non-MLC linac (which has the tray opening at a different orientation, and therefore the top/bottom, left/right jaws are swapped). I believe that P3 tries to keep the internal nomeclature of top/bottom/left/right in the same place when you change linacs. default collimator setting is ignored.

I am not sure of the Elekta tray opening/MLC orientation and jaw nomenclature, but as a guess P3 is trying to keep the MLC oriented the same way, or the top etc. jaws aligned the same way.

This is a 'free' feature!

Hope this helps,

Freundliche Grüsse

Graham Freestone

Institute für Radio-Onkologie,
Kantonsspital Aarau,
5001 Aarau,
Switzerland.

sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Alan Cassady; AVEN OKAMURA; ED PRICE; EMILY ROBINSON; JAMES CONANT; LES UYEDA; WAYNE KOJIMA;
Asunto:	Spine Field Matching for CSI
Fecha:	lunes, 19 de septiembre de 2005 22:29:32
Archivos adjuntos:	

We treat our craniospinal irradiation pateints in a supine position. The Brain-C Spine is treated with lateral fields and zero collimator rotation. The C-T Spine is treated with a beam split PA field that matches the Brain-C2 fields withe zero divergence. Then we treat the T-L spine with a PA field that matches the bottom of the C-T Spine field. The junction of the two spine fields is the matching of two divergent edges.

I'm sure many of you do something similar. Here is my question. Do you match the two PA Spine fields at the anterior edge of the cord, the middle of the cord, or the posterior edge of the cord. It is safer for the cord to match at the anterior edge but that results in a 10% cold spot at the junction.

Thanks for your help.

De:	Geoghegan, Sean
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Elekta wedges in version 7.4
Fecha:	martes, 20 de septiembre de 2005 5:25:08
Archivos adjuntos:	

Hi Carsten,

I think that I've found a workaround for the Elekta wedge problem. We've managed to get our wedges into the Van Dyk criteria by changing the wedge profile from that by taken the profile through the centre of the wedge. We push the centre of the wedge out slightly. This seems to work for 4, 6 and 10 MV photons. We don't have any higher energy models, so I don't know if it would work there.

I suspect that finding the appropriate Elekta motorised wedge profile is the key to the problem. Given that the Elkta wedge does not have uniform thickness in both directions and that it is mounted on a steel plate not modeled in Pinnacle, there are some fudges that may be required to get the model to work.

We are still modeling 7.4, so I haven't got the definite answer. I will provide to you privately the Elekta wedge profile we are currently trialing if you want it, however I would be interested if you came up with you own answer and profile to see if we can independently come up with very similar models.

I will be in Lisbon next week and will bring along our current version of our models.

Cheers,

Sean

_____

Sean Geoghegan, PhD MACPSEM MAIP
Senior Medical Physicist
Royal Perth Hospital
Perth WA 6000 AUSTRALIA
t +61 8 9224 7015 h +61 8 9224 2244
f +61 8 9224 1138 m +61 437 056 932
e sean.geoghegan@health.wa.gov.au

Perth Hospital (RPH) must be taken not to have been sent or endorsed by RPH.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Carsten Brink
Sent: Tuesday, 13 September 2005 16:15
To: pinnacle-users@explode.unsw.edu.au
Subject: Elekta wedges in version 7.4

Dear all,

I am in the process to remodelling the physics data for Pinnacle version 7.4. In the previous version I had major difficulties in obtaining a good fit for Elekta wedges for large field sizes. I did hope that this problem would be less in version 7.4. However it seems that I am not able to reduce these problems. Are there anyone who have made a model for Elekta wedges which is close to fulfil the Van Dyk criteria listed in the manual (3% in high dose regions or 4 mm in high gradient regions - being 30%/cm) especially for the large field sizes?

I would also like to ask how large deviation people is forced to accept for the Elekta wedge fields in case they do not fulfil the Van Dyk criteria.

The manual defines the Van Dyk criteria as the acceptance criteria of Pinnacle photon beams. Thus I do believe there most be a way to fulfil these criteria

All the best,

Carsten

==========
Ph.D.
Carsten Brink
Radiofysisk laboratorium / Laboratory of radiation physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark

Phone (+45) 65 41 29 19
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	Geoghegan, Sean
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: data loss
Fecha:	martes, 20 de septiembre de 2005 5:34:58
Archivos adjuntos:	

Hi all,

a related story on how we revovered an entire patient's plan lost in Pinnacle.

The planners came to me with a problem in that they had lost an entire patient on Pinnacle, who I could not find after sorting by LastName or looking for common misprints. The institution contained 180 patients. I searched the recent Institution database file using grep and found the patient in the previous databases and, surprisingly to the planners, the current database. It turned out that the planner who had loaded the patient had interchanged the LastName and FirstName.

The lesson for me is to also search for lost patients by MRN.

Sean

_____

Sean Geoghegan, PhD MACPSEM MAIP
Senior Medical Physicist
Royal Perth Hospital
Perth WA 6000 AUSTRALIA
t +61 8 9224 7015 h +61 8 9224 2244
f +61 8 9224 1138 m +61 437 056 932
e sean.geoghegan@health.wa.gov.au

-----Original Message-----
From: Nick Bennie [mailto:nbennie@tpg.com.au]
Sent: Wednesday, 24 August 2005 19:37
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: data loss

Julius

You say you are a new user. Do you know the path to the patient directory?
Follow
/PrimaryPatientData/NewPatients/Institution_i/Mount_0/Patient_n
where i is institution number, and n is patient number. If you don't know these from when they where created, then look in
/PrimaryPatientData/NewPatients/LPDB

in the Patient dir you should find the image data, the Patient description file and a dir for each plan. If the data looks reasonably complete, try a database rebuild. If that doesn't work, try replacing the latest Patient file with one of the backups (the most recent with the correct plan info).

Its sometimes worth looking thru the transcript files in /PrimaryPatientData/ NewPatients/logs. Sometime someone will have pressed exit without saving instead of save and exit. If they do this it clears the auto-backups, so all is gone back to last save. This will show in the transcript.

I don't think we had a problem with v6.2b for more than a year. However since v7.6c we've had at least one instance.

Regards

Nick

At 02:16 PM 23/08/2005 -0500, you wrote:

We are experiencing some data loss during our treatment planning process with Pinnacle ver 7.6. Let me explain; The dosimetrist was working on a plan for about 3 hr and then quit planning following the correct closing routine. Few moments later he try to open the plan again to continue working on it. To my dismay when he open the plan all the info was lost including the CT data, contours, plan, etc. A root cause analysis revealed nothing unusual in the process. This is the second time such an incident occurred in the last 4-6 weeks. Has anyone else see this behavior. If so were you able to recover the info (image, plan etc). Is ADAC aware of the problem. Is this a software/ hardware, OS or user problem. I have to admit that I'm a new user and maybe that is why I find this so disturbing. Please reply to the list or directly to me.
Thanks
Julius V. Turian PhD DABMP
Assistant Professor / Medical Physicist
Rush University Medical Center
Department of Radiation Oncology / Medical Physics
1653 W. Congress Pkwy

Chicago IL 60612
phone 312.942.6086
email Julius_Turian@rush.edu

De:	tspeck@nrad.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Immobilization and MR
Fecha:	jueves, 22 de septiembre de 2005 17:59:01
Archivos adjuntos:	

Anyone have a good solution for MR when the patient has an immobilization device.We typically make a mask which includes head,neck, shoulders.(med-tec design) The staff has been trying to use the board on the MR table , even though it doesn't lock in. They have been tryoing to scan the patient in the mask, but it doesn't fit. Any solutions? We're considering, no mask for MR (will the fusion be accurate), open MR (will the image quality be acceptable?) Thanks!

De:	tspeck@nrad.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Bolus and IMRT
Fecha:	jueves, 22 de septiembre de 2005 18:07:27
Archivos adjuntos:	

WE do a consult prior to CT and try to CT with bolus . Good Luck!

De:	Mark Phillips
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	changing IMRT beams?
Fecha:	sábado, 24 de septiembre de 2005 2:57:42
Archivos adjuntos:	

To IMRT planners:
Does anyone have a script (if one is possible) for changing machines on a beam that contains control points? Mostly for QA and testing purposes it would be nice to be able to re-calculate an IMRT beam with a different machine.

Thanks,

Mark
--

Mark H. Phillips, Ph.D.
Professor, Department of Radiation Oncology
Box 356043
University of Washington
Seattle, WA 98195-6043

(office) 206.598.6219
(fax) 206.598.6218

www.radonc.washington.edu/faculty/mark/

De:	LIU,CHIHRAY
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: changing IMRT beams?
Fecha:	sábado, 24 de septiembre de 2005 14:29:37
Archivos adjuntos:	

Mark;

if it is the same type of machine, just go to plan.Trail file and
change all the machine name and reload the program.

On Fri Sep 23 20:22:32 EDT 2005, Mark Phillips
<markp@u.washington.edu> wrote:

> To IMRT planners:
> Does anyone have a script (if one is possible) for changing
> machines on a beam that contains control points? Mostly for QA
> and testing purposes it would be nice to be able to re-calculate
> an IMRT beam with a different machine.
>
> Thanks,
>
> Mark
> -- ----------
>
> Mark H. Phillips, Ph.D.
> Professor, Department of Radiation Oncology
> Box 356043
> University of Washington
> Seattle, WA 98195-6043
>
> (office) 206.598.6219
> (fax) 206.598.6218
>
> www.radonc.washington.edu/faculty/mark/
>
>
>

> pinnacle-users mailing list, send the message
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LIU,CHIHRAY

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##

De:	Qiuwen Wu, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Qiuwen Wu, PhD; markp@u.washington.edu; liucr@ufl.edu;
Asunto:	Re: changing IMRT beams?
Fecha:	domingo, 25 de septiembre de 2005 17:26:14
Archivos adjuntos:	

I have written a set of scripts for this purpose. The idea was similar to CHIHRAY's. It is intended to be used by dosimetrists when they need to switch patient from one machine to another one which is "compatible", so no manual editing is required. The problem is that in Pinnacle, if you switch an IMRT beam from one machine to another, the segments may be lost. I can email it to anyone who is interested.

Qiuwen Wu, Ph.D.
Department of Radiation Oncology
William Beaumont Hospital
Royal Oak, MI 48073
qwu@beaumont.edu

>>> liucr@ufl.edu 09/24/05 7:52 AM >>>
Mark;

if it is the same type of machine, just go to plan.Trail file and
change all the machine name and reload the program.

On Fri Sep 23 20:22:32 EDT 2005, Mark Phillips
<markp@u.washington.edu> wrote:

> To IMRT planners:
> Does anyone have a script (if one is possible) for changing
> machines on a beam that contains control points? Mostly for QA
> and testing purposes it would be nice to be able to re-calculate
> an IMRT beam with a different machine.
>
> Thanks,
>
> Mark
> -- ----------
>
> Mark H. Phillips, Ph.D.
> Professor, Department of Radiation Oncology
> Box 356043
> University of Washington
> Seattle, WA 98195-6043
>
> (office) 206.598.6219
> (fax) 206.598.6218
>
> www.radonc.washington.edu/faculty/mark/
>
>
>

###
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> pinnacle-users mailing list, send the message
> unsubscribe pinnacle-users <e-mail address>
> to majordomo@explode.unsw.edu.au.
>
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> sent from a subscribed account. Messages sent from a users
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> account will not be distributed unless that account is also
> subscribed.
>
###
>
>

--
LIU,CHIHRAY

###
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account will not be distributed unless that account is also subscribed.
###

De:	Mike Davis
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Sliding Window with ADAC
Fecha:	martes, 27 de septiembre de 2005 21:40:25
Archivos adjuntos:	

I understand that Sliding Window is available for purchase with version 7.4. Has anyone here purchased this option and if so what do you think of it? We are specifically interested in discovering if it significantly reduces treatment times (Varian 21EX). Does this option require significant physics modeling? How does the QA look?

Thanks,
Mike

_____

Michael Davis, MS
Senior Medical Physicist
The University Hospital
234 Goodman Street
Cincinnati, Ohio 45267-0742
Voice (513) 584-2810
FAX (513) 584-4007
e-mail: davimi@healthall.com

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au; impac-users@wfubmc.edu;
Cc:	
Asunto:	Re: paperless isodose viewing
Fecha:	martes, 27 de septiembre de 2005 22:53:10
Archivos adjuntos:	

We use Pinnacle and have been talking with a company that is working on this very thing. They will write a custom script that will directly export any report or graphics that Pinnacle produces so that it can be entered directly into IMPAC. Their contact person is:

Nancy Bertram
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 706
Toll-free: 866.312.3499 x 706
e-fax: 503-296-2639
nbertram@roresources.com
www.roresources.com

Maybe they could help Eclipse users as well?

>>> "D Keys MPS" <dkeys@med-phys.com> 09/27/05 03:42AM >>>
ECLIPSE TPS to Multi-ACCESS 6.1is there any thought of developing a routine in impac which would simply show in 3d view (no calculations or other treatment planning functions) the isodoses, beams, and structures imported into impac? this would be a far better solution for those of us going paperless than to have to scan paper copies of plans into impac.

sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	jfwochos@gundluth.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Sliding Window with ADAC
Fecha:	martes, 27 de septiembre de 2005 23:02:15
Archivos adjuntos:	

-It's free, just call and ask for it once you have 7.4.
-Faster yes, but more MUs.
-It requires changes in your leaf gap settings, but there is NO documentation on how to do it.
-My initial QA look awful, because I did not have the leaf gap setting correct. Then I discovered DMPO does not do Sliding windows, so it's take a back burner since DMPO is "the answer" right now.

john

John F Wochos, MS, DABR
Radiation Oncology Dept (EB1-001)
Gundersen Lutheran Medical Center
1900 South Ave.
La Crosse, WI 54601
(608)775-2593
FAX (608)775-5578
jfwochos@gundluth.org

"Mike Davis" <DAVIMI@Healthall.com> Sent by: owner-pinnacle-users@explode.unsw.edu.au

To: <pinnacle-users@explode.unsw.edu.au>
cc:
Subject: Sliding Window with ADAC

09/27/2005 02:10

PM
Please respond
to
pinnacle-
users

I understand that Sliding Window is available for purchase with version 7.4. Has anyone here purchased this option and if so what do you think of it? We are specifically interested in discovering if it significantly reduces treatment times (Varian 21EX). Does this option require significant physics modeling? How does the QA look?

Thanks,
Mike

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##

De:	Luo, Hai
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: [SPAM] - Sliding Window with ADAC - Found word (s) list error in the Text body
Fecha:	martes, 27 de septiembre de 2005 23:04:01
Archivos adjuntos:	

Mike:

The sliding window comes with 7.4 free of charge but it doesn't work. We have try to compared with the step&shot plans and it never worked even closer. We have give up now.

Hai Luo, Ph.D
Orange Regional Medical Center
Middletown, NY 10940

-----Original Message-----
From: Mike Davis [mailto:DAVIMI@Healthall.com]
Sent: Tuesday, September 27, 2005 3:11 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: [SPAM] - Sliding Window with ADAC - Found word(s) list error in the Text body

I understand that Sliding Window is available for purchase with version 7.4. Has anyone here purchased this option and if so what do you think of it? We are specifically interested in discovering if it significantly reduces treatment times (Varian 21EX). Does this option require significant physics modeling? How does the QA look?

Thanks,
Mike

Michael Davis, MS
Senior Medical Physicist
The University Hospital
234 Goodman Street
Cincinnati, Ohio 45267-0742
Voice (513) 584-2810
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e-mail: davimi@healthall.com

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account will not be distributed unless that account is also subscribed.
##

De:	Luse, Ray W.
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Matrixx
Fecha:	martes, 27 de septiembre de 2005 23:11:06
Archivos adjuntos:	

We have recently purchased a Matrixx and I was wondering if any one can share how they are using it?

We have used water and film up to now.

Ray Luse
Physicist
Sacred Heart Medical Center
Spokane, Wa. 99220

509-474-7221

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Wide Field DMPO users?
Fecha:	martes, 27 de septiembre de 2005 23:32:27
Archivos adjuntos:	

I got this email today:

"A while ago you posted a note to the Pinnacle listserver regarding a trick to use IMRT fields wider than 14.5 on a Varian machine. You said that an option would be to allow Pinnacle to match the MLC's within the field. We've tried that on a few patients and because version 7.4 sees the MLC's, a dark stripe is evident on the planar dose maps. When comparing a film of the same field with RIT, the stripes match and are relatively low dose.

I have told the dosimetrists that they could use this technique if the match wasn't over a critical structure. I also said to watch the weighting of the segments with the match. At first I thought that we shouldn't use this technique for head and necks but I wanted to get some other opinions.

Do you allow your dosimetrists to plan with the MLC's matching inside the field for all IMRT's or only a select few? Do you know if other centers are using this technique?"

And here is my reply:

"We only use this option with DMPO because that software will move the leaf junctions every few segments. I do not believe V7.4 will do that.

After considerable testing, we are comfortable with having leaf junctions in the field even for Head/Neck. I've attached a presentation I gave our therapists on the subject.

I don't know if others are using this technique but they should. Let me know if you would like more info.

P.S. It is not a trick. It was intentionlly put in the design of the software by the developers. I'll send you an email I got from Johan."

So let me ask the list if others are using Wide Field DMPO as discussed above.

De:	Kevin Van Tilburg
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Wide Field DMPO users?
Fecha:	miércoles, 28 de septiembre de 2005 0:18:54
Archivos adjuntos:	

After your initial posting, I also investigated the 'wide-field DMPO' and we have also used this technique on a H/N patient.
The thought of having 9 beams over 18 was a big incentive!
Kevin

>>> sdube@queens.org 09/28/05 07:17am >>>
I got this email today:

"A while ago you posted a note to the Pinnacle listserver regarding a trick to use IMRT fields wider than 14.5 on a Varian machine. You said that an option would be to allow Pinnacle to match the MLC's within the field. We've tried that on a few patients and because version 7.4 sees the MLC's, a dark stripe is evident on the planar dose maps. When comparing a film of the same field with RIT, the stripes match and are relatively low dose.

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##

De:	Wichman, Brian D
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Wide Field DMPO users?
Fecha:	miércoles, 28 de septiembre de 2005 1:08:17
Archivos adjuntos:	

We have used this technique for several months. It's essentially only applicable to H&N cases for our centers, as I can recall only one or two fields on non-H&N cases where the field was wider than 14.5 cm.

We have had excellent results with this technique. We typically use a 9-field technique for bilateral H&N, which resulted in 18 fields after each field was split. With the wide field technique, we have half the amount of fields, and total MU/field has stayed about the same. Of course, the MU are probably more a consequence of using DMPO and restricing the number of segments and area of segments.

We have performed QA on many cases with both RIT and MapCheck, and found far better agreement than with the split field technique. This improvement is partly due to the improved MLC modelling in 7.4.

Brian Wichman, MS, DABR
Chief Medical Physicist, RSO
Kansas City Cancer Centers

-----Original Message-----
From: Scott DUBE [mailto:sdube@queens.org]
Sent: Tuesday, September 27, 2005 4:17 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Wide Field DMPO users?

I got this email today:

"A while ago you posted a note to the Pinnacle listserver regarding a trick to use IMRT fields wider than 14.5 on a Varian machine. You said that an option would be to allow Pinnacle to match the MLC's within the field. We've tried that on a few patients and because version 7.4 sees the MLC's, a dark stripe is evident on the planar dose maps. When comparing a film of the same field with RIT, the stripes match and are relatively low dose.

I have told the dosimetrists that they could use this technique if the match wasn't over a critical structure. I also said to watch the weighting of the segments with the match. At first I thought that we shouldn't use this technique for head and necks but I wanted to get some other opinions.

Do you allow your dosimetrists to plan with the MLC's matching inside the field for all IMRT's or only a select few? Do you know if other centers are using this technique?"

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P.S. It is not a trick. It was intentionlly put in the design of the software by the developers. I'll send you an email I got from Johan."

So let me ask the list if others are using Wide Field DMPO as discussed above.

De:	Bob Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Wide Field DMPO users?
Fecha:	miércoles, 28 de septiembre de 2005 1:29:26
Archivos adjuntos:	

Scott:

I'm starting to look at 7.4 and wide field techniques. Can you send me the presentation you created for the therapists. It wasn't attached to your email. I would also be interested in the email from John.

Thanks

Bob

Robert Smith, MS
bsmith@prapa.com
Princeton Radiation Oncology Center
(609) 655-5755
CentraState Radiation Oncology Center
(732) 303-5292

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Tuesday, September 27, 2005 5:17 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Wide Field DMPO users?

I got this email today:

"A while ago you posted a note to the Pinnacle listserver regarding a trick to use IMRT fields wider than 14.5 on a Varian machine. You said that an option would be to allow Pinnacle to match the MLC's within the field. We've tried that on a few patients and because version 7.4 sees the MLC's, a dark stripe is evident on the planar dose maps. When

comparing a film of the same field with RIT, the stripes match and are relatively low dose.

I have told the dosimetrists that they could use this technique if the match wasn't over a critical structure. I also said to watch the weighting of the segments with the match. At first I thought that we shouldn't use this technique for head and necks but I wanted to get some other opinions.

Do you allow your dosimetrists to plan with the MLC's matching inside the field for all IMRT's or only a select few? Do you know if other centers are using this technique?"

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I don't know if others are using this technique but they should. Let me know if you would like more info.

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So let me ask the list if others are using Wide Field DMPO as discussed above.

De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Siemens 82 Leaf Transmission values
Fecha:	miércoles, 28 de septiembre de 2005 1:32:35
Archivos adjuntos:	

I am curious as to what other Siemens users with 82 leaf MLC are using for "jaw" and "MLC transmission" values at well as "additional interleaf leakage" in Pinnacle version 7.4.

Thanks,

Joe Herrick
Reno, NV

>From: "Kevin Van Tilburg" <VantilK@wahs.nsw.gov.au>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: Re: Wide Field DMPO users?
>Date: Wed, 28 Sep 2005 07:58:02 +1000
>
>After your initial posting, I also investigated the 'wide-field DMPO' and
>we have also used this technique on a H/N patient.
>The thought of having 9 beams over 18 was a big incentive!
>Kevin
>
> >>> sdube@queens.org 09/28/05 07:17am >>>
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>
>"A while ago you posted a note to the Pinnacle listserver regarding a trick
>to use IMRT fields wider than 14.5 on a Varian machine. You said that an
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>We've tried that on a few patients and because version 7.4 sees the MLC's,
>a dark stripe is evident on the planar dose maps. When comparing a film of
>the same field with RIT, the stripes match and are relatively low dose.
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>I have told the dosimetrists that they could use this technique if the
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>

>Do you allow your dosimetrists to plan with the MLC's matching inside the
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>are using this technique?"
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>"We only use this option with DMPO because that software will move the leaf
>junctions every few segments. I do not believe V7.4 will do that.
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>
>So let me ask the list if others are using Wide Field DMPO as discussed
>above.
>
>
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>
>
>

>Sydney West Area Health Service.
>
>
>This e-mail has been scanned for viruses
>###
>
>
>###
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>list, send the message
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De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Alan Cassady; AVEN OKAMURA; ED PRICE; EMILY ROBINSON; JAMES CONANT; LES UYEDA; WAYNE KOJIMA;
Asunto:	Wide Field DMPO fro Pelvis
Fecha:	miércoles, 28 de septiembre de 2005 2:37:41
Archivos adjuntos:	

"We have used this technique for several months. It's essentially only applicable to H&N cases for our centers, as I can recall only one or two fields on non-H&N cases where the field was wider than 14.5 cm..."

> We have begun using IMRT rather than 4 fields to treat the pelvis to 45 Gy. It reduces the dose to the rectum, bladder, and bowel. Most of the cases use 9 fields and many of them exceed 14.5 cm.

De:	nabil_adnani@ntimedical.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: paperless isodose viewing
Fecha:	miércoles, 28 de septiembre de 2005 6:32:21
Archivos adjuntos:	

It seems to me that Eclipse users will not need such a service. Being a Windows application, it is much easier to print to PDF (and save the files as PDFs with much less memory requirement). For those of you who may be interested, EMSYS (from EMSYS Corporation: http://www.echartmanagement.net) allows you to import these PDF files into the physics section of the patient's electronic chart.

Dr. N. Adnani

Quoting Scott DUBE <sdube@queens.org>:

> We use Pinnacle and have been talking with a company that is working on this
> very thing. They will write a custom script that will directly export any
> report or graphics that Pinnacle produces so that it can be entered directly
> into IMPAC. Their contact person is:
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> Nancy Bertram
> Radiation Oncology Resources, Inc.
> Direct: 503.883.4111 x 706
> Toll-free: 866.312.3499 x 706
> e-fax: 503-296-2639
> nbertram@roresources.com
> www.roresources.com
>
> Maybe they could help Eclipse users as well?
>
> >>> "D Keys MPS" <dkeys@med-phys.com> 09/27/05 03:42AM >>>
> ECLIPSE TPS to Multi-ACCESS 6.1is there any thought of developing a routine
> in impac which would simply show in 3d view (no calculations or other
> treatment planning functions) the isodoses, beams, and structures imported
> into impac? this would be a far better solution for those of us going
> paperless than to have to scan paper copies of plans into impac.
>
>
>

>
>
>
>
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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Cong, Sonya Ph.D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Fuji Drypix 3000
Fecha:	miércoles, 28 de septiembre de 2005 15:58:36
Archivos adjuntos:	

Dear all, We are currently installing a Fuji dry laser film printer for the Pinnecle system. We are having a very difficult time to make it work. This is after having the engineers from both sides working together for over a week now. Adac claims that Fuji printers are not validated by Pinnecle system. However about 50% of Fuji did finally print successfully. Is any one of you out there having this success? Could you share you process with us? Thanks much. Sonya Cong

De:	Shidong Tong
A:	pinnacle-users@explode.unsw.edu.au; Rluse@shmc.org;
Cc:	
Asunto:	RE: Matrixx
Fecha:	miércoles, 28 de septiembre de 2005 17:53:34
Archivos adjuntos:	

Have you tried the Matrixx? How do you like it?

We had a sales rep come here to give us a demo. After the demo, we decided not to buy it at this time. It seems to be a good product for IMRT QA, but the software that controls data acquisition needs major improvement.

Good luck with your new equipment, and please let us know how the next version of the software works when it is released.

Shidong Tong
Penn State Hershey Medical Center

>>> Rluse@shmc.org 09/27/05 4:48 PM >>>
We have recently purchased a Matrixx and I was wondering if any one can share how they are using it?

We have used water and film up to now.

Ray Luse
Physicist
Sacred Heart Medical Center
Spokane, Wa. 99220

509-474-7221

De:	Shidong Tong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Matrixx
Fecha:	miércoles, 28 de septiembre de 2005 21:38:39
Archivos adjuntos:	

I was trying to email "Ozard, Siobhan" Siobhan_Ozard@wrh.on.ca , but it kept bouncing back. So I post it here.

>>> "Ozard, Siobhan" <Siobhan_Ozard@wrh.on.ca> 09/28/05 1:27 PM >>>
What was wrong with the data acquisition module? I am considering the Matrixx, so I am interested in your observations.

Siobhan Ozard, Ph.D., MCCPM
Department of Medical Physics
Windsor Regional Cancer Centre
2220 Kildare Rd.
Windsor, ON
CANADA
N8W 2X3

Siobhan_Ozard@wrh.on.ca
Phone: (519) 253-3191 xtn 58718
Fax: (519) 255-8679
Pager: (519) 251-6401

Make sure to ask their sales rep to give you a demo in your department, and you actually run an IMRT QA test using Matrixx at your linac machine - not just look at their demo display.

The operation of the software is easy, you click the START button to begin taking radiation data, then you run your IMRT beams. But the problem is: there is no STOP button when the IMRT beam delivery completed. You have to estimate how many minutes you will need to run your IMRT beams before you start. If you entered 2 minutes, the program will acquire 2 minutes of data and then stop. If your IMRT beam finished in 1 minute, you have to wait and let the program continue to collect 1 more minute of all zero signals. If your estimated

time is too short, the program will stop right after 2 minutes even if your IMRT beam is still on.

When I noticed this, I said to myself I am not going to buy it.

Why not let the program continue to collect data until user clicks the STOP button? It is silly to ask user to enter the length of data acquisition time before starting IMRT beams.

Another software design problem: it will collect background signals before each data acquisition. If you entered 10 minutes, you have to wait to let the program collect 10 minutes of background singals before you start IMRT beams. So when you entered 10 minutes, the whole thing will take 20 minutes.

The program should have a button you can click to start collect 1 minute of background signals and apply this to every data acquisition.

The sales rep promised the next version will fix this problem.

Again, my advice is, run an IMRT QA test with Matrixx before making any decision.

Shidong

> -----Original Message-----
> **From:** Shidong Tong [mailto:stong@hmc.psu.edu]
> **Sent:** Wednesday, September 28, 2005 11:38 AM
> **To:** pinnacle-users@explode.unsw.edu.au; Rluse@shmc.org
> **Subject:** RE: Matrixx
>
> Have you tried the Matrixx? How do you like it?
>
> We had a sales rep come here to give us a demo. After the demo, we decided not to buy it at this time. It seems to be a good product for IMRT QA, but the software that controls data acquisition needs major improvement.
>
> Good luck with your new equipment, and please let us know how the next version of the software works when it is released.
>
> Shidong Tong

Penn State Hershey Medical Center

>>> Rluse@shmc.org 09/27/05 4:48 PM >>>
We have recently purchased a Matrixx and I was wondering if any one can
share how they are using it?

We have used water and film up to now.

Ray Luse
Physicist
Sacred Heart Medical Center
Spokane, Wa. 99220

509-474-7221

De:	Bjørne Riis
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: paperless isodose viewing
Fecha:	miércoles, 28 de septiembre de 2005 22:22:16
Archivos adjuntos:	

---

in my opinion creating PDF under Solaris isn´t such a problem .

Printing in Pinnacle into a file will produce a postscript file.
Then use gostscript / gostview to convert it into PDF.

gostscript and gostview are under GNU License and available for SUN-OS

Bjørne

nabil_adnani@ntimedical.com schrieb:

>It seems to me that Eclipse users will not need such a service. Being a Windows
>application, it is much easier to print to PDF (and save the files as PDFs with
>much less memory requirement). For those of you who may be interested, EMSYS
>(from EMSYS Corporation: http://www.echartmanagement.net) allows you to import
>these PDF files into the physics section of the patient's electronic chart.
>
>Dr. N. Adnani
>
>
>Quoting Scott DUBE <sdube@queens.org>:
>
>
>
>>We use Pinnacle and have been talking with a company that is working on this
>>very thing. They will write a custom script that will directly export any
>>report or graphics that Pinnacle produces so that it can be entered directly
>>into IMPAC. Their contact person is:
>>
>>Nancy Bertram
>>Radiation Oncology Resources, Inc.
>>Direct: 503.883.4111 x 706
>>Toll-free: 866.312.3499 x 706
>>e-fax: 503-296-2639
>>nbertram@roresources.com
>>www.roresources.com
>>

>>Maybe they could help Eclipse users as well?
>>
>>
>>
>>>>>"D Keys MPS" <dkeys@med-phys.com> 09/27/05 03:42AM >>>
>>>>>
>>>>>
>>ECLIPSE TPS to Multi-ACCESS 6.1is there any thought of developing a routine
>>in impac which would simply show in 3d view (no calculations or other
>>treatment planning functions) the isodoses, beams, and structures imported
>>into impac? this would be a far better solution for those of us going
>>paperless than to have to scan paper copies of plans into impac.
>>
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>>
>>##
>>To unsubscribe (yourself or other account) from the pinnacle-users mailing
>>list, send the message
>>unsubscribe pinnacle-users <e-mail address>
>>to majordomo@explode.unsw.edu.au.
>>
>>Note: To avoid non-delivery error messages being sent to all list
>>members, the list has been configured so that messages can only be
>>sent from a subscribed account. Messages sent from a users secondary
>>account will not be distributed unless that account is also subscribed.
>>##
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>
>
>##
>To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the
message
>unsubscribe pinnacle-users <e-mail address>
>to majordomo@explode.unsw.edu.au.
>
>Note: To avoid non-delivery error messages being sent to all list
>members, the list has been configured so that messages can only be
>sent from a subscribed account. Messages sent from a users secondary
>account will not be distributed unless that account is also subscribed.

>##
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>
>

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Achtung ich bin Wortblind.
Diese Nachricht wurde ohne Berücksichtigung der momentan
gültigen Rechtschreib- und Gramatikregeln verfasst.

De:	Shidong Tong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	MEDPHYS@LISTS.WAYNE.EDU;
Asunto:	printing Pinnacle IMRT objectives
Fecha:	miércoles, 05 de octubre de 2005 9:52:59
Archivos adjuntos:	

Hello,

Rather than printing multiple pages of screen shot, is there any way to print out Pinnacle IMRT objectives and constraints in text format?

When IMRT objectives are entered in Pinnacle, it must be saved somewhere in patient directory. Could you tell me where it is saved? and what filename? Anyone has a hotScript for this purpose?

Thank you very much!

Shidong

Shidong Tong, PhD
Radiation Oncology
Penn State Hershey Medical Center
Hershey, PA

De:	Hard, Daphne H.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: printing Pinnacle IMRT objectives
Fecha:	miércoles, 05 de octubre de 2005 13:13:56
Archivos adjuntos:	

If you are using version 7.4, when you print plan, select yes for print IMRT summary, you
will get all the objectives printed out.
Daphne

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Shidong Tong
Sent: Wednesday, October 05, 2005 3:32 AM
To: pinnacle-users@explode.unsw.edu.au
Cc: MEDPHYS@LISTS.WAYNE.EDU
Subject: printing Pinnacle IMRT objectives

Hello,

Rather than printing multiple pages of screen shot, is there any way to print out Pinnacle IMRT objectives and constraints in text format?

When IMRT objectives are entered in Pinnacle, it must be saved somewhere in patient directory. Could you tell me where it is saved? and what filename? Anyone has a hotScript for this purpose?

Thank you very much!

Shidong

Shidong Tong, PhD
Radiation Oncology
Penn State Hershey Medical Center
Hershey, PA

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: printing Pinnacle IMRT objectives
Fecha:	miércoles, 05 de octubre de 2005 15:42:18
Archivos adjuntos:	

The file is called plan.OrbitObjectives, and it lives in the plan directory with plan.Trial, plan.roi, etc. Its syntax is not straightforward, unlike other friendlier files in the plan directory, perhaps because Orbit (the IMRT engine) is a third-party product.

Dave

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> stong@hmc.psu.edu 10/5/2005 3:31 AM >>>
Hello,

Rather than printing multiple pages of screen shot, is there any way to print out Pinnacle IMRT objectives and constraints in text format?

When IMRT objectives are entered in Pinnacle, it must be saved somewhere in patient directory. Could you tell me where it is saved? and what filename? Anyone has a hotScript for this purpose?

Thank you very much!

Shidong

Shidong Tong, PhD
Radiation Oncology
Penn State Hershey Medical Center
Hershey, PA

De:	Shidong Tong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: printing Pinnacle IMRT objectives
Fecha:	miércoles, 05 de octubre de 2005 15:44:05
Archivos adjuntos:	

Thank you for your input. Unfortunately, we are using 7.0g.
Does anyone with a pre-7.4 version have a Hot Script to do this?

Thanks!

Shidong

>>> Daphne.Hard@vtmednet.org 10/05/05 7:01 AM >>>
If you are using version 7.4, when you print plan, select yes for print IMRT summary, you
will get all the objectives printed out.
Daphne

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Shidong Tong
Sent: Wednesday, October 05, 2005 3:32 AM
To: pinnacle-users@explode.unsw.edu.au
Cc: MEDPHYS@LISTS.WAYNE.EDU
Subject: printing Pinnacle IMRT objectives

Hello,

Rather than printing multiple pages of screen shot, is there any way to print out Pinnacle IMRT objectives and constraints in text format?

When IMRT objectives are entered in Pinnacle, it must be saved somewhere in patient directory. Could you tell me where it is saved? and what filename? Anyone has a hotScript for this purpose?

Thank you very much!

Shidong

Shidong Tong, PhD
Radiation Oncology
Penn State Hershey Medical Center
Hershey, PA

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	electonic Pinnacle Plans in IMPAC
Fecha:	jueves, 06 de octubre de 2005 17:56:42
Archivos adjuntos:	

I have seen this and other similar solutions posted on this list before. However, Since my last email on this (on the IMPAC list) I have been inundated with emails asking me to clarify how we are doing this so here it goes. Let me reiterate that this is a completely FREE solution I have seen posts where people are willing to pay 10K for a script to do this.

For importing Pinnacle plans into impact you can do one of two things:

1) Simply print the plan and/or any number of screen images (i.e. IDLs and DVHs) to .ps by selecting print to file from the Pinnacle printer selection window. Please note you can choose your paper size (i.e. Legal for IDLs if you wish to have larger images)

Once this is done you can pull these files via ftp (from command prompt or via drag and drop using something like AceFTP http://software.visicommedia.com/en/products/aceftpfreeware/ a free drag and drop ftp client for windows) to a widows or mac machine.

On this machine you need to have one of a number of free . ps -> .pdf converters installed. We use Ghostscript 8.4 http://www.cs.wisc.edu/~ghost/ because it has a GUI front end called FreeDist http://home.hccnet.nl/s.vd.palen/index.html which allows you to combine any number of .pdf files into one composite ..pdf file. Mac users can use MacGostview http://www.kiffe.com/macghostview.html to convert the .ps files.
Installation and setup of any of these programs is easy and fairly self explanatory.

Using FreeDist you can convert the Pinnacle plan and all of

the accompanying IDLs and DVHs to .pdf files and then concatenate them into an exact "fully electronic" replica of your paper plans for importation into IMPAC. This will allow your physicians to flip through the plan in the IMPAC documents viewer as if he were flipping through his chart.

Your second option is as follows (not recommended)

2) Take the time to capture each screen image, convert each one to a ..tiff or .jpeg and import them individually (kind of a hassle) into IMPAC. This puts each screen image into a single document which has to be individually viewed in IMPAC (again a hassle for you and the physician)

Finally:

For any windows based TPS like Eclipse there is a nice alternative using a virtual printer program called LeadTools http://www.eprintdriver.com/about-ePrint.htm (it is not free but it is on sale now for $49.99/license usually 99$) which will print your plans to .pdf and any number of ~200 other formats. Very nice option which we also use

Hope this helps. It looks like more work than it really is. Once everything is setup and if you're smart you'll write a script (if you're using Ghostscript it doubles as an API for just such a case as this) to do all the dirty work. It takes only a few seconds to print a plan to an IMPAC compatible format and import it into your pt's documents

Just as a bonus bit of information we currently use FastPlan for our SRS procedures and the option described above for the Pinnacle plans also works for FastPlan plans and images. FastPlan doesn't print to .ps files but the unix system uses .ps files to render the plan and images to the screen for preview. So all you have to do is pull those .ps files straight out of the pt directory via ftp and you have all you need to create a plan and import it into IMPAC.

Michael Tallhamer M.S.
Medical Physicist
Rocky Mountain Cancer Centers
Department of Radiation Oncology
Mike.Tallhamer@USOncology.com

From: Shidong Tong [mailto:stong@hmc.psu.edu]
Sent: Wednesday, October 05, 2005 7:35 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: printing Pinnacle IMRT objectives

Thank you for your input. Unfortunately, we are using 7.0g.
Does anyone with a pre-7.4 version have a Hot Script to do this?

Thanks!

Shidong

>>> Daphne.Hard@vtmednet.org 10/05/05 7:01 AM >>>
If you are using version 7.4, when you print plan, select yes for print IMRT summary, you
will get all the objectives printed out.
Daphne

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Shidong Tong
Sent: Wednesday, October 05, 2005 3:32 AM
To: pinnacle-users@explode.unsw.edu.au
Cc: MEDPHYS@LISTS.WAYNE.EDU
Subject: printing Pinnacle IMRT objectives

Hello,

Rather than printing multiple pages of screen shot, is there any way to print out Pinnacle IMRT objectives and constraints in text format?

When IMRT objectives are entered in Pinnacle, it must be saved somewhere in patient directory. Could you tell me where it is saved? and what

filename? Anyone has a hotScript for this purpose?

Thank you very much!

Shidong

Shidong Tong, PhD
Radiation Oncology
Penn State Hershey Medical Center
Hershey, PA

De:	Gnanaprakasam Vadivelu
A:	ADAC Pinnacle;
Cc:	
Asunto:	Update of Pinnacle to 7.4
Fecha:	viernes, 07 de octubre de 2005 0:26:01
Archivos adjuntos:	

Currently we have Pinnacle 7.0g version. We would like to update it to 7.4 soon. Could anyone tell me what are the steps involved/precautions taken for the update.
Thanks in advance.
Regards
GP

De:	Rick Michaels
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Update of Pinnacle to 7.4
Fecha:	viernes, 07 de octubre de 2005 2:19:57
Archivos adjuntos:	74_76_how_to.pdf 74_Letter_RC5.pdf

---

please see the attached pdf's

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Gnanaprakasam Vadivelu
Sent: Thursday, October 06, 2005 11:18 AM
To: ADAC Pinnacle
Subject: Update of Pinnacle to 7.4

Currently we have Pinnacle 7.0g version. We would like to update it to 7.4 soon. Could anyone tell me what are the steps involved/precautions taken for the update.
Thanks in advance.
Regards
GP

De:	Linda Miller
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Update of Pinnacle to 7.4
Fecha:	viernes, 07 de octubre de 2005 15:59:08
Archivos adjuntos:	

Is it necessary to scan and remodel wedges to update to 7.4?

Linda Miller
East Texas Medical Center
Tyler, Texas

>>> Rick.Michaels@sharp.com 10/6/2005 7:10:16 PM >>>
please see the attached pdf's

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Gnanaprakasam Vadivelu
Sent: Thursday, October 06, 2005 11:18 AM
To: ADAC Pinnacle
Subject: Update of Pinnacle to 7.4

Currently we have Pinnacle 7.0g version. We would like to update it to 7.4 soon. Could anyone tell me what are the steps involved/precautions taken for the update.
Thanks in advance.
Regards
GP

De:	Yan, Albert
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Update of Pinnacle to 7.4
Fecha:	viernes, 07 de octubre de 2005 18:49:53
Archivos adjuntos:	

What we did was scan each wedge at 10x10 and the largest field size to compare with the original scan. The water tank had been set up already, and it did not take long to run the scan.

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Linda Miller
> **Sent:** Friday, October 07, 2005 6:43 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Update of Pinnacle to 7.4
>
> Is it necessary to scan and remodel wedges to update to 7.4?
>
> Linda Miller
> East Texas Medical Center
> Tyler, Texas
>
> >>> Rick.Michaels@sharp.com 10/6/2005 7:10:16 PM >>>
> ***please see the attached pdf's***

> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Gnanaprakasam Vadivelu
> **Sent:** Thursday, October 06, 2005 11:18 AM
> **To:** ADAC Pinnacle
> **Subject:** Update of Pinnacle to 7.4
>
> Currently we have Pinnacle 7.0g version. We would like to update it to 7.4 soon. Could anyone tell me what are the steps involved/precautions taken for the update.
> Thanks in advance.
> Regards
> GP

Yahoo! for Good
Click here to donate to the Hurricane Katrina relief effort.

****

De:	Crooks, Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Update of Pinnacle to 7.4
Fecha:	viernes, 07 de octubre de 2005 20:21:22
Archivos adjuntos:	

Hi All,

We found that the beam models for the old version were done with the minimum data possible (i.e. wedge scans in the wedged direction only, limited field sizes, etc.) and decided to do a completely new set of scans. It's a good thing we did, too. When the old model was compared to the new scans, there were some pretty large discrepancies. So if you're not sure how the old beams were modeled, you may be in for many long nights.

Ian Crooks
Danbury Hospital
Danbury, CT

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Yan, Albert
> **Sent:** Friday, October 07, 2005 12:39 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Update of Pinnacle to 7.4
>
> What we did was scan each wedge at 10x10 and the largest field size to compare with the original scan. The water tank had been set up already, and it did not take long to run the scan.
>
> > -----Original Message-----
> > **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Linda Miller
> > **Sent:** Friday, October 07, 2005 6:43 AM
> > **To:** pinnacle-users@explode.unsw.edu.au
> > **Subject:** RE: Update of Pinnacle to 7.4
> >
> > Is it necessary to scan and remodel wedges to update to 7.4?

Linda Miller
East Texas Medical Center
Tyler, Texas

>>> Rick.Michaels@sharp.com 10/6/2005 7:10:16 PM >>>
please see the attached pdf's

From: owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Gnanaprakasam Vadivelu
Sent: Thursday, October 06, 2005 11:18 AM
To: ADAC Pinnacle
Subject: Update of Pinnacle to 7.4

Currently we have Pinnacle 7.0g version. We would like to update it to 7.4 soon. Could anyone tell me what are the steps involved/ precautions taken for the update.
Thanks in advance.
Regards
GP

****

have received this message in error, please immediately advise the sender by reply email and delete this message.

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Update of Pinnacle to 7.4
Fecha:	sábado, 08 de octubre de 2005 0:08:25
Archivos adjuntos:	

7.4 version really new requirement regarding beam data is MLC shaped fields. Consequently, you don't have to scan your wedge fields if you think that your existing scan data is good. It is recommended, however, that you obtain a set of new models including your open field models and wedge models.

Vadim Kuperman

--- "Crooks, Ian" <Ian.Crooks@danhosp.org> wrote:

> Hi All,
>
> We found that the beam models for the old version
> were done with the minimum data possible (i.e. wedge
> scans in the wedged direction only, limited field
> sizes, etc.) and decided to do a completely new set
> of scans. It's a good thing we did, too. When the
> old model was compared to the new scans, there were
> some pretty large discrepancies. So if you're not
> sure how the old beams were modeled, you may be in
> for many long nights.
>
> Ian Crooks
> Danbury Hospital
> Danbury, CT
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au]On
> Behalf Of Yan, Albert
> Sent: Friday, October 07, 2005 12:39 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: Update of Pinnacle to 7.4

>
>
> What we did was scan each wedge at 10x10 and the
> largest field size to compare with the original
> scan. The water tank had been set up already, and it
> did not take long to run the scan.
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au]On
> Behalf Of Linda Miller
> Sent: Friday, October 07, 2005 6:43 AM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: Update of Pinnacle to 7.4
>
>
> Is it necessary to scan and remodel wedges to update
> to 7.4?
>
> Linda Miller
> East Texas Medical Center
> Tyler, Texas
>
> >>> Rick.Michaels@sharp.com 10/6/2005 7:10:16 PM >>>
>
> please see the attached pdf's
>
> _____
>
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On
> Behalf Of Gnanaprakasam Vadivelu
> Sent: Thursday, October 06, 2005 11:18 AM
> To: ADAC Pinnacle
> Subject: Update of Pinnacle to 7.4
>
>
> Currently we have Pinnacle 7.0g version. We would
> like to update it to 7.4 soon. Could anyone tell me
> what are the steps involved/precautions taken for
> the update.
> Thanks in advance.
> Regards
> GP
>

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>
> _____
>
> Yahoo! for Good
> Click <http://store.yahoo.com/redcross-donate3/>
> here to donate to the Hurricane Katrina relief
> effort.
>
> **********
> This message is confidential, intended only
> for the named recipient(s) and may contain
> information that is privileged or exempt from
> disclosure under applicable law. If you are
> not the intended recipient(s), you are notified
> that the dissemination, distribution or copying
> of this message is strictly prohibited. If you
> received this message in error, or are not the
> named recipient(s), please notify the sender
> and delete this e-mail from your computer.
> Thank you.
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>
> DISCLAIMER:
> This message is intended for the sole use of the
> addressee, and may contain information that is
> privileged, confidential and exempt from disclosure
> under applicable law. If you are not the addressee
> you are hereby notified that you may not use, copy,
> disclose, or distribute to anyone the message or any
> information contained in the message. If you have
> received this message in error, please immediately
> advise the sender by reply email and delete this
> message.
>
>

De:	Chuan Wu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Elekta Synergy on Pinnacle
Fecha:	lunes, 10 de octubre de 2005 22:26:35
Archivos adjuntos:	

Dear Pinnacle users:
we recently acquired and commissioned an Elekta Synergy unit and now it is ready for modeling on Pinnacle 7.6. I would like to know whether other groups and institutions here had modelled a Synergy before on Pinnacle and are willing share some valuable informations/tricks or a sample machine.
Thank you all for your time,

Sincerely,

C. Wu

_____

Chuan Wu, Ph.D
University of California - Davis
Dept. of Radiation Oncology
4501 X Steet, G-126
Sacramento, CA 95817
(Office) 916-734-5428
http://www.pbase.com/chuanwu

De:	Gallant, Gregg
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	ever used Pinnacle for PSI pre-planning?
Fecha:	miércoles, 12 de octubre de 2005 0:11:50
Archivos adjuntos:	

Good afternoon all:

Has anybody out there ever used Pinnacle for pre-planning prostate seed implants?

Do you find it good, bad, or ugly?

Thanks
Gregg Gallant
Physicist
Dubs Cancer Center
Medford, OR.

##

De:	Klaudia Meyer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: ever used Pinnacle for PSI pre-planning?
Fecha:	miércoles, 12 de octubre de 2005 0:33:48
Archivos adjuntos:	

Our dosimetrist gave it a try and wanted to kill himself - or me - before he fininshed. Word on the street is don't bother....it sucks (ie, very, very ugly)! We only do a few a year, so we now outsource our pre-plans to ProQura. Post plans with Pinnacle are much easier and actually doable.
Good Luck!

Klaudia H. Meyer, M.S., DABR
Medical Physicist/RSO
St. Charles Medical Center
Cancer Treatment Center
2500 NE Neff Road
Bend, OR 97701
541-385-6318
kmeyer@scmc.org

>>> GGallant@asante.org 10/11/2005 2:58:23 PM >>>
Good afternoon all:

Has anybody out there ever used Pinnacle for pre-planning prostate seed implants?

Do you find it good, bad, or ugly?

Thanks
Gregg Gallant
Physicist
Dubs Cancer Center
Medford, OR.

De:	Krieger_T@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Elekta Synergy on Pinnacle
Fecha:	miércoles, 12 de octubre de 2005 8:32:10
Archivos adjuntos:	

I recently modeled an Elekta Synergy with the Beam Modulator Head on 7.6(7.4). We had a few problems because it is not yet implemented in 7.6, that a MLC is replacing both jaws, but in the end I got a quite good model for both 6MV and 10MV. I don't think that my models would help you with the
common MLC with 1cm-leaves, but if anyone out there has also modeled a Beam Modulator i am interested in sharing his procedures of modeling.

Regards

T.Krieger
****
Thomas Krieger
Klinik für Strahlentherapie, Universitaet Wuerzburg
Josef-Schneider-Strasse 11, D-97080 Wuerzburg, Germany
Tel: +49 931 201 28412 Fax: +49 931 201 28221
Email: Krieger_T@klinik.uni-wuerzburg.de
WWW: http://www.strahlentherapie.uni-wuerzburg.de

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Chuan Wu
Gesendet: Montag, 10. Oktober 2005 22:03
An: pinnacle-users@explode.unsw.edu.au
Betreff: Elekta Synergy on Pinnacle

Dear Pinnacle users:
we recently acquired and commissioned an Elekta Synergy unit and now it is ready for modeling on Pinnacle 7.6. I would like to know whether other groups and institutions here had modelled a Synergy before on Pinnacle and are willing share some valuable informations/tricks or a sample machine.
Thank you all for your time,

Sincerely,

C. Wu

Chuan Wu, Ph.D
University of California - Davis
Dept. of Radiation Oncology
4501 X Steet, G-126
Sacramento, CA 95817
(Office) 916-734-5428
http://www.pbase.com/chuanwu

##
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Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Yan, Albert
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ever used Pinnacle for PSI pre-planning?
Fecha:	miércoles, 12 de octubre de 2005 19:27:17
Archivos adjuntos:	

We used to plan all the implants on Pinnacle before we had VariSeed and BrachyVision. I can not say it is good because of the contour digitization, impossible movement of needles or catheters and inflexible loading of seeds. I can not say it is bad or ugly either simply because it works, and works well for post implant.

Albert Yan

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Gallant, Gregg
Sent: Tuesday, October 11, 2005 2:58 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: ever used Pinnacle for PSI pre-planning?

Good afternoon all:

Has anybody out there ever used Pinnacle for pre-planning prostate seed implants?

Do you find it good, bad, or ugly?

Thanks
Gregg Gallant
Physicist
Dubs Cancer Center
Medford, OR.

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account will not be distributed unless that account is also subscribed.
##

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: ever used Pinnacle for PSI pre-planning?
Fecha:	jueves, 13 de octubre de 2005 16:15:09
Archivos adjuntos:	

I have used Pinnacle for PSI, both pre and post. I currently use Variseed for all pre planning but still use Pinnacle for post planning. If you use Pinnacle for PSI, it would be to your advantage to script the template creation. This saves time, frustration and errors - as long as it is done correctly in the script. Also, in contrary to one report you can move the needles in any direction and place seeds anywhere you want them. It is not nearly as smooth and easy as a program dedicated to PSI is e.g. Variseed. However, Pinnacle, in my opinion is much nicer than Variseed when it comes to post planning.

If you are planning on doing a significant number of PSI try as hard as you can to convince your administrator to purchase Variseed. It will save you a huge amount of time and frustration. Additionally, if your docs will be assisting in the planning you will not want them to plan on Pinnacle - Pinnacle is for expert Pinnacle users only. On the other hand if your hospital/group will not support the purchase of Variseed, just let the docs plan a few PSI on Pinnacle then ask them to go to ASTRO and try it on Variseed or setup an onsite demo. Priorities change quite dramatically when docs are in the picture.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

to majordomo@explode.unsw.edu.au.

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account will not be distributed unless that account is also subscribed.
##

De:	Clay Stablein
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: ever used Pinnacle for PSI pre-planning?
Fecha:	jueves, 13 de octubre de 2005 16:26:00
Archivos adjuntos:	

Greg,

We perform a preplan TRUS with Oncologist and Urologist using the B&K system. Our Urologist is very precise in the preplan and the seed loading using inclinometers and reference measurements for reproducing the patient position exactly.

For planning, I moved from the Nucletron system to the Pinnacle system a few years ago. Very glad that I did. I commissioned the 6711 from Nycomed, the 12501 ISOSTAR from Imagyn and the STM125 from BARD using the to fit the brachy parameters of each.

Are you entering the slices via digitizer tablet or via dicom/network? We do not have the luxury of network import of images (although there is some software/hardware you can attach to the B&K system that is then attached to an ethernet port for network transfer). So I hand enter via digitizer tablet the prostate, prostate with margin and urethra into Pinnacle. This is just a simple ROI creation and digitization in Pinnacle for each US slice image. This takes about 20 minutes.

I then created a Hot Script in which a one-time list of all possible needle locations is hand entered and recorded into the Hot Script. My personal choice was to create 169 needles (A1.0 - G7.0). This covers my B&K template. After the HotScript is recorded and verified for accuracy one- time, its use in future Pinnacle PSI plans is a single button click with an approximate 1-3 minute wait (depending on the clock speed of your CPU).

The list of catheters (needles) now resides in the Catheter Loading tab of the Brachy Window. Once all catheters are localized (moved to the origin which is a POI residing at A1.0 or 0.0,0.0,0.0 with the Catheter Move All feature), we then create a series of multislice planes that encompasses our ultrasound images of the prostate. Using the single catheter highlight feature we move through each needle location, note its location with respect to the coverage we want (144Gy to the 1.0 cm margin around prostate with a 216Gy hole around the urethra), laying a series of seeds

in each needle (minimum of 2 seeds per needle and no seeds back to back).

After the usual amount of seed placement optimization after initial dose computation to get the distribution that meets our criteria, we've found that in about 2 hours this portion of the planning is easily accomplished with Pinnacle. So, I'd say that Pinnacle may not be the best or easiest, but certainly is not "ugly". I've found it to be much "prettier" than Nucletron's older programs (before Plato, which I can't speak to).

For a 45cc prostate with 1.0 cm margin and 0.4 mCi activity per seed, I usually end up with less than 100 seeds and less than 30 needles. These quantities of seeds and needles are not the best I've heard from some planners, but I think acceptable. Our ranges are 30-60cc, 80-120 seeds and 20-40 needles. We are currently looking at stranded seeds, etc., too.

Our needles are preloaded in Imagyn's (now Bard's) Isosleeve (a unique technology in which the seeds are housed in a sleeve that can be removed from the needle for visual verification, if necessary).

Post Planning is easy and quick. We've found that a post plan takes about 1 hour tops.

Good luck.

Clay Stablein, M.S.
Radiation Therapy Physicist
Falck Cancer Center
600 Roe Avenue
Elmira, NY 14905
[alt. e-mail: cstablein@aomc.org]
[alt. e-mail: cstablein2@yahoo.com]
Phone: 607 737 8100 ext 7140 or direct at 8161.
(315) 263 8699 (cell)

"Errors need to be seen to be caught."

De:	Shikuan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	trackball mouse
Fecha:	viernes, 14 de octubre de 2005 18:21:24
Archivos adjuntos:	

One of my physician has difficulty to use mouse to draw contour. I'm wondering if anyone know where to get a trackball mouse for SUN computer? Thanks.

Shikuan She

De:	kflorell@capefearvalley.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: trackball mouse
Fecha:	viernes, 14 de octubre de 2005 20:00:50
Archivos adjuntos:	

Hi--someone from Philips who should know told me that any USB mouse can be used, but that the company prefers Microsoft. You have to exit from Pinnacle, attach the mouse, reboot, then type a command to check if the new device is mounted. I would recommend calling Pinnacle customer support to get the specifics.

We have not done this ourselves, but we plan to soon. Let me know how it works.

Kenn Florell, CMD
Fayetteville, NC

-----Original Message-----
From: Shikuan [mailto:sshe@onctherapies.com]
Sent: Friday, October 14, 2005 12:06 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: trackball mouse

One of my physician has difficulty to use mouse to draw contour. I'm wondering if anyone know where to get a trackball mouse for SUN computer? Thanks.

Shikuan She

disclosed. Further, the views and opinions of the author expressed herein do not necessarily state or reflect that of the Cape Fear Valley Health System, its management or its trustees.

De:	Charland, Paule
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Bug? Limit of 20 MU
Fecha:	lunes, 17 de octubre de 2005 17:06:19
Archivos adjuntos:	

Hello,

There seems to be a bug when dynamic wedges are present in the plan....

We are making a copy of a beam for imaging purposes. The weights are unlocked and we set the second copy of the beam to be only 6 MUs. This has worked in the past when NO Dynamic Wedge was present in the plan.

I understand there is a limit of 20 MU to deliver the Dynamic Wedge but here is the situation: the Dynamic Wedge is NOT on the beam that we are trying to set to 6 MUs but on other beams present in the plan..

Any idea what is causing that?

Paule
p.s. reason we make copy of the beam for imaging is to use 15MV for imaging before and accounting for dose.

Paule Madeleine Charland, PhD DABR
Medical Physics/Radiation Treatment Program
Grand River Hospital
P.O. Box 9056
835 King Street West
Kitchener, Ontario
N2G 1G3
Canada

paule.charland@grhosp.on.ca
PHONE: 519-749-4300 ext 5758
FAX 519-749-4394

De:	Charland, Paule
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Bug? Limit of 20 MU
Fecha:	lunes, 17 de octubre de 2005 21:39:33
Archivos adjuntos:	

It's even spookier than that:

1) Clarification from my previous email: the 20 MU limit on a copied field occurs even if original field it is copied from does NOT have a dynamic wedge. E.g. we copy an AP no dynamic wedge to another imaging AP while it's the LATs that have the dynamic wedges.

2) More reporting of bugs. When copying TRIALS we can see the MLC transmission changing!!! MLC transmission is supposed to be a single number per energy entered in the physics mode. Though it can be overwritten in planning , it wasn't in this case. It's not clear what is happening. Energies were toggled prior copying trial. 6 MV should be 0.017 (while 15 MV 0.018) but we get 0.028 and 0.036.

We've got v6.2b.

Paule

-----Original Message-----
From: Alan Cassady [mailto:acassady@queens.org]
Sent: Monday, October 17, 2005 2:37 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Bug? Limit of 20 MU

Once an EDW wedge is selected for a beam the 20MU limit stays attached to that beam even if the EDW has been changed to no wedge. This finding was verified with Pinnacle tech support.

>>> "Charland, Paule" <paule.charland@grhosp.on.ca> 10/17/05 04:44AM >>>

Hello,

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N2G 1G3
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paule.charland@grhosp.on.ca
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FAX 519-749-4394

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De:	Charland, Paule
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Bug? Limit of 20 MU
Fecha:	lunes, 17 de octubre de 2005 22:37:09
Archivos adjuntos:	

I have received a response from Pinnacle helpdesk. These are known bugs from Pinnacle, as mentioned by users on this list.

1) About the 20 MU limits, if there was ever a dynamic wedge, even if wedge has been removed, it will cause the problem. (Now our RT can't be sure if there was ever one at one time).

2)We have done more than two releases of the same machine in v6.2b. MLC transmissions are not read properly, need to toggle energies to reset correct ones.

That's it for entertainment.

Paule

It's even spookier than that:

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-----Original Message-----
From: Alan Cassady [mailto:acassady@queens.org]
Sent: Monday, October 17, 2005 2:37 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Bug? Limit of 20 MU

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>>> "Charland, Paule" <paule.charland@grhosp.on.ca> 10/17/05 04:44AM >>>

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De:	lightningrider@frii.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Bug? Limit of 20 MU
Fecha:	lunes, 17 de octubre de 2005 22:52:20
Archivos adjuntos:	

Paule,

Check your models in the physics mode. MLC transmission is input individually for the different beams modeled, e.g., open fields, wedged fields, etc., a feature that I recently discovered the hard way myself.

Hope this helps,
Bob Matthews

> It's even spookier than that:
>
> 1) Clarification from my previous email: the 20 MU limit on a copied field
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>
> Paule
>
> -----Original Message-----
> From: Alan Cassady [mailto:acassady@queens.org]
> Sent: Monday, October 17, 2005 2:37 PM

> To: pinnacle-users@explode.unsw.edu.au
> Subject: Re: Bug? Limit of 20 MU
>
>
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> Any idea what is causing that?
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> Paule
> p.s. reason we make copy of the beam for imaging is to use 15MV for
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> before and accounting for dose.
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> Paule Madeleine Charland, PhD DABR
> Medical Physics/Radiation Treatment Program
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>

De:	Alan Cassady
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Bug? Limit of 20 MU
Fecha:	martes, 18 de octubre de 2005 1:20:06
Archivos adjuntos:	TEXT.htm

Once an EDW wedge is selected for a beam the 20MU limit stays attached to that beam even if the EDW has been changed to no wedge. This finding was verified with Pinnacle tech support.

>>> "Charland, Paule" <paule.charland@grhosp.on.ca> 10/17/05 04:44AM >>>

Hello,

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paule.charland@grhosp.on.ca
PHONE: 519-749-4300 ext 5758

FAX 519-749-4394

De:	graham.freestone@ksa.ch
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Sunblade 2000 network card
Fecha:	martes, 18 de octubre de 2005 10:27:06
Archivos adjuntos:	

Hi All,

Does anybody have a set of instructions/guidelines on how to configure the network card in a SB2000?

On install our network was such that the card was required to be configured in half duplex (10Meg?) mode. Changes have now been made to the network, and now we can run in full duplex auto-sensing to give us 'normal' access speed on that SB2000 client. The trouble being that the local Nuc-Med service guy does not appear to be able to do this change.....

TIA

Graham Freestone

Medizinal Physiker Senior
Kantonsspital Aarau
Switzerland

De:	graham.freestone@ksa.ch
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Printers
Fecha:	martes, 18 de octubre de 2005 10:32:39
Archivos adjuntos:	

Hi All,

Is any out there using a HP5500 printer with their Pinnacle system?

Ours has been in use with our Xio system with no problems (A3 & A4), but we have a issue using it with our Pinnacle TPS: The installer was unable for some reason to enable A3 printing from Pinnacle. I believe that Philips (Germany) are now saying that the printer is not compatible with Pinnacle, but as far as I am aware, it is a PS2 printer, so there shouldn't be a problem?

Any help/advice would be appreciated

TIA

Graham Freestone

Medizinal Physiker Senior
Kantonsspital Aarau
Switzerland

De:	David Spencer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Tyler Opsal;
Asunto:	RE: Printers
Fecha:	miércoles, 19 de octubre de 2005 0:35:45
Archivos adjuntos:	

We certainly use an HP5500, but not for A3 paper. We normally use 8 1/2 by 11 inch paper, I think A3 is slightly narrower and slightly longer than that.

D.P. Spencer, PhD, MCCPM, DABR

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of graham.freestone@ksa.ch
Sent: Tuesday, October 18, 2005 2:19 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Printers

Hi All,

Is any out there using a HP5500 printer with their Pinnacle system?

Ours has been in use with our Xio system with no problems (A3 & A4), but we have a issue using it with our Pinnacle TPS: The installer was unable for some reason to enable A3 printing from Pinnacle. I believe that Philips (Germany) are now saying that the printer is not compatible with Pinnacle, but as far as I am aware, it is a PS2 printer, so there shouldn't be a problem?

Any help/advice would be appreciated

TIA

Graham Freestone

Medizinal Physiker Senior
Kantonsspital Aarau
Switzerland

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##

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Sunblade 2000 network card
Fecha:	miércoles, 19 de octubre de 2005 1:19:22
Archivos adjuntos:	

Graham

How's life treating you in Switzerland?

The basics are as follows to force 100Mb/s full duplex. Modify as necessary to suit your system.

Same command only Bade uses eri0 NIC instead of hme0 like Ultras.

```
set eri:adv_100T4_cap=0
set eri:adv_100hdx_cap=0
set eri:adv_10fdx_cap=0
set eri:adv_10hdx_cap=0
set eri:adv_100fdx_cap=1
set eri:adv_autoneg_cap=0
```

Put these commands at the end of /etc/system and reboot. (originally from Michael Auria / Bob Thompson of support)

You can also use command ndd (use man to get instructions) to set things manually without rebooting. Drop the 0 eg

```
ndd   /dev/eri   \?
```
list parameters associated with device

```
ndd    /dev/eri    100fdx_cap
```
returns the status of parameter 100fdx_cap

Regards

Nick

At 10:09 AM 18/10/2005 +0200, you wrote:
>Hi All,
>
> Does anybody have a set of instructions/guidelines on how to

>configure the network card in a SB2000?
>
>	On install our network was such that the card was required to be
>configured in half duplex (10Meg?) mode. Changes have now been made to the
>network, and now we can run in full duplex auto-sensing to give us 'normal'
>access speed on that SB2000 client. The trouble being that the local Nuc-Med
>service guy does not appear to be able to do this change.....
>
>	TIA
>
>	Graham Freestone
>
>	Medizinal Physiker Senior
>	Kantonsspital Aarau
>	Switzerland
>
>
>##
>To unsubscribe (yourself or other account) from the pinnacle-users mailing
>list, send the message
>unsubscribe pinnacle-users <e-mail address>
>to majordomo@explode.unsw.edu.au.
>
>Note: To avoid non-delivery error messages being sent to all list
>members, the list has been configured so that messages can only be
>sent from a subscribed account. Messages sent from a users secondary
>account will not be distributed unless that account is also subscribed.
>##

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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Printers
Fecha:	miércoles, 19 de octubre de 2005 1:20:38
Archivos adjuntos:	

Graham

XiO drivers the printer into A4 or A3 mode before printing, whereas
Pinnacle doesn't, it only send a A3 size PS file.
Have you tried manually putting the printer into A3 mode using the printer
menu?
I haven't used the 5500 but if its the same as other HPs then build a 2nd
queue using the HP utility (Jetdirect ?) and call it A3.
Then in Pinnacle add a printer that uses the A3 queue.

Regards

Nick

At 10:19 AM 18/10/2005 +0200, you wrote:

>Hi All,
>
>Is any out there using a HP5500 printer with their Pinnacle system?
>
>Ours has been in use with our Xio system with no problems (A3 & A4), but we
>have a issue using it with our Pinnacle TPS: The installer was unable for
>some reason to enable A3 printing from Pinnacle. I believe that Philips
>(Germany) are now saying that the printer is not compatible with Pinnacle,
>but as far as I am aware, it is a PS2 printer, so there shouldn't be a
>problem?
>
>Any help/advice would be appreciated
>
>TIA
>
>Graham Freestone
>
>Medizinal Physiker Senior
>Kantonsspital Aarau
>Switzerland

>
>
>###
>To unsubscribe (yourself or other account) from the pinnacle-users mailing
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account will not be distributed unless that account is also subscribed.
###

De:	Carolan, Martin
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Perl scripts and Hotscript buttons
Fecha:	miércoles, 19 de octubre de 2005 6:48:54
Archivos adjuntos:	

Dear All,

Is there any reason why a Perl script should not run in Pinnacle when attached to a Hotscript button?

I have a simple Perl script that runs perfectly fine from the command line (It prints a list of all patients in a given Institution). However when attached to a Hotscript button it does not run and indicates a syntax error in character 2 of line 1 in the script. The first line in the script is: #! /usr/bin/env perl

I noticed some other scripts in the PinnacleSiteData/Scripts directory are Bourne shell scripts (first line is #! /bin/sh). So I have created a Bourne shell script that calls my Perl script - again both run fine when started from a command line. However I get the same syntax error in line 1 (char 2) in the Bourne script using this alternate method.

Does anyone know exactly how the hotscript buttons connect with the scripts they run and any related special requirements for script syntax?

My ultimate aim is to have a button or menu item somewhere on the Pinnacle user interface from which a script can be run without the regular user needing to open a command window. Is there perhaps a better way to achieve this than linking my script to a Hotscript button under the Utilities tool bar button?

Thanks for any suggestions on this.

Martin C

==========

Martin Carolan, PhD
Senior Physicist

Illawarra Cancer Care Centre, Wollongong Hospital
Private Mail Bag 8808, South Coast Mail Centre NSW 2521
Australia

==========

De:	Geoghegan, Sean
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Perl scripts and Hotscript buttons
Fecha:	miércoles, 19 de octubre de 2005 7:47:41
Archivos adjuntos:	

Hi Martin,

you can call the perl or other shell script from a Pinnacle script by using the keyword SpawnCommand in a line similar to:

SpawnCommand = "/home/p3rtp/scripts/myscript.pl";

Remember the semicolon.

Sean

_____

Sean Geoghegan, PhD MACPSEM MAIP
Senior Medical Physicist
Royal Perth Hospital
Perth WA 6000 AUSTRALIA
t +61 8 9224 7015 h +61 8 9224 2244
f +61 8 9224 1138 m +61 437 056 932
e sean.geoghegan@health.wa.gov.au

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Carolan, Martin
Sent: Wednesday, 19 October 2005 12:32
To: pinnacle-users@explode.unsw.edu.au
Subject: Perl scripts and Hotscript buttons

Dear All,

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Martin C

==========

Martin Carolan, PhD

Senior Physicist

Illawarra Cancer Care Centre, Wollongong Hospital

Private Mail Bag 8808, South Coast Mail Centre NSW 2521

Australia

==========

De:	Carolan, Martin
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Perl scripts and Hotscript buttons
Fecha:	miércoles, 19 de octubre de 2005 8:49:56
Archivos adjuntos:	

Sean,

Thankyou - that works well.

Martin C

==========
Martin Carolan, PhD
Senior Physicist

Illawarra Cancer Care Centre, Wollongong Hospital
Private Mail Bag 8808, South Coast Mail Centre NSW 2521
Australia
==========
-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Geoghegan, Sean
Sent: Wednesday, 19 October 2005 3:32 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Perl scripts and Hotscript buttons

Hi Martin,

you can call the perl or other shell script from a Pinnacle script by using
the keyword SpawnCommand in a line similar to:

SpawnCommand = "/home/p3rtp/scripts/myscript.pl";

Remember the semicolon.

Sean

Sean Geoghegan, PhD MACPSEM MAIP
Senior Medical Physicist
Royal Perth Hospital

Perth WA 6000 AUSTRALIA
t +61 8 9224 7015 h +61 8 9224 2244
f +61 8 9224 1138 m +61 437 056 932
e sean.geoghegan@health.wa.gov.au

##########

De:	Erik van Dieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	MU computation for high energy beams
Fecha:	miércoles, 19 de octubre de 2005 15:53:44
Archivos adjuntos:	

Dear All,

I think I've posted this question 7 years ago when I modelled a 23 MV beam for a Siemens Primus. Now I am faced with the same problem for an Elekta 18 MV beam: Monitor Unit Calculation is off by more than 5% for other-than-reference SSDs.
7 Years ago, I solved it by setting Gaussian Height to an unrealistic value of zero, and reducing jaw transmission to a number other-than-measured. The result for 23MVwas bad tails / good MUs. I didn't have to do that for 6 and 10 MV: both were OK.

Same again today. However, I am hoping to do IMRT some day, and bad tails may result in bad dose distributions. So I am hoping for anyone else to give me a
hint about other options. Anyone?

sincerely

Erik

clinical physicist
p.s. I am still using 6.2, and in the middle of a big reconstruction of the department.
Suggesting going to 7.6 is only acceptable for me when you are **really** sure it's going to solve my problem.

De:	Shidong Tong
A:	pinnacle-users@explode.unsw.edu.au; CarolanM@iahs.nsw.gov.au;
Cc:	
Asunto:	Re: Perl scripts and Hotscript buttons
Fecha:	miércoles, 19 de octubre de 2005 16:46:06
Archivos adjuntos:	

Hello Martin,

Could you please email me a copy of your script? or post it here, I believe many other Pinnacle users would really appreciate it.

Thanks!

Shidong Tong
Penn State Hershey Medical Center

>>> CarolanM@iahs.nsw.gov.au 10/19/2005 12:32:24 AM >>>
Dear All,

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linking my script to a Hotscript button under the Utilities tool bar button?

Thanks for any suggestions on this.

Martin C

==========

Martin Carolan, PhD
Senior Physicist

Illawarra Cancer Care Centre, Wollongong Hospital
Private Mail Bag 8808, South Coast Mail Centre NSW 2521
Australia

==========

De:	Christine Thompson
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Contrast in CT datasets
Fecha:	miércoles, 19 de octubre de 2005 21:47:51
Archivos adjuntos:	

Good morning everyone,

When it is necessary to use contrast in a planning CT scan we currently do pre and post contrast CT scans and fuse the datasets.

Is there a better way of dealing with contrast ?

Christine Thompson,

Auckland Hospital,

New Zealand.

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Contrast in CT datasets
Fecha:	miércoles, 19 de octubre de 2005 21:50:42
Archivos adjuntos:	

We contour the contrast and override the density. It is a pain in the butt but it works.

Terry

From: Christine Thompson
Sent: Wed 10/19/2005 3:27 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Contrast in CT datasets

Good morning everyone,

When it is necessary to use contrast in a planning CT scan we currently do pre and post contrast CT scans and fuse the datasets.

Is there a better way of dealing with contrast ?

Christine Thompson,

Auckland Hospital,

New Zealand.

De:	Carolan, Martin
A:	"Shidong Tong";
Cc:	pinnacle-users@explode.unsw.edu.au;
Asunto:	RE: Perl scripts and Hotscript buttons
Fecha:	jueves, 20 de octubre de 2005 2:22:52
Archivos adjuntos:	

Shidong,

I think we could send you a copy without too much trouble - give me a day or two to tidy it up and put a few comments in so you can see how it works. You may need to make slight modifications to get it to run in your environment.

A scripting guru may not consider our first learning attempt at Perl to be very elegant - but it works. We are happy to use this script on our system but obviously make no guarantees about its suitability or safety on any other system. Having learnt this little bit of scripting a whole lot of new dangerous projects come to mind!!!

Regards

Martin C

==========

Martin Carolan, PhD
Senior Physicist

Illawarra Cancer Care Centre, Wollongong Hospital
Private Mail Bag 8808, South Coast Mail Centre NSW 2521
Australia

Mob. 04224 12096
Ph. 61 2 4222 5704
Fax. 61 2 4222 5793

==========

From: Shidong Tong [mailto:stong@hmc.psu.edu]
Sent: Thursday, 20 October 2005 12:28 AM
To: pinnacle-users@explode.unsw.edu.au; CarolanM@iahs.nsw.gov.au
Subject: Re: Perl scripts and Hotscript buttons

Hello Martin,

Could you please email me a copy of your script? or post it here, I believe many other Pinnacle users would really appreciate it.

Thanks!

Shidong Tong
Penn State Hershey Medical Center

>>> CarolanM@iahs.nsw.gov.au 10/19/2005 12:32:24 AM >>>
Dear All,

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Thanks for any suggestions on this.

Martin C

==========

Martin Carolan, PhD
Senior Physicist

Illawarra Cancer Care Centre, Wollongong Hospital
Private Mail Bag 8808, South Coast Mail Centre NSW 2521

Australia

==========

De:	Metzger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Contrast in CT datasets
Fecha:	jueves, 20 de octubre de 2005 8:48:11
Archivos adjuntos:	metzger.vcf

Hallo Christine,
years ago I made some calculations concerning this matter on a HELAX-System. I don't know the details any more. But I didn't care about that from that time on.

Martin

Christine Thompson schrieb:

>
> Good morning everyone,
>
> When it is necessary to use contrast in a planning CT scan we
> currently do pre and post contrast CT scans and fuse the datasets.
>
> Is there a better way of dealing with contrast ?
>
>
> Christine Thompson,
>
>
> Auckland Hospital,
>
> New Zealand.
>

De:	David Djajaputra
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Perl scripts and Hotscript buttons
Fecha:	viernes, 21 de octubre de 2005 18:57:59
Archivos adjuntos:	

Dear Pinnaclers:

1. Is it possible to write a script to run several IMRT plans (with different objectives) as a batch job?
2. For those who have DMPO, would you recommend it?

Thanks in advance for any reply!

David Djajaputra
UNMC, Omaha

De:	Rice, Roger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: electonic Pinnacle Plans in IMPAC
Fecha:	viernes, 28 de octubre de 2005 0:10:06
Archivos adjuntos:	

Has anyone tackled the same process to create a MSWord doc version of a Pinnacle plan? We would like to do the same in Varis which uses word for storing patient documents.

Thanks,

Roger K Rice, PhD

Moores UCSD Cancer Center

Radiation Oncology

3855 Health Sciences Drive #0843

La Jolla, CA 92093-0843

Work: 858-822-6057

Fax: 858-822-6077

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
Sent: Thursday, October 06, 2005 8:42 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: electonic Pinnacle Plans in IMPAC

I have seen this and other similar solutions posted on this list before. However, Since my last email on this (on the IMPAC list) I have been inundated with emails asking me to clarify how we are doing this so here it goes. Let me reiterate that this is a completely FREE solution I have seen posts where people are willing to pay 10K for a script to do this.

For importing Pinnacle plans into impact you can do one of two things:

1) Simply print the plan and/or any number of screen images (i.e. IDLs and DVHs) to .ps by selecting print to file from the Pinnacle printer selection window. Please note you can choose your paper size (i.e. Legal for IDLs if you wish to have larger images)

Once this is done you can pull these files via ftp (from command prompt or via drag and drop using something like AceFTP http://software.visicommedia.com/en/products/aceftpfreeware/ a free drag and drop ftp client for windows) to a widows or mac machine.

On this machine you need to have one of a number of free .ps -> .pdf converters installed. We use Ghostscript 8.4 http://www.cs.wisc.edu/~ghost/ because it has a GUI front end called FreeDist http://home.hccnet.nl/s.vd.palen/index.html which allows you to combine any number of .pdf files into one composite ..pdf file. Mac users can use MacGostview http://www.kiffe.com/macghostview.html to convert the .ps files.
Installation and setup of any of these programs is easy and fairly self explanatory.

Using FreeDist you can convert the Pinnacle plan and all of the accompanying IDLs and DVHs to .pdf files and then concatenate them into an exact "fully electronic" replica

of your paper plans for importation into IMPAC. This will allow your physicians to flip through the plan in the IMPAC documents viewer as if he were flipping through his chart.

Your second option is as follows (not recommended)

2) Take the time to capture each screen image, convert each one to a ..tiff or .jpeg and import them individually (kind of a hassle) into IMPAC. This puts each screen image into a single document which has to be individually viewed in IMPAC (again a hassle for you and the physician)

Finally:

For any windows based TPS like Eclipse there is a nice alternative using a virtual printer program called LeadTools http://www.eprintdriver.com/about-ePrint.htm (it is not free but it is on sale now for $49.99/license usually 99$) which will print your plans to .pdf and any number of ~200 other formats. Very nice option which we also use

Hope this helps. It looks like more work than it really is. Once everything is setup and if you're smart you'll write a script (if you're using Ghostscript it doubles as an API for just such a case as this) to do all the dirty work. It takes only a few seconds to print a plan to an IMPAC compatible format and import it into your pt's documents

Just as a bonus bit of information we currently use FastPlan for our SRS procedures and the option described above for the Pinnacle plans also works for FastPlan plans and images. FastPlan doesn't print to .ps files but the unix system uses .ps files to render the plan and images to the screen for preview. So all you have to do is pull those .ps files straight out of the pt directory via ftp and you have all you need to create a plan and import it into IMPAC.

Michael Tallhamer M.S.
Medical Physicist
Rocky Mountain Cancer Centers
Department of Radiation Oncology
Mike.Tallhamer@USOncology.com

From: Shidong Tong [mailto:stong@hmc.psu.edu]
Sent: Wednesday, October 05, 2005 7:35 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: printing Pinnacle IMRT objectives

Thank you for your input. Unfortunately, we are using 7.0g.
Does anyone with a pre-7.4 version have a Hot Script to do this?

Thanks!

Shidong

>>> Daphne.Hard@vtmednet.org 10/05/05 7:01 AM >>>
If you are using version 7.4, when you print plan, select yes for print IMRT summary, you
will get all the objectives printed out.
Daphne

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Shidong Tong
Sent: Wednesday, October 05, 2005 3:32 AM
To: pinnacle-users@explode.unsw.edu.au
Cc: MEDPHYS@LISTS.WAYNE.EDU
Subject: printing Pinnacle IMRT objectives

Hello,

Rather than printing multiple pages of screen shot, is there any way to print out Pinnacle IMRT objectives and constraints in text format?

When IMRT objectives are entered in Pinnacle, it must be saved somewhere in patient directory. Could you tell me where it is saved? and what filename? Anyone has a hotScript for this purpose?

Thank you very much!

Shidong

Shidong Tong, PhD
Radiation Oncology
Penn State Hershey Medical Center
Hershey, PA

De:	Klaudia Meyer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: electonic Pinnacle Plans in IMPAC
Fecha:	viernes, 28 de octubre de 2005 1:12:31
Archivos adjuntos:	

If you have Acrobat 6 Standard (full version), you can save the pdf file from Pinnacle as a .doc format for Word and then import that to Varis.

Klaudia H. Meyer, M.S., DABR
Medical Physicist/RSO
St. Charles Medical Center
Cancer Treatment Center
2500 NE Neff Road
Bend, OR 97701
541-385-6318
kmeyer@scmc.org

>>> rrice@ucsd.edu 10/27/2005 2:51:40 PM >>>

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Moores UCSD Cancer Center

Radiation Oncology

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ps -> .pdf converters installed. We use Ghostscript 8.4 http://www.cs.wisc.edu/~ghost/ because it has a GUI front end called FreeDist http://home.hccnet.nl/s.vd.palen/index.html which allows you to combine any number of .pdf files into one composite ..pdf file. Mac users can use MacGostview http://www.kiffe.com/macghostview.html to convert the .ps files.
Installation and setup of any of these programs is easy and fairly self explanatory.

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Finally:

For any windows based TPS like Eclipse there is a nice alternative using a virtual printer program called LeadTools http://www.eprintdriver.com/about-ePrint.htm (it is not free but it is on sale now for $49.99/license usually 99$) which will print your plans to .pdf and any number of ~200 other formats. Very nice option which we also use

Hope this helps. It looks like more work than it really is. Once everything is setup and if you're smart you'll write a script (if you're using Ghostscript it doubles as an API for just such a case as this) to do all the dirty work. It takes only a few seconds to print a plan to an IMPAC compatible format and import it into your pt's documents

Just as a bonus bit of information we currently use FastPlan for our SRS procedures and the option described above for the Pinnacle plans also works for FastPlan plans

and images. FastPlan doesn't print to .ps files but the unix system uses .ps files to render the plan and images to the screen for preview. So all you have to do is pull those .ps files straight out of the pt directory via ftp and you have all you need to create a plan and import it into IMPAC.

Michael Tallhamer M.S.
Medical Physicist
Rocky Mountain Cancer Centers
Department of Radiation Oncology
Mike.Tallhamer@USOncology.com

From: Shidong Tong [mailto:stong@hmc.psu.edu]
Sent: Wednesday, October 05, 2005 7:35 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: printing Pinnacle IMRT objectives

Thank you for your input. Unfortunately, we are using 7.0g.
Does anyone with a pre-7.4 version have a Hot Script to do this?

Thanks!

Shidong

>>> Daphne.Hard@vtmednet.org 10/05/05 7:01 AM >>>
If you are using version 7.4, when you print plan, select yes for print IMRT summary, you
will get all the objectives printed out.
Daphne

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Shidong Tong

Sent: Wednesday, October 05, 2005 3:32 AM
To: pinnacle-users@explode.unsw.edu.au
Cc: MEDPHYS@LISTS.WAYNE.EDU
Subject: printing Pinnacle IMRT objectives

Hello,

Rather than printing multiple pages of screen shot, is there any way to print out Pinnacle IMRT objectives and constraints in text format?

When IMRT objectives are entered in Pinnacle, it must be saved somewhere in patient directory. Could you tell me where it is saved? and what filename? Anyone has a hotScript for this purpose?

Thank you very much!

Shidong

Shidong Tong, PhD
Radiation Oncology
Penn State Hershey Medical Center
Hershey, PA

De:	Toh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Print multiple windows to Kodak Dryview
Fecha:	viernes, 28 de octubre de 2005 20:51:23
Archivos adjuntos:	

Hi

Is it possible to print multiple windows to Kodak DICOM printer?
Unlike normal paper printing Pinnacle seems to allow only printing of
single window when using DICOM printer.

Thanks.

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	7.4 machine setup fro 6EX
Fecha:	lunes, 31 de octubre de 2005 15:09:29
Archivos adjuntos:	

Has any 6EX (120 MLC) user used the sample Varian machine data (which is a 2100) to set up their machine for modeling under 7.4?

I expect that geometry is identical and so leaf offsets and other specs are the same but can anyone confirm that they did copy these data from the sample machine with no problem?

TIA

Martin Fraser

De:	KidPhysics@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Rectangular field sizes for Elekta Beam Modulator
Fecha:	lunes, 31 de octubre de 2005 21:38:39
Archivos adjuntos:	

Hi to all!

Our facility has an Elekta Beam Modulator accelerator. The collimator/MLC system is such that the collimator jaws are always fixed at 21x16 and the field shapes are totally defined by the MLCs. Therefore, there is no way to set a rectangular field size by moving the collimator jaws. Actually, to get a rectangular field size for this system in Pinnacle, each of the individual MLC leaves must be moved to the appropriate position by going into the MLC editor and entering in the postional values of each leaf. This is quite a chore for 80 leaves. Does anyone have a shortcut to do this? I use the Skin Flash Adjustments to move the banks to the rectangle width, but still have to move the leaves outside the rectangle to their offset positions...again an awful lot of work. Any suggests would be very welcome. You can e-mail me directly at kidphysic@aol.com.

Thanks,

Bob

Robert W. Luthmann, Ph.D.
OakWood Center Radiation Oncology
Mechanicsburg, PA
717-691-3235

De:	Chihray Liu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Rectangular field sizes for Elekta Beam Modulator
Fecha:	martes, 01 de noviembre de 2005 1:13:09
Archivos adjuntos:	

Bob;

If you use IMPAC like we are, you can write a program to modify the rtpconnect file before you import to IMPAC.

Chihray Liu, Ph.D.
Associate Professor
Department of Radiation Oncology
University of Florida
Office: (352)265-8217

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** KidPhysics@aol.com
Sent: Monday, October 31, 2005 3:30 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Rectangular field sizes for Elekta Beam Modulator

Hi to all!

Our facility has an Elekta Beam Modulator accelerator. The collimator/MLC system is such that the collimator jaws are always fixed at 21x16 and the field shapes are totally defined by the MLCs. Therefore, there is no way to set a rectangular field size by moving the collimator jaws. Actually, to get a rectangular field size for this system in Pinnacle, each of the individual MLC leaves must be moved to the appropriate position by going into the MLC editor and entering in the postional values of each leaf. This is quite a chore for 80 leaves. Does anyone have a shortcut to do this? I use the Skin Flash Adjustments to move the banks to the rectangle width, but still have to move the leaves outside the rectangle to their offset positions...again an awful lot of work. Any suggests would be very welcome. You can e-mail me directly at kidphysic@aol.com.

Thanks,

Bob

Robert W. Luthmann, Ph.D.

OakWood Center Radiation Oncology
Mechanicsburg, PA
717-691-3235

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Serial Pen for Pinnacle
Fecha:	martes, 01 de noviembre de 2005 12:18:07
Archivos adjuntos:	

Dear all,

Are there anyone how have experience using a pen instead of a mouse for pinnacle (SunFire Solaris 8).
We have bought one form wacom (Wacom Intuos2 XD-0608P - http://www.wacom-europe.com/uk/products/intuos/intuos2_a3.asp) but our technician has some problems getting it to work.
We expect that the problem is that the serial port is “closed” my Philips initially. Are there someone how have tried to install a pen and has some experience in how to setup the serial port.

All the best,
Carsten

==========
Ph.D.
Carsten Brink
Radiofysisk laboratorium / Laboratory of radiation physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	Anielka Rembowska
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Varian electron planning
Fecha:	martes, 01 de noviembre de 2005 17:25:23
Archivos adjuntos:	

Hello list!

Can anyone help me.

The Pinnacle manuals seem to be extremely economic regarding information on planning with electron beams (i.e.none!!)

I have set up a machine to model the 16MeV Varian beam, including profiles, depth doses and outputs for all applicators, and cut-outs 8sq on a 10sq, and 2,3,4 and 5sq on a 6sq - all at 100cm SSD. Before continuing modelling I wanted to try the model out in planning mode.

We have tried to plan a 2sq field to test the model, but are only able to enter the 2sq shape as a block.
This places the block at the photon tray distance. The model is currently set up as an electron machine
so we could change the tray distance - but is this the correct way to enter beam shapes?

Is anyone planning using the Pinnacle model, and if so how are they progressing?

Anielka

##

De:	Klaudia Meyer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: 7.4 machine setup fro 6EX
Fecha:	martes, 01 de noviembre de 2005 19:18:37
Archivos adjuntos:	EXleafoffsetVARIAN.dat

We have a 6EX that had the wrong mlctable.txt info. It took going to the AAPM and downloading the correct EX mlctable.txt off the linac on display. I was finally able to find the correct file on my linac, and it did match the Varian display linac. It also matches the 2100 sample machine in Pinnacle although I typed in my own data.
I've attached my excel spreadsheet that converted the Varian data from the AAPM to the proper format for Pinnacle. Again, I verified that this matched my 6EX here.
Klaudia

Klaudia H. Meyer, M.S., DABR
Medical Physicist/RSO
St. Charles Medical Center
Cancer Treatment Center
2500 NE Neff Road
Bend, OR 97701
541-385-6318
kmeyer@scmc.org

>>> mwfraser@comcast.net 10/31/2005 5:54:43 AM >>>
Has any 6EX (120 MLC) user used the sample Varian machine data (which is a 2100) to set up their machine for modeling under 7.4?

I expect that geometry is identical and so leaf offsets and other specs are the same but can anyone confirm that they did copy these data from the sample machine with no problem?

TIA

Martin Fraser

De:	hugo.tremblay@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Réf. : Re: 7.4 machine setup fro 6EX
Fecha:	martes, 01 de noviembre de 2005 20:15:43
Archivos adjuntos:	

Hi,

Be careful with this table. The manufacturer procedure is to adjust MLC position with the light field. The MLC controller uses this table to take into account the linear motion of the leaf and the round leaf design. The result is that your MLC calibration looks good with the light (nominal position = leaf light position).

However, there is a difference between the light and radiation position (transmission through the rounded leaf tip) . The table that you must enter in Pinnacle is your own table which characterize the radiation position. You must enter the correct offset wich is: (nominal position - radiation actual position). The radiation field is always larger than the light field so the offset sign must be negative for all leaf position. The Pinnacle offset only affects the 50% profile point.

Some centers have developped their own MLC table in order to calibrate their MLC position with the radiation beam. However, most of the VARIAN users keep the manufacturer table. If so, Pinnacle users should measure their own table (radiation leaf position - nominal field position).

Regards,

Hugo

_____
Hugo Tremblay, M.Sc., Medical Physicist

Chicoutimi Hospital (CSSSC)
Service de radio-oncologie
305 St-Vallier
Chicoutimi, Quebec, Canada
G7H 5H6

De:	justcdj@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Remote access to Pinnacle workstation...???
Fecha:	martes, 01 de noviembre de 2005 22:23:57
Archivos adjuntos:	

Greetings List Members,

In order to provide seamless coverage during a transition period, I would like to set up remote access to our Pinnacle system. It is my understanding that, without an additional license, a remote PC can access and control a Pinnacle workstation, mirroring the Pinnacle windows on the PC.

Could anyone who has been successful in accomplishing this feat please share some of the secrets of their success. Something as simple as a starting point or as complete as a task list for implementation would be greatly appreciated. Information on any major financial expenditures would help us determine feasibility early in the process.

Please feel free to contact me directly via e-mail at my home or office addresses:

JustCDJ@aol.com
CJames@MidStateMedical.org

My eternal gratitude to anyone with a clue.

Chris James
MidState Medical Center
Meriden, Connecticut

De:	Shikuan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Remote access to Pinnacle workstation...???
Fecha:	martes, 01 de noviembre de 2005 23:51:34
Archivos adjuntos:	

I'm in the process to install P3AnyWhere from Radiation Oncology Resources, Inc. to remote access to the Pinnacle workstation. I'll let you know the result after the installation. Meanwhile you may check its website www.roresources.com

Shikuan She

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** justcdj@aol.com
> **Sent:** Tuesday, November 01, 2005 1:15 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Remote access to Pinnacle workstation...???
>
> Greetings List Members,
>
> In order to provide seamless coverage during a transition period, I would like to set up remote access to our Pinnacle system. It is my understanding that, without an additional license, a remote PC can access and control a Pinnacle workstation, mirroring the Pinnacle windows on the PC.
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>
> Please feel free to contact me directly via e-mail at my home or office addresses:
>
> JustCDJ@aol.com
> CJames@MidStateMedical.org

My eternal gratitude to anyone with a clue.

Chris James
MidState Medical Center
Meriden, Connecticut

De:	David Biggs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT MU Check software
Fecha:	miércoles, 02 de noviembre de 2005 1:51:37
Archivos adjuntos:	

What are people's thoughts on the use of commercial software for checking monitor units of IMRT plans?

Is anyone using such software?

Is it being used as a replacement for ionization chamber verification of plans?

Does anyone have a feel for the accuracy of the MU calculations?

At a recent IMRT Overview course in Australia, there were suggestions that that this type of check is 'not ready' yet (not as a replacement for ion chamber checks anyway) and is still something for the future as far as IMRT Verification goes. When all the commercial packages seem to support IMRT MU calculation I wonder why this is. Is it just they haven't validated the software to their satisfaction yet or is it because the software is not accurate enough?

There also seem to be a number of packages available at the moment: RadCalc, MU Check, IMSure, K&S Diamond. What are people's experiences of these if any?

Any comments would be appreciated

Kind regards

David

David S Biggs

Chief Medical Physicist

East Coast Medical Physics

Sydney Radiotherapy & Oncology Centre

Sydney Adventist Hospital

0425 293486

dsbiggs@smartchat.net.au

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT MU Check software
Fecha:	miércoles, 02 de noviembre de 2005 14:42:49
Archivos adjuntos:	

I am convinced that re-calculating IMRT doses is not the right answer. I think it is important to actually run the plan with the fields actually being used to treat the patient. By doing this you check three things: 1. that the plan was calculated correctly 2: that the plan was transferred correctly to the RV system and 3.that the machine delivers what was planned correctly.

Greg Gibbs

Colorado Associates in Medical Physics

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** David Biggs
> **Sent:** Tuesday, November 01, 2005 5:44 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** IMRT MU Check software
>
> What are people's thoughts on the use of commercial software for checking monitor units of IMRT plans?
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Any comments would be appreciated

Kind regards

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David S Biggs

Chief Medical Physicist

East Coast Medical Physics

Sydney Radiotherapy & Oncology Centre

Sydney Adventist Hospital

0425 293486

dsbiggs@smartchat.net.au

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT MU Check software
Fecha:	miércoles, 02 de noviembre de 2005 14:46:52
Archivos adjuntos:	

David,
I use RadCalc for IMRT (and all) MU checks and find it very friendly and reliable, I've not tried others but I suspect that MUCheck is equally good - presumably others are as well.
Radcalc does carry a hefty service contract and for that $ they don't offer upgrades with any frequency as far as I've seen. Some service contracts are QUITE outrageous in value for dollar and you should learn of them before selecting a vendor.

To the larger question is whether they suffice for IMRT QA. On a 'legal' level in the US these programs are absolutely not substitute for patient specific QA no matter how accurate or reliable. Point measurements and fluence checks are required by medicare carriers (all the I know of) as minimal documentation for reimbursement.

This is as it should be, IMHO. There are too many opportunities for errors and dose calculation is only one. If I don't know that the actual files used to treat a patient have been run on a phantom and verified by physical measurements then I won't be comfortable allowing them to be used on a patient. I have IMPAC, so I have the ability to test the 'actual' files used for treatment, though I understand that Varis users have some clever if involved work-arounds to give them some confidence as well. The point is that these files have endured a transfer, sometimes two, and some editing post transfer and so some for of verification is requisite. For me physical measurement will never go out of style. My personal QA standard is: MU checks, 2 point dose measurements (min) and individual beam fluence checks. (I set 3% standard all around and occasionally have trouble on an individual beam MU checks if the point falls in a gradient, but otherwise I find these standards achievable.)

One additional observation is that prior to IMRT we did Hand calc MU checks on every treatment field. With the introduction I purchased RadCalc and the use of this utility for all other calcs has been a great boon to productivity overall. Nobody here misses having their dog eared data books ever at the ready!

regards
Martin Fraser

At 07:43 PM 11/1/2005, you wrote:
>What are people's thoughts on the use of commercial software for checking

>monitor units of IMRT plans?
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// snip//

>Any comments would be appreciated
>
>Kind regards
>
>David
>
>David S Biggs

De:	Lee Zarger
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: IMRT MU Check software
Fecha:	miércoles, 02 de noviembre de 2005 15:24:16
Archivos adjuntos:	

I think you need to do both(and from a billing standpoint actually have to).. Using Radcalc or MU check does not mean you don't "actually run the plan" . It supplements your film dosimetry or fluence map dosimetry. I personally use Radcalc and it is a godsend. I am sure some of the competing products are good as well. .

> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Greg Gibbs
> Sent: Wednesday, November 02, 2005 8:24 AM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: IMRT MU Check software
>
> I am convinced that re-calculating IMRT doses is not the right answer. I
> think it is important to actually run the plan with the fields actually
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> correctly to the RV system and 3.that the machine delivers what was
> planned correctly.
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>
> Greg Gibbs
> Colorado Associates in Medical Physics
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>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of David Biggs
> Sent: Tuesday, November 01, 2005 5:44 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: IMRT MU Check software
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> David S Biggs
> Chief Medical Physicist
> East Coast Medical Physics
> Sydney Radiotherapy & Oncology Centre
> Sydney Adventist Hospital
> 0425 293486
> dsbiggs@smartchat.net.au <mailto:dsbiggs@smartchat.net.au>
>

law.

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De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT MU Check software
Fecha:	miércoles, 02 de noviembre de 2005 17:03:04
Archivos adjuntos:	

We just started using the commercial "MU Check" software this year for both standard plans and IMRT. I am very happy with it and was surprised at how fast and easy doing a back-up calc could be. When we dump our plans from Pinnacle into Lantis/Impac, MU Check automatically "sees" the plan so when you open the software, you get a list of all the patients who have been transferred from your treatment planning system into your r/v system. It's just a matter of selecting the patients name and pressing "calculate" for each beam in the plan.

Interestingly, our results for IMRT calcs seem to agree just as well with Pinnacle as our standard plans (usually within 3%) although we have not done a large number of IMRT calcs yet. MU Check gives you the option of entering your own beam data or sending it to them for entry. I chose to do this myself and it was fairly straightforward. The customer support has been excellent. I have spoken with them often and every time I call, I get someone on the phone immediately who is usually able to provide the answers I need (unlike the return phone call method used by Philips). I think the price is similar to RadCalc and would be interested to here from users who have used both products?

We still do perform ion chamber measurements and film dosimetry in addition to the MU Check back-up calc as I am not sure what this type of "second check" really proves except for that a simple algorithm (MU Check) can calculate MU's within 3% (most of the time) as a more robust algorithm (Pinnacle). But it does "feels good" to have an independent calculation of monitor units.

Joe Herrick
Radiation Oncology Associates
Reno, NV

>From: Lee Zarger <LZarger@hungerford.org>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: '"pinnacle-users@explode.unsw.edu.au"'
><pinnacle-users@explode.unsw.edu.au>
>Subject: RE: IMRT MU Check software

>Date: Wed, 2 Nov 2005 09:19:31 -0500
>
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> > -----Original Message-----
> > From: owner-pinnacle-users@explode.unsw.edu.au
> > [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Greg
>Gibbs
> > Sent: Wednesday, November 02, 2005 8:24 AM
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> > Greg Gibbs
> > Colorado Associates in Medical Physics
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> > From: owner-pinnacle-users@explode.unsw.edu.au
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> > To: pinnacle-users@explode.unsw.edu.au
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> >
> > David S Biggs
> > Chief Medical Physicist
> > East Coast Medical Physics
> > Sydney Radiotherapy & Oncology Centre
> > Sydney Adventist Hospital
> > 0425 293486
> > dsbiggs@smartchat.net.au <mailto:dsbiggs@smartchat.net.au>
> >
>
>

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>To unsubscribe (yourself or other account) from the pinnacle-users mailing
>list, send the message
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>to majordomo@explode.unsw.edu.au.
>
>Note: To avoid non-delivery error messages being sent to all list
>members, the list has been configured so that messages can only be
>sent from a subscribed account. Messages sent from a users secondary
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account will not be distributed unless that account is also subscribed.
###

De:	Chris Deibel
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Scale on FujiprinterT210
Fecha:	miércoles, 02 de noviembre de 2005 17:39:15
Archivos adjuntos:	

We have a Fujifilm FM-DP3543 printer which is used with Acqsim and Pinnacle to print DRR and CT. In the Fuji printer server setup its referenced as FujiprinterT210.

A beams eye view film was printed from Pinnacle at a magnification of 1.28. When the light field from the MLC on the linac was checked with the film, they disagreed. It was then discovered that although the printing on the film SAID it was printed at 1.28, using a ruler on the scale on the film showed it had been printed at 1.24.

I was told that this happens frequently but intermittantly.

Pinnacle support says we should set the Print Margin in the Edit Color Printer window. This window will open if selected when you try to print a window to a film printer. The Pinnacle manual says this information is available in the conformance statement published by the printer manufacturer. We don't have that statement, and Fuji doesn't return calls. We set this to 1 on Pinnacle's advice - its wrong in the "Print DICOM images" section of the user's manual which shows -1. Still we have this problem.

Any advice appreciated.

-Chris
--
Chris Deibel, Ph.D. Full Staff
Radiation Oncology, Desk T-28 deibelc@ccf.org
The Cleveland Clinic Foundation office: (216) 444-1943
9500 Euclid Avenue fax: (216) 445-5587
Cleveland, Ohio 44195 beep: (216) 464-8410 25259

the message
unsubscribe pinnacle-users <e-mail address>
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##

De:	Tim Barry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT conversion woes
Fecha:	miércoles, 02 de noviembre de 2005 17:40:18
Archivos adjuntos:	

We have been doing more and more head and neck IMRT cases lately and I can usually get an excellent optimized plan. BUT when I go to convert my dose disrtibution goes in the crapper. Seg wt will improve the plan but not to the degree to which I would like.

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I do tend to get quite a few of the little small segments (seg wt will remove most) which I am also not thrilled about.

Anyone else have some better settings that they have gotten good conversions with? Any thoughts would be appreciated

Timothy Barry
Medical Physicist
Pluta Cancer Center

De:	David Djajaputra
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Scale on FujiprinterT210
Fecha:	miércoles, 02 de noviembre de 2005 18:32:32
Archivos adjuntos:	

We have Kodak DryView 8700 and we discovered the same problem several months ago. A colleague of mine came up with a table solution and that's what we've been using so far to get around the problem.

The film has a fixed printable area, so he just measured the length and width of this area. The rule is (quite obvious once you know it) that both the X and Y scales on the DRR, when multiplied with the mag, should not be greater than the corresponding actual printable dimensions. So our table looks like this:

Magnification: 1.45 - 1.4 - ...
Max. DRR X (cm, one side): 11.0 - 11.4 - ...
Max. DRR Y (cm, one side): 11.7 - 12.1 - ...

If your DRR X or Y is smaller than the max. for the magnification used, you're OK. If they are larger than the max, ADAC may or may not warn you that your mag is wrong, and even if it does, the mag that it recommends may or may not be right. In any case, if it's are larger than the max, there is no way it can physically fit on the film. We still haven't figured out if this is something that can be configured by ADAC user.

David

Chris Deibel <deibelc@ccf.org>
Sent by: owner-pinnacle-users@explode.unsw.edu.au

To pinnacle-users@explode.unsw.edu.au
cc
Subject Scale on FujiprinterT210

11/02/2005 10:31 AM

Please respond to pinnacle-users@explode.unsw.edu.au

We have a Fujifilm FM-DP3543 printer which is used with Acqsim and Pinnacle to print DRR and CT. In the Fuji printer server setup its referenced as FujiprinterT210.

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section of the user's manual which shows -1. Still we
have this problem.

Any advice appreciated.

-Chris
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Radiation Oncology, Desk T-28 deibelc@ccf.org
The Cleveland Clinic Foundation office: (216) 444-1943
9500 Euclid Avenue fax: (216) 445-5587
Cleveland, Ohio 44195 beep: (216) 464-8410 25259

De:	Jennifer Buskerud
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT conversion woes
Fecha:	miércoles, 02 de noviembre de 2005 18:36:34
Archivos adjuntos:	

Tim,
We are members of that club too! I got a great hint from a fellow dosimetrist, she recommended converting 2-3 beams and then setting them to none and opt for another 10 iterations. Continue the process until all beams have been converted. Remember to reset the converted prescription too.
Jen

Tim Barry <t.barry@plutacancercenter.org> wrote:

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>
> Timothy Barry
> Medical Physicist
> Pluta Cancer Center

De:	Ostapiak, Orest
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: IMRT conversion woes
Fecha:	miércoles, 02 de noviembre de 2005 18:56:05
Archivos adjuntos:	

We were running into the same problem. We were optimizing on a 0.25cm grid, 25 iterations, convolution after 5. We found that using a grid of 0.5cm for the ODM optimization gave a somewhat more stable result when converted to segments. We also re-set the ODM before the optimization. Lately we have been trying to reduce the number of segments by using larger segmentation parameters: 4%, 4 cm^2, and 4MU.

Orest.
Juravinski Cancer Centre,
Hamilton, Ontario.

> -----Original Message-----
> **From:** Tim Barry [mailto:t.barry@plutacancercenter.org]
> **Sent:** Wednesday, November 02, 2005 11:43 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** IMRT conversion woes
>
> We have been doing more and more head and neck IMRT cases lately and I can usually get an excellent optimized plan. BUT when I go to convert my dose disrtibution goes in the crapper. Seg wt will improve the plan but not to the degree to which I would like.
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>
> Timothy Barry

Medical Physicist
Pluta Cancer Center

De:	Hendee, Eric
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: IMRT conversion woes
Fecha:	miércoles, 02 de noviembre de 2005 19:11:37
Archivos adjuntos:	

Hi all,
There are several tricks like this that are quite helpful. In addition to "optimizing in parts" by only converting a few beams at a time, you may also want to use the "compute ODM difference" button. This allows you to see what you lost in the conversion for a particular beam, then adjust your conversion parameters (e.g. %error) to get a better result or more/less segments. I generally stress that folks should pay attention to the deliverable ODM and stay in control of it. Remember that some of the parameters, like "weighting" and "%error" are things you can use to control the process as long as you understand their effect.
Eric Hendee

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Ostapiak, Orest
> **Sent:** Wednesday, November 02, 2005 11:38 AM
> **To:** 'pinnacle-users@explode.unsw.edu.au'
> **Subject:** RE: IMRT conversion woes
>
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>
> Orest.
> Juravinski Cancer Centre,
> Hamilton, Ontario.
>
> > -----Original Message-----
> > **From:** Tim Barry [mailto:t.barry@plutacancercenter.org]
> > **Sent:** Wednesday, November 02, 2005 11:43 AM

To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT conversion woes

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Timothy Barry
Medical Physicist
Pluta Cancer Center

We have scanned this email and its attachments for malicious content.

However, the recipient should check this email and any attachments for the presence of viruses.

ProHealth Care accepts no liability for any damage caused by any virus transmitted by this email.

De:	Royal, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT conversion woes
Fecha:	miércoles, 02 de noviembre de 2005 20:08:40
Archivos adjuntos:	

Tim,

We too have Elekta, and use Pinnacle ver7.4. I use 4 for min seg area, and 3 for min mus. Converting 2-3 beams at a time helps. Set them to NONE, and reset the remaining beams, and optimize for 20 more iterations. Continue until all beams are converted. Then run a segment weight trial. Like Eric H. mentioned, look at the deliverable ODM/difference early on in the process, especially look at the top/bottom of the ODM difference window.

If you don't have a sclav match, you can use slight collimator angles (5, 10, 15) on some of your beams. This helps the coverage.

We use 0.4 dose grid during optimizing/converting, but when the final segments are determined, we recompute at a finer dose grid, which helps.

We don't have DMPO.

Jim

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Jennifer Buskerud
Sent: Wednesday, November 02, 2005 11:23 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: IMRT conversion woes

Tim,
We are members of that club too! I got a great hint from a fellow dosimetrist, she recommended converting 2-3 beams and then setting them to none and opt for another 10 iterations. Continue the process until all beams have been converted. Remember to reset the converted prescription too.
Jen

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>
> Timothy Barry
> Medical Physicist
> Pluta Cancer Center

De:	Dimitris Mihailidis, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT conversion woes
Fecha:	miércoles, 02 de noviembre de 2005 20:56:00
Archivos adjuntos:	

Hello all;
Applying all those tricks do help us, I agree with the individuals who spoke earlier in the list.
Do not forget though that the MLC delivery system is also a "limitation" to your conversion. The MLC leaf width, the target length and other physical parameters in the plan may influence the conversion and produce an inferior plan that the optimized one, which optimized has no knowledge of all that.
Dimitris Mihailidis

> ----- Original Message -----
> **From:** Hendee, Eric
> **To:** 'pinnacle-users@explode.unsw.edu.au'
> **Sent:** Wednesday, November 02, 2005 12:50 PM
> **Subject:** RE: IMRT conversion woes
>
> Hi all,
> There are several tricks like this that are quite helpful. In addition to "optimizing in parts" by only converting a few beams at a time, you may also want to use the "compute ODM difference" button. This allows you to see what you lost in the conversion for a particular beam, then adjust your conversion parameters (e.g. %error) to get a better result or more/less segments. I generally stress that folks should pay attention to the deliverable ODM and stay in control of it. Remember that some of the parameters, like "weighting" and "%error" are things you can use to control the process as long as you understand their effect.
> Eric Hendee
>
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> > **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Ostapiak, Orest
> > **Sent:** Wednesday, November 02, 2005 11:38 AM
> > **To:** 'pinnacle-users@explode.unsw.edu.au'
> > **Subject:** RE: IMRT conversion woes

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-----Original Message-----
From: Tim Barry [mailto:t.barry@plutacancercenter.org]
Sent: Wednesday, November 02, 2005 11:43 AM
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Medical Physicist
Pluta Cancer Center

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De:	Bawa, Walter
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Remote access to Pinnacle workstation...???
Fecha:	jueves, 03 de noviembre de 2005 23:06:18
Archivos adjuntos:	

Hi ALL,

I have installed x11VNC on solaris8 and it works well in terms of remote desktop.
I learnt P3AnyWhere is a modified version of x11VNC.
for those who want to give it a try, you have to install:
x11vnc,
zlib
jpeg.
gcc

I got all these packages from www.sunfreeware.com

the package were install in /opt
installation of this packages should be straight forward.
There is a full documentation on x11vnc on

http://karlrunge.com/x11vnc/

The document is extensive and give a howtodo note on the configuration and working of x11vnc
Hope this help

Walter Bawa

[Bawa, Walter] -----Original Message-----
From: Shikuan [mailto:sshe@onctherapies.com]
Sent: Tuesday, November 01, 2005 4:44 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Remote access to Pinnacle workstation...???

I'm in the process to install P3AnyWhere from Radiation

Oncology Resources, Inc. to remote access to the Pinnacle workstation. I'll let you know the result after the installation. Meanwhile you may check its website www.roresources.com

Shikuan She

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** justcdj@aol.com
Sent: Tuesday, November 01, 2005 1:15 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Remote access to Pinnacle workstation...???

Greetings List Members,

In order to provide seamless coverage during a transition period, I would like to set up remote access to our Pinnacle system. It is my understanding that, without an additional license, a remote PC can access and control a Pinnacle workstation, mirroring the Pinnacle windows on the PC.

Could anyone who has been successful in accomplishing this feat please share some of the secrets of their success. Something as simple as a starting point or as complete as a task list for implementation would be greatly appreciated. Information on any major financial expenditures would help us determine feasibility early in the process.

Please feel free to contact me directly via e-mail at my home or office addresses:

JustCDJ@aol.com
CJames@MidStateMedical.org

My eternal gratitude to anyone with a clue.

Chris James
MidState Medical Center

Meriden, Connecticut

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT QA Protocol with RadCalc and MapCheck
Fecha:	viernes, 04 de noviembre de 2005 0:52:11
Archivos adjuntos:	

We need to submit an IMRT QA Protocol to QARC so we can use IMRT for patients on trials. Some of you likely use RadCalc and/or MapCheck. Does this look reasonable to you?

IMRT QA Protocol

1. RadCalc

A. Individual Beams: Calculated MU versus Plan MU

Difference = 0-7% Treat
Difference > 7% Resolve before treating

B. Composite Dose at Prescription Point: Calculated Dose versus Plan Dose

Difference = 0-7% Treat
Difference > 7% Resolve before treating

2. Mapcheck

A. Composite Distribution - Cumulative Statistics based on:
Dose difference < 7%
Distance To Agreement < 4 mm
Measurement Uncertainty = 1%
Dose Error Threshold = 0.0 cGy

Failed = 0% Treat
Failed > 0% Resolve before treating

B. Composite Dose at ICRU Point: Measured Dose versus Plan Dose

Difference = 0-7% Treat
Difference > 7% Resolve before treating

Note: Common resolution factors include:

a. Point located in a high gradient region
b. Point located in a low dose region
c. Leaf Tip Junctions located within the field

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT QA Protocol with RadCalc and MapCheck
Fecha:	viernes, 04 de noviembre de 2005 3:46:50
Archivos adjuntos:	

One problem with yours and similar approaches is the existence of rather arbitrary thresholds (in your case 7%). Another problem that you do not specify how exactly you will implement “resolve before treating” approach if your criteria is not satisfied.

It might seem that that distance-to-agreement criteria is more adequate in the case of IMRT than difference between the dose calculate with the help of TPS and that calculated by Rad Calc or measured by Map Check. However, it is not clear how one should choose the “distance” (e.g., 4 mm vs 5 mm) and “agreement” (e.g., 5% vs 7%).

Another problem appears when one tries to compare TCP calculated IMRT MUs obtained with heterogeneity corrections with those obtained by using Rad Calc. Since Rad Calc and similar programs do not utilize CT information, they essentially use approach based on the equivalent depth. In general, this approach is not adequate. Even in the case of 3D CRT differences of 10%-20% (e.g., dose distribution in the lung) can exist simply because Rad Calc cannot account for changes in scatter cased variations in tissue density. Smaller, but still significant changes (>5%) can be observed between TCP MUs and those obtained with the help of Rad Calc in the case of H&N 3D CRT.

Vadim Kuperman

--- Scott DUBE <sdube@queens.org> wrote:

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> likely use RadCalc and/or MapCheck. Does this look

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> IMRT QA Protocol
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account will not be distributed unless that account is also subscribed.
##

De:	Chris Deibel
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Printer for Acqsim3
Fecha:	viernes, 04 de noviembre de 2005 14:25:02
Archivos adjuntos:	

We just replaced the voxelq with a workstation client running Acqsim3. The Acqsim crew need to print a single setup sheet during the simulation but don't want to walk all the way to dosimetry where the Ricoh is located. There is not enough space for a huge Ricoh 7000 by the Acqsim3; also we don't need color.

We had thought to connect the Lexmark Optra Color 45 that was part of the Voxelq system but unused since we got a film printer, but found it broken. Philips says also its "consumable" and thus not covered by service contract!

We only need to print that single, 8.5x11", black and white sheet.

Anyone have an answer?

Thanks.

-Chris

De:	Jaime Martínez Ortega
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT conversion woes
Fecha:	viernes, 04 de noviembre de 2005 19:16:57
Archivos adjuntos:	

Tim,

My settings are very similar to you, minimum square to 2x2 cm (minimum measured field) and minimum 2 MU (because of poor linerality of Elekta). First of all, you are using 1 cm leaf, so don´t expect a miracle.
I observed some improvement when you set, in the coversion tab, precision to 1 % (3 % by default) and you increase the number of levels. As you increase the number of levels, your plan will get more and more similar to the optimized one, but you'll get more segments.

Hope this helps

Jaime Martinez
M. D. Anderson International España S. A..

> ----- Original Message -----
> **From:** Tim Barry
> **To:** pinnacle-users@explode.unsw.edu.au
> **Sent:** Wednesday, November 02, 2005 5:42 PM
> **Subject:** IMRT conversion woes
>
> We have been doing more and more head and neck IMRT cases lately and I can usually get an excellent optimized plan. BUT when I go to convert my dose disrtibution goes in the crapper. Seg wt will improve the plan but not to the degree to which I would like.
>
> We have an Elekta and I set my min seg area to 3cm and the min equiv sq to 2.2cm (output factors go to 2x2) and minimum MU to 2 or 3. I have played with larger settings but the dose distr. goes further away from what I want when I set much larger values.
>
> I do tend to get quite a few of the little small segments (seg wt will remove most) which I am also not thrilled about.

Anyone else have some better settings that they have gotten good conversions with? Any thoughts would be appreciated

Timothy Barry
Medical Physicist
Pluta Cancer Center

De:	William Bice, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Printer for Acqsim3
Fecha:	viernes, 04 de noviembre de 2005 21:24:23
Archivos adjuntos:	

Chris,

A printer is consumable? Not covered I understand, but consumable? Unconsionable.

Bill Bice

Chris Deibel <deibelc@ccf.org> wrote:

> We just replaced the voxelq with a workstation client running
> Acqsim3. The Acqsim crew need to print a single setup sheet
> during the simulation but don't want to walk all the way
> to dosimetry where the Ricoh is located. There is not enough
> space for a huge Ricoh 7000 by the Acqsim3; also we don't
> need color.
>
> We had thought to connect the Lexmark Optra Color 45 that was
> part of the Voxelq system but unused since we got a film
> printer, but found it broken. Philips says also its "consumable"
> and thus not covered by service contract!
>
> We only need to print that single, 8.5x11", black and white sheet.
>
> Anyone have an answer?
>
> Thanks.
>
> -Chris
>
>
>

De:	Keith Nakonechny
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Varian 4MV model
Fecha:	viernes, 04 de noviembre de 2005 21:43:12
Archivos adjuntos:	

Has anyone (successfully) modelled a Varian 4MV linac with Pinnacle v7.6c?

We're seeing some inconsistencies in the initial modelling of our new machine in that the depth dose curves behave as one would expect for <= 20x20 open fields and EC off (close match for 5 and 10 cm fields, undershoot dmax for 20 since EC is off), but then OVERpredict the dmax region for larger fields by 2-3%. Several different spectra have been tried with the same results. The measured data is reproducible and seems to be "real", although we don't have the Varian golden data to compare to yet. Our 6MV Varian beams have given no such problems, and according to the Rogers paper, the spectrum isn't all that different from 4MV.

Any thoughts are appreciated.

Keith Nakonechny, M.Sc.
Medical Physics Resident
CancerCare Manitoba
675 McDermot Avenue
Winnipeg, Manitoba
Canada, R3E 0V9

Phone: (204) 787-2130

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##

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Printer for Acqsim3
Fecha:	domingo, 06 de noviembre de 2005 22:47:19
Archivos adjuntos:	

Chris

If you need the print out there and then, I would suggest you buy a mono printer. Probably HP or Lexmark would be the easiest to connect. Needs to have a network adapter and be postscript compatible.

If not, then save the print out to file, then use FTP (or samba) to access the files from a PC and view or print as necessary.

Note to check a printer works with the Pinnacle PS file, save print out to file, then copy file to your laptop etc, then connect laptop to printer and print by old DOS command, copy filename LPT1:

Regards

Nick

At 08:06 AM 4/11/2005 -0500, you wrote:
>We just replaced the voxelq with a workstation client running
>Acqsim3. The Acqsim crew need to print a single setup sheet
>during the simulation but don't want to walk all the way
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>-Chris
>
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##

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	3 FLD imrt BREAST
Fecha:	lunes, 07 de noviembre de 2005 15:43:16
Archivos adjuntos:	

Has anyone done a 3-fld IMRT breast. If so did you use one isocenter or did you do two iso with cerrobend at the top of the breast flds. Or is there another way to do a 3 fld?

Thanks
Terry

De:	Toh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Viewing postscript with ghostview
Fecha:	lunes, 07 de noviembre de 2005 17:48:07
Archivos adjuntos:	

Hi

While we are on the topic of postscript can anyone tell me whether Ghostview works on the postscript file created by Pinnacle?

I used to be able to view Pinnacle's postscript file before version 6 but for Pinnacle version 6.2 and 7 Ghostview will display a blank page when the ps file is open.

Thanks.

At 08:02 AM 11/7/2005 +1100, you wrote:
>Chris
>
>If you need the print out there and then, I would suggest you buy a mono
>printer. Probably HP or Lexmark would be the easiest to connect. Needs to
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>If not, then save the print out to file, then use FTP (or samba) to access
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De:	Bawa, Walter
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: [SPAM] - Viewing postscript with ghostview - Found word(s) list error in the Text body
Fecha:	lunes, 07 de noviembre de 2005 19:39:16
Archivos adjuntos:	

We are using Ghostview for view printed postcript plan summary generated with P6.2 and everything work fine'
possibly problem with ghostview

Walter

-----Original Message-----
From: Toh [mailto:tohhj@singnet.com.sg]
Sent: Monday, November 07, 2005 10:41 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: [SPAM] - Viewing postscript with ghostview - Found word(s) list error in the Text body

Hi

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Ghostview works on the postscript file created by Pinnacle?

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De:	Ozard, Siobhan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	CT-Sim procedures wanted for AcQSim+GE CT-Sim
Fecha:	lunes, 07 de noviembre de 2005 22:11:27
Archivos adjuntos:	

Hi Everyone,

We will soon be switching to AcQSim+GE CT-Sim for patient simulation & CT. If your site is using this combination of equipment for CT-Sim, we are interested in learning about your CT-Sim procedures. If you have written procedures and are able to pass those procedures along, this would be greatly appreciated. If you would be able to discuss a few procedures over the phone this would also be of assistance. If your site is in the vicinity of the Great Lakes area we may consider a site visit.

Thanks,
Siobhan Ozard

Siobhan Ozard, Ph.D., MCCPM
Department of Medical Physics
Windsor Regional Cancer Centre
2220 Kildare Rd.
Windsor, ON
CANADA
N8W 2X3

Siobhan_Ozard@wrh.on.ca
Phone: (519) 253-3191 xtn 58718
Fax: (519) 255-8679
Pager: (519) 251-6401

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##

De:	Jeff Garrett
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: 3 FLD imrt BREAST
Fecha:	martes, 08 de noviembre de 2005 1:43:17
Archivos adjuntos:	

You can do a monoisocentric technique with a standard SCV field and intensity modulated tangents but I have found it easier to use 2 isocenters. Of course neither of these meets the criteria to be billed as IMRT. I still prefer this over forward planning because it takes less time once the breast is contoured. Also I do not use cerrobend at the top of the tangents. You can let the computer modulate the match line dose, just be sure you have the SCV field calculated and turned on before you start the inverse plan on the breast. Also, make sure your breast contours 5cm or more from the matchline.

Jeff

> ----- Original Message -----
> **From:** Spicer, Terry
> **To:** pinnacle-users@explodeunsw.edu.au
> **Sent:** Monday, November 07, 2005 8:23 AM
> **Subject:** 3 FLD imrt BREAST
>
> Has anyone done a 3-fld IMRT breast. If so did you use one isocenter or did you do two iso with cerrobend at the top of the breast flds. Or is there another way to do a 3 fld?
>
> Thanks
> Terry
>
>

De:	jianrong dai
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Experience on biological optimization
Fecha:	martes, 08 de noviembre de 2005 15:01:03
Archivos adjuntos:	

Dear List Members,

We recently tried many times to use the function of biological optimization in Pinnacle^3
for a NPC case, but all failed. The dose distributions were terrible, much worse than those obtained with dose and dose-volume based optimization.

Now I am somehow questioning about the performance of biological optimization. Maybe it
is really not so good as claimed. Before I rush to a conclusion. I'd like to know others' experience with this function. Please share your experience, no matter successful or unsuccessful.

Jianrong Dai
Medical Physicist
Cancer Institute
Chinese Academy of Medical sciences

##

De:	Bjørne Riis
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Viewing postscript with ghostview
Fecha:	martes, 08 de noviembre de 2005 21:18:26
Archivos adjuntos:	

Hello,
i use Gostscript to save Plans in PDF on the SUN. It works well unter
Pinnacle 7.6 / Solaris 8.

But what´s about postscript plan summery?
It is possibble to generate a Plansumary with Pinnacle?

Please send me more Information about it.

Thanks Bjørne

Bawa, Walter schrieb:

> We are using Ghostview for view printed postcript plan summary
> generated with P6.2 and
> everything work fine'
> possibly problem with ghostview
> Walter
> -----Original Message-----
> From: Toh [mailto:tohhj@singnet.com.sg]
> Sent: Monday, November 07, 2005 10:41 AM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: [SPAM] - Viewing postscript with ghostview - Found word(s) list
> error in the Text body
>
> Hi
> While we are on the topic of postscript can anyone tell me whether
> Ghostview works on the postscript file created by Pinnacle?
> I used to be able to view Pinnacle's postscript file before version 6 but
> for Pinnacle version 6.2 and 7 Ghostview will display a blank page
> when the
> ps file is open.
> Thanks.
>

--

Achtung ich bin Wortblind.
Diese Nachricht wurde ohne Berücksichtigung der momentan
gültigen Rechtschreib- und Gramatikregeln verfasst.

De:	Kevin Van Tilburg
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Experience on biological optimization
Fecha:	martes, 08 de noviembre de 2005 21:26:33
Archivos adjuntos:	

I have only seen it run on the vendors computer on a single parameter such as the Parotid and it worked fine, my views may be a little biased though. I would also like to know how it functions across a whole range of parameters.
Kevin

>>> jianrong_dai@yahoo.com 11/09/05 12:44am >>>
Dear List Members,

We recently tried many times to use the function of biological optimization in Pinnacle^3
for a NPC case, but all failed. The dose distributions were terrible, much worse than those obtained with dose and dose-volume based optimization.

Now I am somehow questioning about the performance of biological optimization. Maybe it
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Jianrong Dai
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De:	Dimitris Mihailidis, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Experience on biological optimization
Fecha:	martes, 08 de noviembre de 2005 22:26:58
Archivos adjuntos:	

Pinnacle3 optimization based on EUD it will become a very nice tool in the near future (my personal opinion). As all new tools, the user needs to carefully use it in sites that has already enough dose/volume optimization experience and compare and then move to sites that are more complex and difficult to plan even with the conventional Dose/volume optimization. For example, as always, start with prostate and then move to H&N for example. Yes, there are issues to be resolved and of course to communicate back to Philips for improvements (it is my personal experience).
As a general tip, try to assign dose/volume objectives to PTVs and use EUDs for sensitive structures. Start with a few structures first. I don't think you should only do one structure, do more than one. There are some general directions based on a Philips white paper on the EUD optimization, which not always are true. Trial and error will lead you to success. Always compare your dose/volume optimized approved plan with what EUD optimization gives you, at the DVH level and don't forget to look at the dose distributions in all 3 views!! Don't jump to TCP and NTCP yet. Understand what the EUD approach is doing to your plan.
Dimitris Mihailidis
Charleston Radiation Therapy

----- Original Message -----
From: "Kevin Van Tilburg" <VantilK@wahs.nsw.gov.au>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Tuesday, November 08, 2005 3:13 PM
Subject: Re: Experience on biological optimization

> I have only seen it run on the vendors computer on a single parameter such as the Parotid and it worked fine, my views may be a little biased though. I would also like to know how it functions across a whole range of parameters.
> Kevin
>
> >>> jianrong_dai@yahoo.com 11/09/05 12:44am >>>
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>
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> Yahoo! Mail - PC Magazine Editors' Choice 2005
> http://mail.yahoo.com
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> confidential information. If you are not the intended recipient, please
> delete it and notify the sender. Views expressed in this message are
> those of the individual sender, and are not necessarily the views of
> Sydney West Area Health Service.
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> This e-mail has been scanned for viruses
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De:	Sheila Cioffa
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: IMRT MU Check software
Fecha:	miércoles, 09 de noviembre de 2005 17:59:20
Archivos adjuntos:	

Regarding the discussion a couple of weeks ago about secondary monitor unit calculation programs...

Are there any clinical users of the Diamond SW with a Pinnacle / IMPAC configuration that would like to share their experiences? You can email or call me directly. Thanks.

Sheila M. Cioffa, M.S., DABR
Chief Medical Physicist
Lynn Regional Cancer Center, West Campus
Boca Raton, FL
561-883-7525

-----Original Message-----
From: Martin Fraser [mailto:mwfraser@comcast.net]
Sent: Wednesday, November 02, 2005 8:39 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: IMRT MU Check software

David,
I use RadCalc for IMRT (and all) MU checks and find it very friendly and reliable, I've not tried others but I suspect that MUCheck is equally good - presumably others are as well.
Radcalc does carry a hefty service contract and for that $ they don't offer upgrades with any frequency as far as I've seen. Some service contracts are QUITE outrageous in value for dollar and you should learn of them before selecting a vendor.

To the larger question is whether they suffice for IMRT QA. On a 'legal' level in the US these programs are absolutely not substitute for patient specific QA no matter how accurate or reliable. Point measurements and fluence checks are required by medicare carriers (all the I know of) as minimal documentation for reimbursement.

This is as it should be, IMHO. There are too many opportunities for errors and dose calculation is only one. If I don't know that the actual files

used to treat a patient have been run on a phantom and verified by physical measurements then I won't be comfortable allowing them to be used on a patient. I have IMPAC, so I have the ability to test the 'actual' files used for treatment, though I understand that Varis users have some clever if involved work-arounds to give them some confidence as well. The point is that these files have endured a transfer, sometimes two, and some editing post transfer and so some for of verification is requisite. For me physical measurement will never go out of style. My personal QA standard is: MU checks, 2 point dose measurements (min) and individual beam fluence checks. (I set 3% standard all around and occasionally have trouble on an individual beam MU checks if the point falls in a gradient, but otherwise I find these standards achievable.)

One additional observation is that prior to IMRT we did Hand calc MU checks on every treatment field. With the introduction I purchased RadCalc and the use of this utility for all other calcs has been a great boon to productivity overall. Nobody here misses having their dog eared data books ever at the ready!

regards
Martin Fraser

At 07:43 PM 11/1/2005, you wrote:
>What are people's thoughts on the use of commercial software for checking
>monitor units of IMRT plans?
>
>Is anyone using such software?
>Is it being used as a replacement for ionization chamber verification of
>plans?
>Does anyone have a feel for the accuracy of the MU calculations?

// snip//

>Any comments would be appreciated
>
>Kind regards
>
>David
>
>David S Biggs

to majordomo@explode.unsw.edu.au.

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members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	garmon
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: 3 FLD imrt BREAST
Fecha:	miércoles, 09 de noviembre de 2005 18:43:33
Archivos adjuntos:	

Hello Terry,
How is it going? We have done 3 field imrt for breast and supraclav. We use two isocenters, split beam on the supraclav and the traditional tangents with matching divergent edges medially. The s'clv is a static beam 99% of the time. We have had an occasional case with "challenging anatomy", e.g. large chest with tumor be very superior. In this case we actually included the s'clv in the imrt fields, (I think there were 5 tangent beams)and we also included the IMN's. Normally our tangent beams are geometrically identical to a typical static beam. We have done both "manual" imrt planning, i.e., adding control points to block successive isodoses on open fields, and optimized planning. The optimized planning is done by contouring the breast treatment volume (field edge to skin) and contracting it by 5 mm to get away from the skin and edges and putting the lung/heart as limiting roi's in the contraction. Some cleaning up may be in order after doing this. Then our objectives limit certain isodoses to a percent volume and specify a constraint of 10% variation on the target volume uniformity. We have also tried getting the MD's to contour the "breast tissue" but I do not find this way to be very consistent. Finally, when we convert for our varian machines we set the jaws to "do not change" instead of conform to ODM. Then we also make sure to open up the leaves of the first control point (or the one with the most weighting) so that we have flash. We do not want the leaves to "hug" the contour of the breast for all of the control points since this contour could change with daily setup. The elekta machines are a different issue. Since the jaws have to be set to "conform to segment" during the conversion, you would have to manually adjust some of the segments so the jaws matched with the s'clv field. Hope this is helpful. Let me know if you want more details. It is still a work in progress for us.

Take care,
Pam Garmon

De:	Alison Scott
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	Philip Mayles;
Asunto:	Frozen Cursor
Fecha:	miércoles, 09 de noviembre de 2005 19:38:02
Archivos adjuntos:	

Hi,

Although we have loaded DICOM4.0g and Pinnacle7.4 we tend to use 6.2b for most of our planning (someday I'll finish recommissioning the beam models and we can use only 7.4)

So far the only problems I have seen is that we get an error message every time we open a patient saying
Invalid message :"ImageInfo.CouchPos"
I assumed this was because the DICOM import created an extra field which Pinnacle 6.2 doesn't know how to handle but 7.4 does.

Today when we get to that stage the cursor immediately freezes and however you drag the mouse it instantly returns to that spot.

I am guessing it is a problem with the interaction of DICOM4.0g and Pinnacle6.2 as if I load a patient in 7.4 everything works fine.

Has anyone encountered anything like this before? Customer support UK have gone home for the night and I am not looking forward to explaining to our planners that all the plans they have been working on are (temporarily) unavailable.

thanks

Alison Scott
Physicist, Clatterbridge Centre for Oncology

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##

De:	Mike Davis
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT MU Check software
Fecha:	miércoles, 09 de noviembre de 2005 22:09:04
Archivos adjuntos:	

I would also be interested in hearing from users of Diamond SW with a Pinnacle / IMPAC.

Thanks,

Michael Davis, MS
Senior Medical Physicist
The University Hospital
234 Goodman Street
Cincinnati, Ohio 45267-0742
Voice (513) 584-2810
FAX (513) 584-4007
e-mail: davimi@healthall.com

>>> SCioffa@lrccw.com 11/9/2005 11:38 AM >>>
Regarding the discussion a couple of weeks ago about secondary monitor unit
calculation programs...

Are there any clinical users of the Diamond SW with a Pinnacle / IMPAC configuration that would like to share their experiences? You can email or
call me directly. Thanks.

Sheila M. Cioffa, M.S., DABR
Chief Medical Physicist
Lynn Regional Cancer Center, West Campus
Boca Raton, FL
561-883-7525

-----Original Message-----
From: Martin Fraser [mailto:mwfraser@comcast.net]
Sent: Wednesday, November 02, 2005 8:39 AM
To: pinnacle-users@explode.unsw.edu.au

Subject: Re: IMRT MU Check software

David,
I use RadCalc for IMRT (and all) MU checks and find it very friendly and reliable, I've not tried others but I suspect that MUCheck is equally good - presumably others are as well.
Radcalc does carry a hefty service contract and for that $ they don't offer upgrades with any frequency as far as I've seen. Some service contracts are QUITE outrageous in value for dollar and you should learn of them before selecting a vendor.

To the larger question is whether they suffice for IMRT QA. On a 'legal' level in the US these programs are absolutely not substitute for patient specific QA no matter how accurate or reliable. Point measurements and fluence checks are required by medicare carriers (all the I know of) as minimal documentation for reimbursement.

This is as it should be, IMHO. There are too many opportunities for errors and dose calculation is only one. If I don't know that the actual files used to treat a patient have been run on a phantom and verified by physical measurements then I won't be comfortable allowing them to be used on a patient. I have IMPAC, so I have the ability to test the 'actual' files used for treatment, though I understand that Varis users have some clever if involved work-arounds to give them some confidence as well. The point is that these files have endured a transfer, sometimes two, and some editing post transfer and so some for of verification is requisite. For me physical measurement will never go out of style. My personal QA standard is: MU checks, 2 point dose measurements (min) and individual beam fluence checks.
(I set 3% standard all around and occasionally have trouble on an

individual
beam MU checks if the point falls in a gradient, but otherwise I find
these
standards achievable.)

One additional observation is that prior to IMRT we did Hand calc MU
checks
on every treatment field. With the introduction I purchased RadCalc and
the
use of this utility for all other calcs has been a great boon to
productivity overall. Nobody here misses having their dog eared data
books
ever at the ready!

regards
Martin Fraser

At 07:43 PM 11/1/2005, you wrote:
>What are people's thoughts on the use of commercial software for
checking
>monitor units of IMRT plans?
>
>Is anyone using such software?
>Is it being used as a replacement for ionization chamber verification
of
>plans?
>Does anyone have a feel for the accuracy of the MU calculations?

// snip//

>Any comments would be appreciated
>
>Kind regards
>
>David
>
>David S Biggs

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##
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##

De:	Yan, Albert
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 3 FLD imrt BREAST
Fecha:	miércoles, 09 de noviembre de 2005 22:36:21
Archivos adjuntos:	

Hi Pam,

I have couple of questions on this:
1. Do you do phantom measurements for the tangent IMRT fields? In another word, do you QA the IMRT treatment?
2 What kind of clinical outcome have you observed? such as no treatment breaks, dose escalation, no electron boost, etc.
3. How do you reduce the intrafractional movement of breast in the direction of superior to inferior, or what type of tracking device were used on breast?

I know it is a work in progress for you, and hope you can come up some good results. Because we are considering IMRT for 3-4 fields breast or chest wall, also.
Regards,

Albert Yan, MS
Providence St. Vincent Medical Center
Portland, OR

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of garmon
Sent: Wednesday, November 09, 2005 9:25 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: 3 FLD imrt BREAST

Hello Terry,
How is it going? We have done 3 field imrt for breast and supraclav. We use two isocenters, split beam on the supraclav and the traditional tangents with matching divergent edges medially. The s'clv is a static beam 99% of the time. We have had an occasional case with "challenging anatomy", e.g. large chest with tumor be very superior. In this case we actually included the s'clv in the imrt fields, (I think there were 5 tangent beams)and we also included the IMN's. Normally our tangent beams are geometrically identical

to a typical static beam. We have done both "manual" imrt planning, i.e., adding control points to block successive isodoses on open fields, and optimized planning. The optimized planning is done by contouring the breast treatment volume (field edge to skin) and contracting it by 5 mm to get away from the skin and edges and putting the lung/heart as limiting roi's in the contraction. Some cleaning up may be in order after doing this. Then our objectives limit certain isodoses to a percent volume and specify a constraint of 10% variation on the target volume uniformity. We have also tried getting the MD's to contour the "breast tissue" but I do not find this way to be very consistent. Finally, when we convert for our varian machines we set the jaws to "do not change" instead of conform to ODM. Then we also make sure to open up the leaves of the first control point (or the one with the most weighting) so that we have flash. We do not want the leaves to "hug" the contour of the breast for all of the control points since this contour could change with daily setup. The elekta machines are a different issue. Since the jaws have to be set to "conform to segment" during the conversion, you would have to manually adjust some of the segments so the jaws matched with the s'clv field. Hope this is helpful. Let me know if you want more details. It is still a work in progress for us.

Take care,
Pam Garmon

distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.

De:	David Djajaputra
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	ADAC slice numbering: Bug?
Fecha:	jueves, 10 de noviembre de 2005 0:29:10
Archivos adjuntos:	

Dear Pinn-users:

We recently noticed a problem in our Pinnacle when it loads a CT image set. Suppose a set with 68 slices is sent from CT to Pinnacle. In the Pinnacle DICOM folder we will see files xxxxx.1.img to xxxxx.68.img, so every slice gets there safely. However, when we load this patient, the first slice is marked as Slice 1 and the last slice is marked as Slice 67, so it seems that one slice is missing. We finally figured out that Slice 15 actually corresponds to two different (consecutive) slices:

Slice 1: Z = 64.75
Slice 2: Z = 64.45
...
Slice 15: Z = 60.55
Slice 15: Z = 60.25 <---- should be Slice 16
Slice 16: Z = 59.95
...
Slice 17: Z = 44.65

So actually all slices are loaded by Pinnacle, except that the slice numbering seems to have a glitch. We checked some other patients, old and new, and it seems this problem has happened to most (not all) of them. The position of the double index seems to be random, it's 15 for this patient, 26 for another, etc.

Has anyone encountered this problem? We found this while trying to figure out why the number of slices is different when we import the same image set to Brainlab and ADAC. We informed ADAC but they have never heard about this.

David

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ADAC slice numbering: Bug?
Fecha:	jueves, 10 de noviembre de 2005 1:03:05
Archivos adjuntos:	

We see it too. I spent the better part of a day last week looking into it. It appears to be random for us as you noted.

We are 6.2b and our scanner is a GE Lightspeed.

Steve Thompson

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au on behalf of David Djajaputra
> **Sent:** Wed 11/9/2005 3:14 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Cc:**
> **Subject:** ADAC slice numbering: Bug?
>
> Dear Pinn-users:
>
> We recently noticed a problem in our Pinnacle when it loads a CT image set. Suppose a set with 68 slices is sent from CT to Pinnacle. In the Pinnacle DICOM folder we will see files xxxxx.1.img to xxxxx.68. img, so every slice gets there safely. However, when we load this patient, the first slice is marked as Slice 1 and the last slice is marked as Slice 67, so it seems that one slice is missing. We finally figured out that Slice 15 actually corresponds to two different (consecutive) slices:
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Has anyone encountered this problem? We found this while trying to figure out why the number of slices is different when we import the same image set to Brainlab and ADAC. We informed ADAC but they have never heard about this.

David

De:	Pamela Akazawa
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ADAC slice numbering: Bug?
Fecha:	jueves, 10 de noviembre de 2005 1:11:19
Archivos adjuntos:	

What version of Pinnacle are you using and what type of scanner?

Pamela F. Akazawa
UCSF Radiation Oncology
1600 Divisadero St H-1031
San Francisco, CA 94115
415-353-7198
415-719-3504 (pager)
415-353-9883 (fax)

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** David Djajaputra
Sent: Wednesday, November 09, 2005 3:14 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: ADAC slice numbering: Bug?

Dear Pinn-users:

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Has anyone encountered this problem? We found this while trying to figure out why the number of slices is different when we import the same image set to Brainlab and ADAC. We informed ADAC but they have never heard about this.

David

De:	justcdj@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: ADAC slice numbering: Bug?
Fecha:	jueves, 10 de noviembre de 2005 1:45:58
Archivos adjuntos:	

Could this be Pinnacle's way of dealing with a spatial conflict?
When the patient first opens, the origin is set to the center of the CT dataset. Center of the center slice. With an even number of slices, there is no "center slice" to accept the origin. Could the duplication of a slice number be pinnacle's perverse way of creating its own faux-center slice? It can then, happily go about placing points on a slice rather than between.
"Isn't that spatial?"
"...how about a game of chess, Dave?..."
followed later by "Open the pod bay doors, HAL !" "I'm sorry, I can't do that, Dave..."
Hmmmmm, who really is in charge here?
Chris James
MidState Med Center
Meriden Connecticut

-----Original Message-----
From: Thompson, Stephen K <ThompsSK@sutterhealth.org>
To: pinnacle-users@explode.unsw.edu.au
Sent: Wed, 9 Nov 2005 15:51:47 -0800
Subject: RE: ADAC slice numbering: Bug?

We see it too. I spent the better part of a day last week looking into it. It appears to be random for us as you noted.

We are 6.2b and our scanner is a GE Lightspeed.

Steve Thompson

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au on behalf of David Djajaputra

Sent: Wed 11/9/2005 3:14 PM
To: pinnacle-users@explode.unsw.edu.au
Cc:
Subject: ADAC slice numbering: Bug?

Dear Pinn-users:

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David

De:	Deurloo, K.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Modelling Elekta microMLC in version 7.6c
Fecha:	jueves, 10 de noviembre de 2005 8:54:14
Archivos adjuntos:	

Dear List Members,

Does anyone have experience with modelling an Elekta machine with microMLC (so only MLC and no backup-jaws) in Pinnacle 7.6c?

Pinnacle will support this microMLC in version 8 but we don't want to wait until the summer of 2006!

Kirsten E.I. Deurloo, Ph.D., M.Sc.
Medical Physicist, Radiotherapy Department
Medical Center Alkmaar, The Netherlands
k.deurloo@mca.nl

De:	Salanitro, Paula
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ADAC slice numbering: Bug?
Fecha:	jueves, 10 de noviembre de 2005 14:18:57
Archivos adjuntos:	

We have seen the slice number duplication as well and neither GE nor ADAC claims to have ever heard of it nor do they have an explanation for it. And it doesn't happen on all patients.

What does happen on all patients is that the slice numbers are reversed. So the last slice is numbered as 1 and the first slice is the last numbered slice. To use David's example, slice 68 in GE becomes slice 1 when exported to ADAC, and slice 1 becomes slice 68 in ADAC. Has anyone else seen that?

Paula Salanitro

"There are only two ways to live your life. One is as though nothing is a miracle. The other is as if everything is." - Albert Einstein

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** justcdj@aol.com
> **Sent:** Wednesday, November 09, 2005 7:32 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Re: ADAC slice numbering: Bug?
>
> Could this be Pinnacle's way of dealing with a spatial conflict? When the patient first opens, the origin is set to the center of the CT dataset. Center of the center slice. With an even number of slices, there is no "center slice" to accept the origin. Could the duplication of a slice number be pinnacle's perverse way of creating its own faux-center slice? It can then, happily go about placing points on a slice rather than between.
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can't do that, Dave..."
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Chris James
MidState Med Center
Meriden Connecticut

-----Original Message-----
From: Thompson, Stephen K <ThompsSK@sutterhealth.org>
To: pinnacle-users@explode.unsw.edu.au
Sent: Wed, 9 Nov 2005 15:51:47 -0800
Subject: RE: ADAC slice numbering: Bug?

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We are 6.2b and our scanner is a GE Lightspeed.

Steve Thompson

> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au on behalf of David Djajaputra
>
> Sent: Wed 11/9/2005 3:14 PM
> To: pinnacle-users@explode.unsw.edu.au
> Cc:
> Subject: ADAC slice numbering: Bug?
>
>
> Dear Pinn-users:
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Has anyone encountered this problem? We found this while trying to figure out why the number of slices is different when we import the same image set to Brainlab and ADAC. We informed ADAC but they have never heard about this.

David

De:	David Djajaputra
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ADAC slice numbering: Bug?
Fecha:	jueves, 10 de noviembre de 2005 14:58:59
Archivos adjuntos:	

We use Siemens Somatom Emotion scanner and Pinnacle 6.2b. If it matters, we also have 7.4 and 7.6 installed, although not yet used (haven't got to commissioning it yet...). It seems more likely to me though that this is Pinnacle's problem and not CT problem.

David

"Pamela Akazawa" <pakazawa@radonc17.ucsf.EDU>
Sent by: owner-pinnacle-users@explode.unsw.edu.au

To <pinnacle-users@explode.unsw.edu.au>
cc
Subject RE: ADAC slice numbering: Bug?

11/09/2005 06:04 PM

Please respond to pinnacle-users@explode.unsw.edu.au

What version of Pinnacle are you using and what type of scanner?

Pamela F. Akazawa
UCSF Radiation Oncology
1600 Divisadero St H-1031
San Francisco, CA 94115
415-353-7198
415-719-3504 (pager)
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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** David Djajaputra
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To: pinnacle-users@explode.unsw.edu.au
Subject: ADAC slice numbering: Bug?

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Has anyone encountered this problem? We found this while trying to figure out why the number of slices is different when we import the same image set to Brainlab and ADAC. We informed ADAC but they have never heard about

this.

David

De:	Barrett Marc
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ADAC slice numbering: Bug?
Fecha:	jueves, 10 de noviembre de 2005 16:27:24
Archivos adjuntos:	

Paula,

The "reverse numbing" of the CT slices occurs on all of our imports as well. This is a Pinnicle "problem" as it happens whether we import from our GE or Toshiba scanners. (btw, v 7.0g).

Marc
"Remember, no matter where you go...there you are"

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Salanitro, Paula
> **Sent:** Thursday, November 10, 2005 7:02 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: ADAC slice numbering: Bug?
>
> *We have seen the slice number duplication as well and neither GE nor ADAC claims to have ever heard of it nor do they have an explanation for it. And it doesn't happen on all patients.*
>
> *What does happen on all patients is that the slice numbers are reversed. So the last slice is numbered as 1 and the first slice is the last numbered slice. To use David's example, slice 68 in GE becomes slice 1 when exported to ADAC, and slice 1 becomes slice 68 in ADAC. Has anyone else seen that?*
>
> *Paula Salanitro*
>
> *"There are only two ways to live your life. One is as though nothing is a miracle. The other is as if everything is." - Albert Einstein*

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** justcdj@aol.com
Sent: Wednesday, November 09, 2005 7:32 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: ADAC slice numbering: Bug?

Could this be Pinnacle's way of dealing with a spatial conflict?
When the patient first opens, the origin is set to the center of the CT dataset. Center of the center slice. With an even number of slices, there is no "center slice" to accept the origin. Could the duplication of a slice number be pinnacle's perverse way of creating its own faux-center slice? It can then, happily go about placing points on a slice rather than between.
"Isn't that spatial?"
"...how about a game of chess, Dave?..."
followed later by "Open the pod bay doors, HAL !" "I'm sorry, I can't do that, Dave..."
Hmmmmm, who really is in charge here?
Chris James
MidState Med Center
Meriden Connecticut

-----Original Message-----
From: Thompson, Stephen K <ThompsSK@sutterhealth.org>
To: pinnacle-users@explode.unsw.edu.au
Sent: Wed, 9 Nov 2005 15:51:47 -0800
Subject: RE: ADAC slice numbering: Bug?

We see it too. I spent the better part of a day last week looking into it. It
appears to be random for us as you noted.

We are 6.2b and our scanner is a GE Lightspeed.

Steve Thompson

> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au on behalf of David Djajaputra
>
> Sent: Wed 11/9/2005 3:14 PM

To: pinnacle-users@explode.unsw.edu.au
Cc:
Subject: ADAC slice numbering: Bug?

Dear Pinn-users:

We recently noticed a problem in our Pinnacle when it loads a CT image set.
Suppose a set with 68 slices is sent from CT to Pinnacle. In the Pinnacle DICOM
folder we will see files xxxxx.1.img to xxxxx.68.img, so every slice gets there
safely. However, when we load this patient, the first slice is marked as Slice 1
and the last slice is marked as Slice 67, so it seems that one slice is missing.
We finally figured out that Slice 15 actually corresponds to two different
(consecutive) slices:

Slice 1: Z = 64.75
Slice 2: Z = 64.45
...
Slice 15: Z = 60.55
Slice 15: Z = 60.25 <---- should be Slice 16
Slice 16: Z = 59.95
...
Slice 17: Z = 44.65

So actually all slices are loaded by Pinnacle, except that the slice
numbering seems to have a glitch. We checked some other patients, old and new,
and it seems this problem has happened to most (not all) of them. The position
of the double index seems to be random, it's 15 for this patient, 26 for
another, etc.

Has anyone encountered this problem? We found this while trying to figure
out why the number of slices is different when we import the same image set to
Brainlab and ADAC. We informed ADAC but they have

never heard about this.

David

De:	Disney, Gavin
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: ADAC slice numbering: Bug?
Fecha:	jueves, 10 de noviembre de 2005 17:17:54
Archivos adjuntos:	

We encountered this problem last year under Pinnacle 6.2b. Philips informed us that this was a known issue, and the problem was fixed in DICOM import 4.2d, released with Pinnacle 7. We are currently running 7.6c and a check of several image sets suggests the problem has indeed been resolved. Slices are also now ordered 1 -> n in the ImageInfo files.

Regards,

Gavin Disney
Technical Specialist

Radiation Medicine Program
Princess Margaret Hospital
610 University Avenue
Toronto, Ontario M5G 2M9

> -----Original Message-----
> **From:** David Djajaputra [mailto:ddjajaputra@unmc.edu]
> **Sent:** November 10, 2005 8:50 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: ADAC slice numbering: Bug?
>
> We use Siemens Somatom Emotion scanner and Pinnacle 6.2b. If it matters, we also have 7.4 and 7.6 installed, although not yet used (haven't got to commissioning it yet...). It seems more likely to me though that this is Pinnacle's problem and not CT problem.
>
> David

"Pamela Akazawa" <pakazawa@radonc17.ucsf.EDU>
Sent by: owner-pinnacle-users@explode.unsw.edu.au

To <pinnacle-users@explode.unsw.edu.au>
cc
Subject RE: ADAC slice numbering: Bug?

11/09/2005 06:04 PM

Please respond to pinnacle-users@explode.unsw.edu.au

What version of Pinnacle are you using and what type of scanner?

Pamela F. Akazawa
UCSF Radiation Oncology
1600 Divisadero St H-1031
San Francisco, CA 94115
415-353-7198
415-719-3504 (pager)
415-353-9883 (fax)

From: owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** David Djajaputra
Sent: Wednesday, November 09, 2005 3:14 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: ADAC slice numbering: Bug?

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...
Slice 15: Z = 60.55
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Slice 16: Z = 59.95
...
Slice 17: Z = 44.65

So actually all slices are loaded by Pinnacle, except that the slice numbering seems to have a glitch. We checked some other patients, old and new, and it seems this problem has happened to most (not all) of them. The position of the double index seems to be random, it's 15 for this patient, 26 for another, etc.

Has anyone encountered this problem? We found this while trying to figure out why the number of slices is different when we import the same image set to Brainlab and ADAC. We informed ADAC but they have never heard about this.

David

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De:	hugo.tremblay@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Réf. : RE: ADAC slice numbering: Bug?
Fecha:	jueves, 10 de noviembre de 2005 18:06:11
Archivos adjuntos:	C.htm pic27536.jpg

Hi there,

DICOM image 4.2d should solve this problem. It is written in the release note of version 4.2d:

" CT image sets transferred via DICOM 4.0 were sometimes imported into Pinnacle3 with the slices out of order. The slices were numbered in the opposite z-order. This has been corrected so that the slice order matches the scanner display. This problem occurred because Pinnacle3 assigned its own slice
numbers to the imported images. Pinnacle3 now uses the slice numbers assigned by the scanner if this information is provided in the DICOM files. You can still choose to have Pinnacle3 assign its own slice numbers by clicking the 'Use Pinnacle Slice #' button in the Slice List Editor window."

Hope this helps,

Hugo

De :
David Djajaputra <ddjajaputra@unmc.edu>@explode.unsw.edu.au

Envoyé par :
owner-pinnacle-users@explode.unsw.edu.au

Pour :
pinnacle-users@explode.unsw.edu.

au

cc :
(ccc : Hugo Tremblay/CH de la Sagamie/Reg02/
SSSS)

Objet :
RE: ADAC slice numbering:
Bug?

2005-11-10
08:49

Veuillez répondre
à
pinnacle-
users

(See attached file: C.htm)
(Embedded image moved to file: pic27536.jpg)

De:	Chihray Liu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Modelling Elekta microMLC in version 7.6c
Fecha:	jueves, 10 de noviembre de 2005 19:12:03
Archivos adjuntos:	

Kirsten;

We are using it. If you need help, please let me know.

Chihray Liu, Ph.D.
Associate Professor
Department of Radiation Oncology
University of Florida
Office: (352)265-8217

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Deurloo, K.
Sent: Thursday, November 10, 2005 2:41 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Modelling Elekta microMLC in version 7.6c

Dear List Members,

Does anyone have experience with modelling an Elekta machine with microMLC (so only MLC and no backup-jaws) in Pinnacle 7.6c?

Pinnacle will support this microMLC in version 8 but we don't want to wait until the summer of 2006!

Kirsten E.I. Deurloo, Ph.D., M.Sc.
Medical Physicist, Radiotherapy Department
Medical Center Alkmaar, The Netherlands
k.deurloo@mca.nl

De:	mmlyn@optonline.net
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Modelling Elekta microMLC in version 7.6c
Fecha:	jueves, 10 de noviembre de 2005 22:32:16
Archivos adjuntos:	

Hello All,

Pinnacle v7.4 and later supports the Beam Modulator from Elekta. However, we need to perform the modeling for you, for various reasons. If you have any specific questions, please send them to me at pros.support@philips.com.

Our 8.0 version due out in 2006 will fully support user modeling of the beam data.

Once the modeling is completed, you are able to plan normally.

Best Regards,

Marc Mlyn

Philips Radiation Oncology Systems

----- Original Message -----

From: "Deurloo, K." <k.deurloo@mca.nl>

Date: Thursday, November 10, 2005 2:40 am

Subject: Modelling Elekta microMLC in version 7.6c

> Dear List Members,
>
> Does anyone have experience with modelling an Elekta machine with
> microMLC (so only MLC and no backup-jaws) in Pinnacle 7.6c?
> Pinnacle will support this microMLC in version 8 but we don't want
> to wait until the summer of 2006!
>
> Kirsten E.I. Deurloo, Ph.D., M.Sc.
> Medical Physicist, Radiotherapy Department
> Medical Center Alkmaar, The Netherlands

> k.deurloo@mca.nl
>
>

De:	Royal, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	using Pinnacle for HDR contouring
Fecha:	viernes, 11 de noviembre de 2005 21:36:10
Archivos adjuntos:	

Hello Pinnacle users,

We are starting CT-based planning with the Nucletron system. Their contouring tools leave a lot to be desired.

If you have both Pinnacle and Nucletron Plato TPS, are you doing your contouring in Pinnacle and exporting to Nucletron or just using the limited contouring tools in Nucletron. I have tested the export from Pinnacle, and it works fine. There is a limit of 100 points per contour, per slice. Just trying to decide if it's worth the hassle to use both planning systems, or just use the Nucletron system.

Jim Royal
Nebraska Methodist Hospital

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: using Pinnacle for HDR contouring
Fecha:	viernes, 11 de noviembre de 2005 21:50:33
Archivos adjuntos:	

"leave a lot to be desired" ... that's a nice way to say it. We think it is worth the hassle to use both systems. There are some gotchas - as you know, Plato is quite fussy about what it considers to be a valid contour, so don't get carried away with the number and complexity of the structures you send over.

For example, Plato doesn't know what to make of "ring" contours (e.g. a PTV for a mammosite), so you have to turn them into "C" contours prior to exporting to Plato by "painting" a channel between the inner and outer contour on each slice. Similarly, self-intersections are a no-no. I've started making two copies of each contour I'll share out to Plato - one "real" contour, and one "plato" contour. If/when I have problems on the plato side, I can return to the original contour if need be, just to make sure I don't lose the truth in the relentless, iterative pursuit of Plato's happiness.

Have fun - Dave

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> Jim.Royal@nmhs.org 11/11/2005 3:16 PM >>>
Hello Pinnacle users,

We are starting CT-based planning with the Nucletron system. Their contouring tools leave a lot to be desired.

If you have both Pinnacle and Nucletron Plato TPS, are you doing your contouring in Pinnacle and exporting to Nucletron or just using the limited contouring tools in Nucletron. I have tested the export from Pinnacle, and it works fine. There is a limit of 100 points per contour, per slice. Just trying to decide if it's worth the hassle to use both planning systems, or just use the Nucletron system.

Jim Royal
Nebraska Methodist Hospital

De:	SMANGE@ameritech.net
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Electron beam modelling values needed
Fecha:	domingo, 13 de noviembre de 2005 22:57:38
Archivos adjuntos:	

Dear Listers,

I'm in the process of commissioning our electrons for both a Varian 2100C and Varian Clinac 1800. May I ask that other users who have these machines send me their values for FCSM and sigma-theta-x for comparison purposes?

We have 6, 9, 12, 16, & 20 MeV beams both machines.

Thank you very much for your help with this.

Sincerely yours,

Scott Mange

De:	Anielka Rembowska
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Electron beam modelling values needed
Fecha:	lunes, 14 de noviembre de 2005 16:11:53
Archivos adjuntos:	

Dear Scott

Values measured for our 2100C Varian are

	6MeV	9MeV	12MeV	16MeV	20MeV
sigma-theta-x	0.0645	0.0471	0.0354	0.0272	0.0227

Other factors for our set-ups, using cerrobend shaped cut-outs

	6MeV	9MeV	12MeV	16MeV	20MeV
Transmission factor*:	0.004353386	0.008992721	0.017079974	0.032716004	0.053919631
Rp(cm)	3.09	4.46	6.18	8.18	10.3
Ep,o=(1.919*Rp)+0.722	6.65	9.28	12.58	16.42	20.49
Photon contamination measurement depth (cm)	Rp+2 5.09	6.46	8.18	10.18	12.3
Calibration Setup SSD(cm)	100	100	100	100	100
Calibration Virtual SSD(cm)	90.7	90.7	90.7	90.7	90.7

Hope this helps

Anielka Rembowska
Clatterbridge Centre for Oncology

UK

-----Original Message-----
From: SMANGE@ameritech.net [mailto:SMANGE@ameritech.net]
Sent: 13 November 2005 21:41
To: pinnacle-users@explode.unsw.edu.au
Subject: Electron beam modelling values needed

Dear Listers,

I'm in the process of commissioning our electrons for both a Varian 2100C and Varian Clinac 1800. May I ask that other users who have these machines send me their values for FCSM and sigma-theta-x for comparison purposes?

We have 6, 9, 12, 16, & 20 MeV beams both machines.

Thank you very much for your help with this.

Sincerely yours,

Scott Mange

##
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to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be

sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Charland, Paule
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Pinnacle DVH - ROI overlap
Fecha:	lunes, 14 de noviembre de 2005 22:31:08
Archivos adjuntos:	

Hello

I am curious to hear how people deal with ROI overlap e.g lung/tumour when generating DVHs.

Simply avoid creating an overlap of ROIs? Create a ROI to remove the overlap? Use DVH as is i.e. without subtracting tumour within lung?

Paule

Paule Madeleine Charland, PhD DABR
Medical Physics/Radiation Treatment Program
Grand River Hospital
P.O. Box 9056
835 King Street West
Kitchener, Ontario
N2G 1G3
Canada

paule.charland@grhosp.on.ca
PHONE: 519-749-4300 ext 5758
FAX 519-749-4394

De:	shzjy_list
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle DVH - ROI overlap
Fecha:	martes, 15 de noviembre de 2005 8:50:09
Archivos adjuntos:	

Of course Create a ROI to remove the overlap, the part of overlap is to be considered as the toumor tissue,not the normal lung tissue.

Hello

I am curious to hear how people deal with ROI overlap e.g lung/tumour when generating DVHs.

Simply avoid creating an overlap of ROIs? Create a ROI to remove the overlap? Use DVH as is i.e. without subtracting tumour within lung?

Paule

Paule Madeleine Charland, PhD DABR
Medical Physics/Radiation Treatment Program
Grand River Hospital
P.O. Box 9056
835 King Street West
Kitchener, Ontario
N2G 1G3
Canada

paule.charland@grhosp.on.ca
PHONE: 519-749-4300 ext 5758
FAX 519-749-4394

De:	Bawa, Walter
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Optical Mouse in Pinnacle
Fecha:	martes, 15 de noviembre de 2005 19:42:39
Archivos adjuntos:	

HI ALL
Some of out therapists are complaining about the mouse in Pinnacle.
It is very uncomfortable especially for drawing contours.
I am wondering if someone has experimented on using a third party optical mouse.
If so let me know , what model work with Pinnacle.Thanks

Walter Bawa
Grand River Regional Cancer Centre
Grand River Hospital
Kitchener, Ontario
N2G 1G3

1-519-749-4300 ext 5792
walter.bawa@grhosp.on.ca <mailto:Walter.Bawa@grhosp.on.ca>

-----Original Message-----
From: shzjy_list [mailto:shzjy_list@126.com]
Sent: Tuesday, November 15, 2005 2:28 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Pinnacle DVH - ROI overlap

Of course Create a ROI to remove the overlap, the part of overlap is to be considered as the toumor tissue,not the normal lung tissue.

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Grand River Hospital
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835 King Street West
Kitchener, Ontario
N2G 1G3
Canada

paule.charland@grhosp.on.ca
PHONE: 519-749-4300 ext 5758
FAX 519-749-4394

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126 • • • • • • —— • • • • • • • • • • • • • • • • •

De:	Rose, Stuart
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Optical Mouse in Pinnacle
Fecha:	martes, 15 de noviembre de 2005 20:27:17
Archivos adjuntos:	

We have successfully used the Microsoft Wheel Mouse Optical and Microsoft Optical Mouse Blue. The wheel acts as the middle button. Plug and play; no additional setup required.

We went to optical mice years ago to circumvent the problem with dirt in mechanical mice. Therapists, oncologists, and physicists have all been happy with the result.

Take Care,
Stuart

Stuart Rose
Manager, Physics Computer Services
Princess Margaret Hospital
Radiation Medicine Program
610 University Avenue
Toronto, Ontario. CANADA M5G 2M9
Tel: 416-946-4501 x5068, Fax: 416-946-6566
rose@rmp.uhn.on.ca

"*Give me a place to stand, and a lever long enough, and I will move the world*"
Archimedes

-----Original Message-----
From: Bawa, Walter [mailto:walter.bawa@grhosp.on.ca]
Sent: Tuesday, November 15, 2005 1:35 pm
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: Optical Mouse in Pinnacle

HI ALL
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Grand River Hospital
Kitchener, Ontario
N2G 1G3

1-519-749-4300 ext 5792
walter.bawa@grhosp.on.ca <mailto:Walter.Bawa@grhosp.on.ca>

-----Original Message-----
From: shzjy_list [mailto:shzjy_list@126.com]
Sent: Tuesday, November 15, 2005 2:28 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Pinnacle DVH - ROI overlap

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Paule

Paule Madeleine Charland, PhD DABR
Medical Physics/Radiation Treatment Program
Grand River Hospital

P.O. Box 9056
835 King Street West
Kitchener, Ontario
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paule.charland@grhosp.on.ca
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De:	Jeff Limmer
A:	pinnacle-users@explode.unsw.edu.au; sdube@queens.org;
Cc:	
Asunto:	Re: IMRT QA Protocol with RadCalc and MapCheck
Fecha:	miércoles, 16 de noviembre de 2005 16:03:24
Archivos adjuntos:	

Scott,

We are QARC certified for 3D and IMRT and use RadCalc and MapCheck.

1. We do not use the RadCalc differences as a criteria for treating but as an indicator for us to look at the measured data more closely (we use the MapCheck measured doses).

2. For MapCheck we would also take into account wether the measurement point is in a high gradient or low dose region. (as you noted in your resolution factors)

e.g. you could be way over 7% dose in MapCheck but the point dose difference might be <2 cGy (we look at the cGy differences more than the % diff) which would be acceptable to us.

Best Regards,
Jeff

Jeff Limmer MS Ed, MSc, DABR
Chief Medical Physicist - Radiation Oncology
E-Mail: jeffl@aspirus.org

UW Cancer Center Wausau
Phone: 715/847-2685
FAX: 715/847-2319
Riverview UW Cancer Center:
Phone: 715/422-9294
FAX: 715/421-7408

>>> sdube@queens.org 03-Nov-05 17:39:49 >>>
We need to submit an IMRT QA Protocol to QARC so we can use IMRT for patients on trials. Some of you likely use RadCalc and/or MapCheck. Does this look reasonable to you?

IMRT QA Protocol

1. RadCalc

A. Individual Beams: Calculated MU versus Plan MU

Difference = 0-7% Treat
Difference > 7% Resolve before treating

B. Composite Dose at Prescription Point: Calculated Dose versus Plan Dose

Difference = 0-7% Treat
Difference > 7% Resolve before treating

2. Mapcheck

A. Composite Distribution - Cumulative Statistics based on:
Dose difference < 7%
Distance To Agreement < 4 mm
Measurement Uncertainty = 1%
Dose Error Threshold = 0.0 cGy

Failed = 0% Treat
Failed > 0% Resolve before treating

B. Composite Dose at ICRU Point: Measured Dose versus Plan Dose

Difference = 0-7% Treat
Difference > 7% Resolve before treating

Note: Common resolution factors include:
a. Point located in a high gradient region
b. Point located in a low dose region
c. Leaf Tip Junctions located within the field

sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send
the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Campbell, Jeffrey L
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Varian Vs. Elekta
Fecha:	miércoles, 16 de noviembre de 2005 19:42:52
Archivos adjuntos:	

Hello Folks,

As we all experience from time to time, we need to upgrade our current systems in Radiation Oncology, whether it is an accelerator, planning system, etc. At our facility we are at this juncture. However, it seems to me that selecting different venders based on the performance of one component of the overall operation may not be the optimal path to take. In other words, does it make more sense to go with a one stop shopping approach in this day and time when connectivity is paramount and functionally may be limited depending on the amount of "heterogeneity" of the department systems? As we all know, Varian offers this one stop shopping with Trilogy, Eclipse and Varis. Elekta offers Synergy, IMPAC as a package. Tomotherapy and Cybeknife are their own entities. Most of us on this list have made Pinnacle their choice for their treatment planning system and for good reasons. However, with 4D, IGRT and a whole host of other acronyms, are we now at the place where we should consider purchasing a "Radiation Oncology package"? Today the flow in our department goes: CT simulation(Philips large bore), Acqsim VoxelQ, Pinnacle Planning system, IMPAC R&V, Varian 2100c, essentially 5 independent systems linked via DICOM. None of these components currently support any means of 4D or intrafractional dynamic treatment. However, one vender claims to support all this (minus the intrafractional at this date in time) with their line of products seamlessly integrated together. So as an extremely loyal and satisfied Pinnacle user, I find myself in a bit of a quandary. Do we stay with Pinnacle and hope that the 4D, IGRT, Gating, etc. are available soon and will connect seamlessly regardless of the 4D CT simulator and 4D accelerator we have in our department? This would be my choice, but I feel pressure from some of our physicians who have seen a demo or two from a particular vender that seems to have wow'd them. It almost appears that for those who wish to stay with the "conventional" accelerator as the radiation delivery system for this new wave of technology, we have two choices: Varian, Elcips,Varis and GE simulator or Elekta, Pinnacle, IMPAC and Philips CT simulator (please pardon

me for those loyal to Siemens, I'm very limited in my knowledge of the Siemens new line of accelerators). So to condense this all down, I would like to solicit comments from people on this list with recent experience on purchasing a new accelerator and the other components necessary for the modern radiation therapy department. More specifically, what were some of the overriding reasons for going with Elekta vs. Varian or visa versa. Moreover, how was this experience effected by your current use of Pinnacle as your choice of treatment planning systems. Thank you in advance for your comments.

Warmest Regards,

Jeffrey Campbell, MS

INTEGRIS Southwest Medical Center

Radiation Oncology

4401 S. Western Ave.

Oklahoma City, Oklahoma 73109

(405) 636-7342

De:	Crooks, Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Varian vs Elekta
Fecha:	miércoles, 16 de noviembre de 2005 20:51:13
Archivos adjuntos:	

Hi Jeffrey,

We just endured a year of grueling negotiations to replace our two linacs. My personal view is that each component should be chosen based on it's own qualities. However, this is not always possible. We chose to upgrade Pinnacle to V7.4 with the IMRT module and DMPO because we felt that this was superior to Eclipse. We are switching from IMPAC to Varis because the Varian deal included Varis and the hospital wasn't going to pay extra for an IMPAC upgrade. The vendors will tell you how seamless the integration of all thier products is but the reality is often quite different. They will also tell you how the competitor isn't going to put the same resources into developing the interfaces for a competing product as they are thier own. However, if 80% of the linacs in North America are Varians, everyone will do what it takes to hook up to them or they will be cutting out a huge chunk of thier market. The totally integrated approach also poses a greater possibility for errors as was!
demonstrated by the Varian Eclipse/Varis debacle earlier this year. Shared databases are much more vulnerable to error propegation or loss of data than distributed databases. And finally, the more integrated the system, the less leverage over the vendor to fix problems with thier equipment or software.

We ended up choosing Varian over Elekta linacs for the 120 vs 80 leaf MLC, the better reliability, and the durability. We were actually able to buy the Varian linacs only because they came in at a price close enough to Elekta that the administration agreed to the extra money. Further apart in price and we would have had to settle for the Elekta's.

Hope this helps.

Ian Crooks
Danbury Hospital
Danbury, CT

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##

De:	Sheila Cioffa
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	AcQsim
Fecha:	miércoles, 16 de noviembre de 2005 20:55:21
Archivos adjuntos:	

We are decommissioning the old AcQsim product. As Pinnacle users, we have the option to buy the new and improved AcQsim or simply stay with the SmartSim application for CT/Sim. I have used SmartSim in my CT suite previously, and it worked fine since my docs only wanted to either place a reference or an isocenter. They weren't interested in contouring or any of the other virtual simulation tools.

My current site performs CT/Sim in the same way. That being said, Phillips is still promoting AcQsim for the Pinnacle workstations due to the "improvements in contouring, DRRS, etc."

I have a demo in a couple of weeks, but would appreciate any input "new and improved" AcQsim users might have to offer.

Sheila M. Cioffa, M.S., DABR
Chief Medical Physicist
Lynn Regional Cancer Center, West Campus
Boca Raton, FL
561-883-7525

De:	KidPhysics@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	re: Varian vs Elekta
Fecha:	miércoles, 16 de noviembre de 2005 22:37:54
Archivos adjuntos:	

Jeffrey,

Usually I'm a silent partner on these list servers, but Ian has responded to your e-mail and has made some points which I would like to address.

>>My personal view is that each component should be chosen based on it's own qualities.
>>The vendors will tell you how seamless the integration of all their products is but the reality is often quite different.

I totally agree with these statements. It has long been the desire of physicists that components be seamlessly integrated into a working system. It has been my experience, and the experience of so many others that in reality this doesn't work. The best way to determine how seamless systems integrate is by asking the vendor for a users list and ask other physicists what their experiences were.

>>We ended up choosing Varian over Elekta linacs for the 120 vs 80 leaf MLC, the better reliability, and the durability.

Sometimes it seems to me that talking to physicists about Varian and Elekta linacs is like going down to my local diner and talking to the boys about Ford and Chevy trucks. (I recently found out that Ford stands for Found On the side of the Road Dead). Everyone has his opinion that conflicts the other side and it all boils down to personal experience and preference. Over the past 27 years I have dealt with both Elekta and Varian. My personal preference has been Elekta machines which I consider very durable and reliable machines. Durability? I recently decommissioned my Elekta SL-75 that I commissioned in 1981. Reliability? I have found all my Elekta machines to not only be reliable but when they did go down the Elekta service groups that I have worked with have been excellent. Currently I have an Elekta Beam Modulator with IGRT. The leaf width is 4mm which gives it quite unique characteristics. Also the IGRT is a very clinically useful tool (a strong advantage being it takes approximately the same time for us to treat our prostates with IGRT as it did using BAT).

>>We were actually able to buy the Varian linacs only because they came in at a price close enough to Elekta that the administration agreed to the extra money. Further apart in price and we would have had to settle for the Elekta's. Again, this is where Ian and I differ. I would have taken the Elekta and not settle for the Varian...plus with the saved money I would have bought a bunch of Chevy trucks.

Good luck in your decision making process.

Bob

Robert W. Luthmann, Ph.D.
OakWood Center Radiation Oncology
Mechanicsburg, PA
717-691-3235

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Photon Energies with Breast Tangents
Fecha:	jueves, 17 de noviembre de 2005 1:49:11
Archivos adjuntos:	

In the past, we have used a 50/50 combination of 6/23 MV photon beams to treat large breast tangents. That was necessary to maintain a dose uniformity of 95% - 107% per ICRU. TLD measurements showed the skin dose for large breasts using 6/23 MV was approximately the same as the skin dose for small breasts using 6 MV alone. So it seemed reasonable that the dose to superficial tissues would be similar as well.

Now we are treating breasts on a linac with 6 and 16 MV energies. For large breast patients, the dose distribution looks best using only 16 MV. And if we zoom in on the superficial tissue we see the 95% isodose line is 5 mm below the skin just like in the case of our 6/23 MV technique. (I know there are limits to the accuracy of the dose calculations in the buildup region.)

So now for the questions. Does anybody out there use 16 MV alone for large breast tangents? Also, what is the depth of concern? Do we need to deliver 95% of the prescribed dose to 2 mm or 5 mm or 10 mm below the skin? And does the growing use of partial breast irradiation challenge the convention of not using high energy beams for breast tangents?

I welcome all replies. Thanks.

De:	Eason, Guy
A:	Pinnacle-Users (E-mail);
Cc:	
Asunto:	Importing PET into the Pinnacle systems.
Fecha:	jueves, 17 de noviembre de 2005 20:01:52
Archivos adjuntos:	

Is anyone doing PET import into the Pinnacle systems for fusion. Also if you can import the PET scans - can you import with ROI's?

Thanks,

Guy Eason
Radiation Oncology
Phoebe Putney Memorial Hospital
(229) 312-2280

De:	Chris Deibel
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Importing PET into the Pinnacle systems.
Fecha:	jueves, 17 de noviembre de 2005 20:40:47
Archivos adjuntos:	

>Is anyone doing PET import into the Pinnacle systems for fusion.
>Also if you can import the PET scans - can you import with ROI's?

We import PET scans from the Siemens Biograph, however Pinnacle doesn't support ROIs from the Biograph, probably because they are not Dicom-RT structures. It appears that the CTs from the Biograph are not exactly registered with the PET scans, so we re-register with Syntegra.

De:	KRISTI HENDRICKSON
A:	Pinnacle-Users (E-mail);
Cc:	
Asunto:	Re: Importing PET into the Pinnacle systems.
Fecha:	jueves, 17 de noviembre de 2005 20:47:02
Archivos adjuntos:	

Guy,

I import PET scans into Pinnacle and fuse them to CTs. I have not tried importing with ROIs. My physician draws the contours in Pinnacle. I don't use the fused images to influence clinical decisions. It is for research purposes only, thus far.

Are you having problems or have you not tried yet?

Regards,
Kristi

On Thu, 17 Nov 2005, Eason, Guy wrote:

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>
> Thanks,
>
> Guy Eason
> Radiation Oncology
> Phoebe Putney Memorial Hospital
> (229) 312-2280
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Kristi Hendrickson, PhD
Medical Physicist
Radiation Oncology
University of Washington Medical Center
(206) 598-6259
krgh@u.washington.edu

De:	Campbell, Jeffrey L
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Importing PET into the Pinnacle systems.
Fecha:	jueves, 17 de noviembre de 2005 20:57:23
Archivos adjuntos:	

We have fused PET images as few times at our facility. A PET fusion license must be purchased. Currently we don't have Syntegra, which makes it very difficult to successfully fuse PET images. There are some tricks you can employ at the time of the PET image acquisition but even then the fusion process is difficult with the standard fusion tools in Pinnacle. We have opted to purchase Syntegra to make all our fusion cases much easier.

Regards,

Jeff

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Eason, Guy
Sent: Thursday, November 17, 2005 12:50 PM
To: Pinnacle-Users (E-mail)
Subject: Importing PET into the Pinnacle systems.

Is anyone doing PET import into the Pinnacle systems for fusion. Also if you can import the PET scans - can you import with ROI's?

Thanks,

Guy Eason
Radiation Oncology
Phoebe Putney Memorial Hospital
(229) 312-2280

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De:	Eason, Guy
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Importing PET into the Pinnacle systems.
Fecha:	viernes, 18 de noviembre de 2005 0:33:07
Archivos adjuntos:	

Haven't tried yet. Will possibly be connecting a PET/CT unit to our hospital and might as well get the most out of the unit as possible. Doc's seem to be interested. I know once I got our MRI unit connected the Doc's used it maybe about 10 times and have lost all interest. I am wondering if it will be the same with PET.

-----Original Message-----
From: KRISTI HENDRICKSON [mailto:krgh@u.washington.edu]
Sent: Thursday, November 17, 2005 2:38 PM
To: Pinnacle-Users (E-mail)
Subject: Re: Importing PET into the Pinnacle systems.

Guy,

I import PET scans into Pinnacle and fuse them to CTs. I have not tried importing with ROIs. My physician draws the contours in Pinnacle. I don't use the fused images to influence clinical decisions. It is for research purposes only, thus far.

Are you having problems or have you not tried yet?

Regards,
Kristi

On Thu, 17 Nov 2005, Eason, Guy wrote:

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> Guy Eason
> Radiation Oncology
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Kristi Hendrickson, PhD
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De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Importing PET into the Pinnacle systems.
Fecha:	viernes, 18 de noviembre de 2005 1:27:23
Archivos adjuntos:	

We do quite a bit of Pet Fusion. Rois are drawn within Pinnacle.
By far the best fusion is with PET/CT combination scan (Duh).

Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Eason, Guy
Sent: Thursday, November 17, 2005 11:50 AM
To: Pinnacle-Users (E-mail)
Subject: Importing PET into the Pinnacle systems.

Is anyone doing PET import into the Pinnacle systems for fusion. Also if
you can import the PET scans - can you import with ROI's?

Thanks,

Guy Eason
Radiation Oncology
Phoebe Putney Memorial Hospital
(229) 312-2280

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De:	kflorell@capefearvalley.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Importing PET into the Pinnacle systems.
Fecha:	viernes, 18 de noviembre de 2005 16:21:47
Archivos adjuntos:	

We have been fusing PET to CT for a few months, using Syntegra. We have a Siemens Biograph 1600 PET/CT with flat table to facilitate planning. As I understand it, the PET and CT images imported into Syntegra cannot contain ROI's. In fact, if you start a plan with Syntegra-fused images and go back into Syntegra to do additional contouring, you will get a message that the plan cannot be saved. There are a couple of work-arounds for this, but we find it easiest to import the images, fuse and contour in Syntegra, then save and plan.

Our PET/CT fusions have gone very well, and the Syntegra software is very intuitive, so I would say we are very happy with the process. As to the usefulness of PET, my opinion and that of our doctors is that it is extremely useful. We generally use MR/CT fusion for GBM cases, but have used PET for head & neck IMRT, lung, and abdominal cases, and the doctors have on several occasions exclaimed how PET showed them areas of concern they never would have found using CT alone.

Hope this helps,

Kenn Florell, CMD
Senior Dosimetrist
Cape Fear Valley Health System
Fayetteville, NC

-----Original Message-----
From: Eason, Guy [mailto:geason@ppmh.org]
Sent: Thursday, November 17, 2005 6:17 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Importing PET into the Pinnacle systems.

Haven't tried yet. Will possibly be connecting a PET/CT unit to our hospital and might as well get the most out of the unit as possible. Doc's seem to be interested. I know once I got our MRI unit connected the Doc's used it maybe about 10 times and have lost all interest. I am wondering if it will be the same with PET.

-----Original Message-----
From: KRISTI HENDRICKSON [mailto:krgh@u.washington.edu]
Sent: Thursday, November 17, 2005 2:38 PM
To: Pinnacle-Users (E-mail)
Subject: Re: Importing PET into the Pinnacle systems.

Guy,

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Are you having problems or have you not tried yet?

Regards,
Kristi

On Thu, 17 Nov 2005, Eason, Guy wrote:

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Kristi Hendrickson, PhD
Medical Physicist
Radiation Oncology
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herein do not necessarily state or reflect that of the Cape Fear Valley Health System, its management or its trustees.

De:	Therezo, ET
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Photon Energies with Breast Tangents
Fecha:	viernes, 18 de noviembre de 2005 17:01:30
Archivos adjuntos:	

Are you using Lung heterogeneity correction?

e.t.

-----Original Message-----
From: Scott DUBE [mailto:sdube@queens.org]
Sent: Wednesday, November 16, 2005 4:39 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Photon Energies with Breast Tangents

In the past, we have used a 50/50 combination of 6/23 MV photon beams to treat large breast tangents. That was necessary to maintain a dose uniformity of 95% - 107% per ICRU. TLD measurements showed the skin dose for large breasts using 6/23 MV was approximately the same as the skin dose for small breasts using 6 MV alone. So it seemed reasonable that the dose to superficial tissues would be similar as well.

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So now for the questions. Does anybody out there use 16 MV alone for large breast tangents? Also, what is the depth of concern? Do we need to deliver 95% of the prescribed dose to 2 mm or 5 mm or 10 mm below the skin? And does the growing use of partial breast irradiation challenge the convention of not using high energy beams for breast tangents?

I welcome all replies. Thanks.

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De:	Dienst Radiotherapie/Service de Radiotherapie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle DVH - ROI overlap
Fecha:	viernes, 18 de noviembre de 2005 17:26:26
Archivos adjuntos:	

This should be discussed with your MD's.
We have had this kind of discussion a few times: one of our MD's tends to do the subtraction, others refuse to do this.
Esp. if your are creating PTV's in Lungs, part of the PTV will overlap with (healthy) lung tissue. So probably the damage to this part of healthy lung tissue should be taken into account when evaluating lung DVH.

Basic question is: should you take into account damage to the lung caused by tumour activity when evaluating NTCP (e.g. chance on radiation pneumonitis)? Could be an interesting debate.

Alex

Alex Rijnders, Physicist

Europe Hospitals
Department of Radiotherapy
Uccle (Brussels), Belgium

> -----Message d'origine-----
> **De :** owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au]**De la part de** Charland, Paule
> **Envoyé :** lundi 14 novembre 2005 22:17
> **À :** 'pinnacle-users@explode.unsw.edu.au'
> **Objet :** Pinnacle DVH - ROI overlap
>
> Hello
>
> I am curious to hear how people deal with ROI overlap e.g lung/ tumour when generating DVHs.
>
> Simply avoid creating an overlap of ROIs? Create a ROI to

remove the overlap? Use DVH as is i.e. without subtracting tumour within lung?

Paule

Paule Madeleine Charland, PhD DABR
Medical Physics/Radiation Treatment Program
Grand River Hospital
P.O. Box 9056
835 King Street West
Kitchener, Ontario
N2G 1G3
Canada

paule.charland@grhosp.on.ca
PHONE: 519-749-4300 ext 5758
FAX 519-749-4394

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	OUCH: Photon Energies with Breast Tangents
Fecha:	viernes, 18 de noviembre de 2005 18:59:50
Archivos adjuntos:	

That is a sore subject. I think we should, but our docs want to stick with uncorrected plans because that is the basis of their clinical experience. Plus many protocols specify uncorrected plans.

However, we do apply density correction when doing IMRT in the thorax because that is new ground. So that's a start.

>>> "Therezo, ET" <Elizabeth.Therezo@USONCOLOGY.COM> 11/18/05 05:36AM >>>
Are you using Lung heterogeneity correction?

e.t.

De:	Charland, Paule
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: [SPAM] - OUCH: Photon Energies with Breast Tangents - Found word(s) list error in the Text body
Fecha:	viernes, 18 de noviembre de 2005 20:10:58
Archivos adjuntos:	

Guess what, we have the heterogeneity correction turned on for everything here.

---And NO that wasn't my call!!--

New paperless modern clinic decided to go all out heterogeneity correction ON. There was no parallel planning (homo/hetero). I've checked a bit the dose in lung and our data fit in Pinnacle was not too bad for that. As far as dose prediction with bone in the path of the beam is concerned, I have no idea, wasn't equipped to check that. We know convolution is not made to account for high Z.

In any case all our pelvis/prostate have their lateral beam MUs up by about 7-8% generally (we're just doing 4 field box). Did ask physician if that was a concern and the answer was no. When we have to irradiate through a prosthesis (e.g. hip Tx), then it's homo calc.

I never considered Medicine as a science but still..

Anybody else on this planet with such experience??

Paule

Paule Madeleine Charland, PhD DABR
Medical Physics/Radiation Treatment Program
Grand River Hospital
P.O. Box 9056
835 King Street West
Kitchener, Ontario
N2G 1G3
Canada

paule.charland@grhosp.on.ca
PHONE: 519-749-4300 ext 5758
FAX 519-749-4394

-----Original Message-----
From: Scott DUBE [mailto:sdube@queens.org]
Sent: Friday, November 18, 2005 12:49 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: [SPAM] - OUCH: Photon Energies with Breast Tangents - Found word(s) list error in the Text body

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>>> "Therezo, ET" <Elizabeth.Therezo@USONCOLOGY.COM> 11/18/05 05:36AM >>>
Are you using Lung heterogeneity correction?

e.t.

De:	Therezo, ET
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: OUCH: Photon Energies with Breast Tangents
Fecha:	viernes, 18 de noviembre de 2005 20:14:11
Archivos adjuntos:	

Reason I mention, the 16MV plan will not look as good w hetero since the "thickest" part is where the lung would help increase the dose. We all know it is there, but have to live with years of data that did not include it.

We do not use hetero for breast, either, and as you do, we use heterogeneity for IMRT across the board.
My suggestion is to consider the impact of using higher energy and maybe do a few plans with heterogeneity correction using the MUs from homogeneous. Come up with a compromise of 6 & 16.

Just my opinion.

e.t.

-----Original Message-----
From: Scott DUBE [mailto:sdube@queens.org]
Sent: Friday, November 18, 2005 9:49 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: OUCH: Photon Energies with Breast Tangents

That is a sore subject. I think we should, but our docs want to stick with uncorrected plans because that is the basis of their clinical experience.
Plus many protocols specify uncorrected plans.

However, we do apply density correction when doing IMRT in the thorax because that is new ground. So that's a start.

>>> "Therezo, ET" <Elizabeth.Therezo@USONCOLOGY.COM> 11/18/05 05:36AM >>>
Are you using Lung heterogeneity correction?

e.t.

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send
the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: OUCH: Photon Energies with Breast Tangents
Fecha:	viernes, 18 de noviembre de 2005 21:14:05
Archivos adjuntos:	

We use hetero on everything. We sometimes use mixed 6MV and 15MV/18MV for our large breasts. We keep the 15/18MV usage to 50% or less.

Terry

From: Therezo, ET
Sent: Fri 11/18/2005 2:06 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: OUCH: Photon Energies with Breast Tangents

Reason I mention, the 16MV plan will not look as good w hetero since the "thickest" part is where the lung would help increase the dose. We all know it is there, but have to live with years of data that did not include it.

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Just my opinion.

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##

De:	Perera, Shashi
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Importing PET into the Pinnacle systems.
Fecha:	viernes, 18 de noviembre de 2005 22:39:08
Archivos adjuntos:	

We routinely use GE CT/PET images for planning. When we know ahead of time, we make the immobilization devices and then scan so the patient does not have to have two CTs.We use Syntegra for fusing. Works well.

Shashi
Medical Physicist
Wendt Regional Cancer Center
Dubuque, IA 52001

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Eason, Guy
Sent: Thu 11/17/2005 12:50 PM
To: Pinnacle-Users (E-mail)
Subject: Importing PET into the Pinnacle systems.

Is anyone doing PET import into the Pinnacle systems for fusion. Also if you can import the PET scans - can you import with ROI's?

Thanks,

Guy Eason
Radiation Oncology
Phoebe Putney Memorial Hospital
(229) 312-2280

account will not be distributed unless that account is also subscribed.
##

****

****

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Same Dose, New MU
Fecha:	sábado, 19 de noviembre de 2005 21:27:46
Archivos adjuntos:	

"... New paperless modern clinic decided to go all out heterogeneity correction ON. There was no parallel planning (homo/hetero)..."

> There have been many papers which discuss the effects of inhomogeneity corrections for photon beams. Two really good ones regarding the lung are IJROBP 37(5):1163-1170 and IJROBP 56(5):1308-1318. And then there is AAPM Report No 85.

But after reading all these references, it is still not clear how to make the switch from homo to hetero. Yes, it is informative to run parallel plans and see the differences. But in the end, what are the docs to do?

It seems many non-academic centers have simply continued to prescribe the same doses but use the new MU. Some may change the margins they use and some may prescribe to a lower isodose line. But if they prescribed 46 Gy with a 14 Gy boost before they will prescribe the same after switching to hetero plans.

So maybe you should thank your docs for saving you the time it takes to run all those parallel plans. I'm sure you have many other productive things to do.

De:	hugo.tremblay@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Réf. : Same Dose, New MU (breast discussion)
Fecha:	lunes, 21 de noviembre de 2005 20:11:50
Archivos adjuntos:	pic14364.jpg

Hi there,

We do:

Heterogeneity for breast. Why? Because, for the same number of MUs per beam, the main part of the breast receives almost the same dose (HOMO vs HETERO). However, we can avoid hot spots of about 5-8% at the beam entrance since the lung attenuates less than tissue. Our docs are happy and they can appreciate the results on our patients skin directly. This was a good improvement for all women because, according to our DOCS, the pain level is less...

To avoid these hot spots, we are doing sub-fields.

Hugo

De :
"Scott DUBE" <sdube@queens.org>@explode.unsw.edu.au

Envoyé par :
owner-pinnacle-users@explode.unsw.edu.au

Pour :
pinnacle-users@explode.unsw.edu.au

cc :
(ccc : Hugo Tremblay/CH de la Sagamie/Reg02/SSSS)

Objet :

Same Dose, New
MU

2005-11-19
15:12
Veuillez répondre
à
pinnacle-users

"... New paperless modern clinic decided to go all out heterogeneity correction ON. There was no parallel planning (homo/hetero)..."

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to majordomo@explode.unsw.edu.au.

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##
(Embedded image moved to file: pic14364.jpg)

De:	Eugene Lief
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	pshenderov@maimonidesmed.org; sbrownie@maimonidesmed.org;
Asunto:	Film dosimetry programs for GAFchromic film
Fecha:	miércoles, 23 de noviembre de 2005 1:10:43
Archivos adjuntos:	

Dear Experts:

We are preparing to buy a film dosimetry software package for radiochromic film. We consider RIT, IBA-Scanditronix-Wellhofer (I think, they have two different modules), and FilmQA from 3cognition.com.

What other commercial programs are on the market? If somebody sends his/her opinion on the product, I can post summary here.

Thanks in advance.

Gene
Eugene Lief o. 718-765-2734, c. 347-668-2420. Maimonides Cancer Center. Brooklyn, NY

De:	KRISTI HENDRICKSON
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	creating spinal "compensators" in Pinnacle
Fecha:	miércoles, 23 de noviembre de 2005 1:22:50
Archivos adjuntos:	

Hello Pinnacel users,

We are interested in treating the spine (as in cranio-spinal treatments) using multi-segmented, step and shoot fields. Is there anyone who has tried this and is willing to share their techniques? We are experimenting with forward planning but do not find it efficient.

We have version 7.6c.

Thanks,
Kristi

_____

Kristi Hendrickson, PhD
Medical Physicist
Radiation Oncology
University of Washington Medical Center
(206) 598-6259
krgh@u.washington.edu

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: creating spinal "compensators" in Pinnacle
Fecha:	miércoles, 23 de noviembre de 2005 1:51:00
Archivos adjuntos:	

We do two things with CSI that are cool:

1. As you mention, we use forward planned control point fields to get the isodose lines to follow the spinal canal. Yes, it is tedious to move the leaf tip junctions out of the field but it is not so bad.

2. Rather than move the field junctions twice during the course, we move the junctions twice each fraction.

In other words, we give 1/3 of the dose with the jaw at Y1, then another 1/3 with the jaw at Y1+1, then the final 1/3 with the jaw at Y1+2. That means the matching field will give 1/3 at Y2, another 1/3 at Y2-1, and the final 1/3 at Y2-2.

It is easier than it sounds and the treatments go fast with autofield sequencing.

>>> "KRISTI HENDRICKSON" <krgh@u.washington.edu> 11/22/05 02:10PM >>>
Hello Pinnacel users,

We are interested in treating the spine (as in cranio-spinal treatments) using multi-segmented, step and shoot fields. Is there anyone who has tried this and is willing to share their techniques? We are experimenting with forward planning but do not find it efficient.

We have version 7.6c.

Thanks,
Kristi

Kristi Hendrickson, PhD
Medical Physicist
Radiation Oncology
University of Washington Medical Center
(206) 598-6259
krgh@u.washington.edu

##
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##

De:	Vossler, Matthew
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle questions
Fecha:	miércoles, 23 de noviembre de 2005 14:20:40
Archivos adjuntos:	

Hello,

I just received my new Pinnacle system, and I am hoping that someone on the list can help me with a few issues I am having...

1. I am having trouble copying my measured data on to the system so that it can be imported. My manual gives instructions for importing from a floppy disk, but my system does not have a floppy drive! I have my data on a USB key and would like to import it from there, but can't figure out how to mount it. I am woefully ignorant of unix/linux, which doesn't help. Anyone have any suggestions? I called Pinnacle support two days ago but have not received a call back.

2. Any suggestions on where to locate wedge profile data? I specifically need data for the "lower" wedges on the Varian Clinac 2100 (i.e., the wedges that slide into the tray holder as opposed to directly into a slot on the head). My initial attempt with Varian was not promising.

Thanks for any help you can give!

Matthew K. Vossler, M.S.
Medical Physicist/ Dept. Coordinator
Cleveland Clinic Wooster
Dept. of Radiation Oncology

De:	Chris Hawkins
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle questions
Fecha:	miércoles, 23 de noviembre de 2005 14:45:46
Archivos adjuntos:	

1
Try installing an FTP program on a PC and sending the files into Pinnacle that way. You will need a Pinnacle network connection. There are several public domain FTP programs available.

2
When commissioning a Pinnacle I didn't have the wedge profiles as soon as I needed them. When I received the manufacturer's measurements it turned out I was pretty darn close.

^^^^^^^^^^^^^^^^^^^^^^^^^^

Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

>>> VOSSLEM@ccf.org 11/23/2005 7:54:43 AM >>>

Hello,

I just received my new Pinnacle system, and I am hoping that someone on the list can help me with a few issues I am having...

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Thanks for any help you can give!

Matthew K. Vossler, M.S.
Medical Physicist/ Dept. Coordinator
Cleveland Clinic Wooster
Dept. of Radiation Oncology

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle questions
Fecha:	miércoles, 23 de noviembre de 2005 15:00:37
Archivos adjuntos:	

Matthew,

I use a free FTP program called FTP Commander (www.internet-soft.com) to transfer all data between my computer and the Pinnacle system. This works for all sorts of things like captured images, imrt mlc files (I don't have an R&V link), and machine data. It was very easy to set up and you don't need to do anything on the Unix side. All you really need is the ip address and port number. As for the wedge data, push Varian for the data. They have it. I used to have and if I come across it I'll shoot it over to you.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle questions
Fecha:	miércoles, 23 de noviembre de 2005 15:07:24
Archivos adjuntos:	

It is also not too difficult to measure the wedge profile by hand. I did this the very first time.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Crooks, Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE Pinnacle Questions
Fecha:	miércoles, 23 de noviembre de 2005 15:10:04
Archivos adjuntos:	

Hi Matthew,

1. We burned our beam data (Wellhofer) onto a CD and transfered it that way.

2. Use a ruler to measure the physical dimensions of the wedge and then tweak if necessary during modeling.

Ian Crooks
Danbury Hospital
Danbury, CT

De:	forest.gary@marshfieldclinic.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle questions
Fecha:	miércoles, 23 de noviembre de 2005 15:55:11
Archivos adjuntos:	

Or use one of the ftp programs already on your windows machines, there is the old command line version, but if you say you are not too unix savvy that is probably not the way to go.

Alternatively just use internet explorer and replace the 'http://..." in the address bar with 'ftp://pinnaclemachineipaddress', by default it will try to log you in as anonymous, click in the 'File' menu and select 'Login as...' and use the p3rtp login, you will see the p3rtp home directory in the internet explorer window. With this you can then graphically drag and drop, or copy and paste folders/files from other windows explorer windows and the like.

Best of luck.

Gary Forest
Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

------Original Message------
From: "Vossler, Matthew" <VOSSLEM@ccf.org>
Date: Wed Nov 23, 2005 -- 07:34:18 AM
To: <pinnacle-users@explode.unsw.edu.au>
Subject: Pinnacle questions

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Matthew K. Vossler, M.S.
Medical Physicist/ Dept. Coordinator
Cleveland Clinic Wooster
Dept. of Radiation Oncology

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle question
Fecha:	miércoles, 23 de noviembre de 2005 16:59:16
Archivos adjuntos:	

Hello,

A while back there was discussion about IMRT optimization. I have tried converting/ computing a couple of beams after running optimization and then turning their optimization off, and re-optimizing the remaining beams. However, on the second optimization, the beams that were converted and switched to "None" get their total beam weighting reduced to almost nil and it is only trying to use the beams that are being re-optimized. Am I supposed to reset the odm after converting/computing the first two beams? We are using version 6.2b.

Help,

Bryan

Bryan Murray, BSRT (T), CMD
Medical Dosimetrist
UT Southwestern Medical Center at Dallas
Department of Radiation Oncology
5801 Forest Park Road
Dallas, TX 75390-9183
(214)645-8544 Telefax (214)645-7617

De:	Krieger_T@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	CT-to-Density-table for creating DRR"s
Fecha:	miércoles, 23 de noviembre de 2005 16:59:23
Archivos adjuntos:	

Hello Pinnacle users,

What CT-to-Density-table is the best choice for creating DRR's in Lung targets? Is anyone willing to share his tables with me?

Thanks,
Thomas

****

Thomas Krieger
Klinik für Strahlentherapie, Universitaet Wuerzburg
Josef-Schneider-Strasse 11, D-97080 Wuerzburg, Germany
Tel: +49 931 201 28412 Fax: +49 931 201 28221
Email: Krieger_T@klinik.uni-wuerzburg.de
WWW: http://www.strahlentherapie.uni-wuerzburg.de

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: CT-to-Density-table for creating DRR"s
Fecha:	miércoles, 23 de noviembre de 2005 17:31:15
Archivos adjuntos:	

I use the bone DRR for almost all of my DRR's. I think the table is already in ADAC.

Terry

From: Krieger_T@klinik.uni-wuerzburg.de
Sent: Wed 11/23/2005 10:42 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: CT-to-Density-table for creating DRR's

Hello Pinnacle users,

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Thomas

****
Thomas Krieger
Klinik für Strahlentherapie, Universitaet Wuerzburg
Josef-Schneider-Strasse 11, D-97080 Wuerzburg, Germany
Tel: +49 931 201 28412 Fax: +49 931 201 28221
Email: Krieger_T@klinik.uni-wuerzburg.de
WWW: http://www.strahlentherapie.uni-wuerzburg.de

De:	Ralph Nicholls
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle questions (Varian linac data)
Fecha:	jueves, 24 de noviembre de 2005 2:09:53
Archivos adjuntos:	

Matthew,
I used to get Varian linac modelling data from Tony Sorensen at Palo Alto. But Tony is no longer with Varian.

This time my recent inquiry was answered by Varti Vartanian and he sent email attachments with engineering drawings of the head assembly, upper and lower wedges and MLC, and also the wedge densities. As well as wedge profiles and widths this gives all the measurements from the source and the thicknesses of collimator jaws, various trays and so on. All the good stuff we need.

You should to tell him your Clinac and MLC model and serial numbers.
His address is varti.vartanian@varian.com.

Cheers.
Ralph.

Subject: Pinnacle questions
Date sent: Wed, 23 Nov 2005 07:54:43 -0500
From: "Vossler, Matthew" <VOSSLEM@ccf.org>
To: pinnacle-users@explode.unsw.edu.au
Send reply to: pinnacle-users@explode.unsw.edu.au

> Hello,
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> I just received my new Pinnacle system, and I am hoping that someone
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> unix/linux, which doesn't help. Anyone have any suggestions? I
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> back.
>
> 2. Any suggestions on where to locate wedge profile data? I
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> Thanks for any help you can give!
>
> Matthew K. Vossler, M.S.
> Medical Physicist/ Dept. Coordinator
> Cleveland Clinic Wooster
> Dept. of Radiation Oncology
>
>
>

Ralph Nicholls
Principal Physicist
Dept of Medical Physics
Royal Adelaide Hospital
ADELAIDE SA 5000 AUSTRALIA
Tel: +61 8 8222 5540
Fax: +61 8 8222 5937
E-mail: rnicholl@mail.rah.sa.gov.au

De:	sabina thiessen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle question
Fecha:	jueves, 24 de noviembre de 2005 4:50:05
Archivos adjuntos:	

Hi-

When optimizing and converting a few beams at a time, I usually do reset the ODM for the remaining unconverted beams. I have noticed that the weighting decreases for the converted beams. This is usually rectified by doing a beam weight optimization after you have converted all your beams. Hope this helps.

Sabina Thiessen, CMD

Redwood Regional Medical Center
Santa Rosa, CA

De: Greg Gibbs

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: CT-to-Density-table for creating DRR"s

Fecha: jueves, 24 de noviembre de 2005 18:45:46

Archivos adjuntos:

Terry
Would you please send the values for the bone DRR table?
It's not in my ADAC?
Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Spicer, Terry
Sent: Wednesday, November 23, 2005 9:23 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: CT-to-Density-table for creating DRR's

I use the bone DRR for almost all of my DRR's. I think the table is already in ADAC.

Terry

From: Krieger_T@klinik.uni-wuerzburg.de
Sent: Wed 11/23/2005 10:42 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: CT-to-Density-table for creating DRR's

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Josef-Schneider-Strasse 11, D-97080 Wuerzburg, Germany
Tel: +49 931 201 28412 Fax: +49 931 201 28221
Email: Krieger_T@klinik.uni-wuerzburg.de
WWW: http://www.strahlentherapie.uni-wuerzburg.de

De:	graham.freestone@ksa.ch
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	CT-to-Density-table for creating DRR"s
Fecha:	lunes, 28 de noviembre de 2005 7:26:32
Archivos adjuntos:	

Hi Greg (and listers),

Here's my DRR tables.....which I think were provided by the local Philips apps trainer at my last workplace in Adelaide

(default & 'spine')
0,0
1000,0.5
1100, 0.6
1300, 0.8
2000, 2.0

Prostate & 'dense' bone
0,0
294,0.292
899, 0.729
1000, 1
1056, 1.04
1198, 1.135
1872, 1.863
2000, 2.0

Breast1 (good for accentuating the breast external contour in a DRR)
0,0
150,0
200,1.3
250,0
850,0
900,1.3
950,0
1049,0
1200,2
2500,2

breast2 (also for 'less dense bone')

0,0
294,0.292
911, 0.920
1000, 1
1064, 1.04
1100, 1.04
1300, 1.85
2000, 2

Freundliche Grüsse

Graham Freestone

Medizinal Phyziker Senior,
Institut für Radio-Onkologie,
Kantonsspital Aarau AG,
CH5001 Aarau,
Switzerland

Tel: +41 62 838 9569
Fax: +41 62 838 5223
Email: graham.freestone@ksa.ch

De:	Chuan Wu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Lexmark printer issues
Fecha:	lunes, 28 de noviembre de 2005 22:47:11
Archivos adjuntos:	

Dear all,
we are commissioning Pinnacle 7.6c system at our institution. We found out that our exiting Lexmark C910 color printer can not print the tabloid format paper (11x17) from Pinnacle (regular letter sized paper printing no problem). Philips tech support told us the Laxmark C910 is not supported by Pinnacle and they tried some tricks and apprarently not working. We would like to know if any one here happen to have met the same problem before and would like to share the ideas? thank you all,

Sincerely,

C. Wu

Chuan Wu, Ph.D
University of California - Davis
Dept. of Radiation Oncology
4501 X Steet, G-126
Sacramento, CA 95817
(Office) 916-734-5428
http://www.pbase.com/chuanwu

##

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Lexmark printer issues
Fecha:	martes, 29 de noviembre de 2005 1:09:15
Archivos adjuntos:	

Chuan

Following is an email I have sent a few times before regarding setting up Lexmark C910, C912 etc
I checked the site ftp.lexmark.com
The package is still under driver/unix/Drivers and can be accessed via browser. (User guide under Docs)
V4.8.2 is the version I have used and is straight forward.

Regards

Nick

I checked with lexmark support and all drivers etc are available on the ftp site: ftp.lexmark.com (use anonymous login).

go to dir driver/unix/Drivers

The latest version is under V5.1.2 which I haven't used.

The version I have used is under V4.8.2 and includes the documentation in pdf

Regards

Nick

Joe

I had a look at the Lexmark site (www.lexmark.com) and found that they it had been updated.
The link to the downloads for the C910 is:

http://downloads.lexmark.com/cgi-perl/downloads.cgi?ccs=229:1:0:331:0:0&os_group=Solaris&target=#publications

The package I am familiar with is:
drivers-solaris2-sparc.pkg.Z

However there is now a new package:
print-drivers-solaris2-sparc.pkg.Z

The documentation for this is at:
http://www.lexmark.com/publications/pdfs/print_drivers/en/ug.pdf

It recommends you use the pkgadd utility to install the package. Which would get installed in /opt/lexmark.

I haven't tested this new version, so can't say what the advantages/disadvantages are.
The version I have used of the **drivers-solaris2-sparc.pkg.Z** worked well, but dosen't have support for the C912 the model that supercedes the C910, the one that we, as Pinnacle users, would be interested in.

If I get a chance to test it, I will let you know how it works.

Regards

Nick

At 09:06 PM 27/07/2004 -0700, you wrote:

> With Lexmark printers there is an equivalent utility
> - lexprt. I don't
> think this is on the system as standard, but can be
> downloaded from
> lexmark. This will allow you to define separate
> queues for the A4 tray, A3
> tray, transparency etc so you can select the output
> without having to
> change settings on the printer manually.
>

Nick, where (which directory) do we put this
downloaded file in Pinnacle?
Thanks.

Joe

At 01:08 PM 28/11/2005 -0800, you wrote:

Dear all,
we are commissioning Pinnacle 7.6c system at our institution. We found out that our exiting Lexmark C910 color printer can not print the tabloid format paper (11x17) from Pinnacle (regular letter sized paper printing no problem). Philips tech support told us the Laxmark C910 is not supported by Pinnacle and they tried some tricks and apprarently not working. We would like to know if any one here happen to have met the same problem before and would like to share the ideas? thank you all,

Sincerely,

C. Wu

Chuan Wu, Ph.D
University of California - Davis
Dept. of Radiation Oncology
4501 X Steet, G-126
Sacramento, CA 95817

(Office) 916-734-5428
http://www.pbase.com/chuanwu

De:	Edgar Estoesta
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: CT-to-Density-table for creating DRR"s
Fecha:	martes, 29 de noviembre de 2005 2:23:50
Archivos adjuntos:	

Hi Graham,

I reckon the value of density for "default & spine" for a CT# of 1300 should be 1.8 (not 0.8).

My best regards,

Edgar

Edgar B. Estoesta, M.Sc.
Senior Medical Physicist
Nepean Cancer Care Centre
P.O. Box 63 Penrith NSW
Australia 2751
Ph 61 2 47341401
Fax 61 2 47343570

>>> graham.freestone@ksa.ch 11/28/05 05:08pm >>>
Hi Greg (and listers),

Here's my DRR tables.....which I think were provided by the local Philips apps trainer at my last workplace in Adelaide

(default & 'spine')
0,0
1000,0.5
1100, 0.6
1300, 0.8
2000, 2.0

Prostate & 'dense' bone
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Breast1 (good for accentuating the breast external contour in a DRR)
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950,0
1049,0
1200,2
2500,2

breast2 (also for 'less dense bone')

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294,0.292
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1000, 1
1064, 1.04
1100, 1.04
1300, 1.85
2000, 2

Freundliche Grüsse

Graham Freestone

Medizinal Phyziker Senior,
Institut für Radio-Onkologie,
Kantonsspital Aarau AG,
CH5001 Aarau,
Switzerland

Tel: +41 62 838 9569
Fax: +41 62 838 5223
Email: graham.freestone@ksa.ch

the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

##
Attention:
This message is intended for the addresses named and may contain
confidential information. If you are not the intended recipient, please
delete it and notify the sender. Views expressed in this message are
those of the individual sender, and are not necessarily the views of
Sydney West Area Health Service.

This e-mail has been scanned for viruses
##

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send
the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	graham.freestone@ksa.ch
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	CT-to-Density-table for creating DRR"s
Fecha:	martes, 29 de noviembre de 2005 9:10:08
Archivos adjuntos:	

---

well spotted, you have passed the err...test.

Freundliche Grüsse

Graham Freestone

Medizin Phyziker Senior,
Institut für Radio-Onkologie,
Kantonsspital Aarau AG,
CH5001 Aarau,
Switzerland

Tel: +41 62 838 9569
Fax: +41 62 838 5223
Email: graham.freestone@ksa.ch

De:	Chuan Wu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Lexmark printer issues
Fecha:	martes, 29 de noviembre de 2005 17:54:25
Archivos adjuntos:	

Hi Nick,
thank you very much for your info - I will try it out. have a good day at work,

chuan

Chuan Wu, Ph.D
University of California - Davis
Dept. of Radiation Oncology
4501 X Steet, G-126
Sacramento, CA 95817
(Office) 916-734-5428
http://www.pbase.com/chuanwu

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Lexmark printer issues
Fecha:	martes, 29 de noviembre de 2005 22:16:01
Archivos adjuntos:	

Chuan

I had need to use the lexmark utility again and noticed that in the pdf it doesn't refer to the utility lexprt.
This utility is still available when the v4.8.2 package is loaded see

/opt/Lexmark/markvision/bin/lexprt

It supports the C912.

Regards

Nick

At 08:38 AM 29/11/2005 -0800, you wrote:

> Hi Nick,
> thank you very much for your info - I will try it out. have a good day at work,
>
> chuan

Chuan Wu, Ph.D
University of California - Davis
Dept. of Radiation Oncology
4501 X Steet, G-126
Sacramento, CA 95817
(Office) 916-734-5428
http://www.pbase.com/chuanwu

De:	Chuan Wu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Lexmark printer issues
Fecha:	martes, 29 de noviembre de 2005 22:55:51
Archivos adjuntos:	

Nick,
thank you for the info - I have downloaded the 4.8.2 version and I will try to install it this afternoon. thank you,

chuan

_____
Chuan Wu, Ph.D
University of California - Davis
Dept. of Radiation Oncology
4501 X Steet, G-126
Sacramento, CA 95817
(Office) 916-734-5428
http://www.pbase.com/chuanwu

De: Spicer, Terry
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: CT-to-Density-table for creating DRR"s
Fecha: miércoles, 30 de noviembre de 2005 15:00:03
Archivos adjuntos:

Sorry about the slow reply. I have been out of town.

DRR Bone

0	.000
1000	.500
1100	.600
1300	1.800
2000	2.000

Terry

From: Greg Gibbs
Sent: Thu 11/24/2005 12:22 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: CT-to-Density-table for creating DRR's

Terry
Would you please send the values for the bone DRR table?
It's not in my ADAC?
Greg Gibbs
Colorado Associates in Medical Physics

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Spicer, Terry
> **Sent:** Wednesday, November 23, 2005 9:23 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: CT-to-Density-table for creating DRR's
>
> I use the bone DRR for almost all of my DRR's. I think the table is already in ADAC.
>
> Terry
>
> ---
>
> **From:** Krieger_T@klinik.uni-wuerzburg.de
> **Sent:** Wed 11/23/2005 10:42 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** CT-to-Density-table for creating DRR's
>
> Hello Pinnacle users,
>
> What CT-to-Density-table is the best choice for creating DRR's in Lung targets? Is anyone willing to share his tables with me?
>
> Thanks,
> Thomas
>
> **********
> Thomas Krieger
> Klinik für Strahlentherapie, Universitaet Wuerzburg
> Josef-Schneider-Strasse 11, D-97080 Wuerzburg, Germany
> Tel: +49 931 201 28412 Fax: +49 931 201 28221
> Email: Krieger_T@klinik.uni-wuerzburg.de

WWW: http://www.strahlentherapie.uni-wuerzburg.de

Email Confidentiality Notice: The information contained in this transmission is confidential, proprietary or privileged and may be subject to protection under the law, including the Health Insurance Portability and Accountability Act (HIPAA). The message is intended for the sole use of the individual or entity to whom it is addressed. If you are not the intended recipient, you are notified that any use, distribution or copying of the message is strictly prohibited and may subject you to criminal or civil penalties. If you received this transmission in error, please contact the sender immediately by replying to this email and delete the material from any computer.

De:	Kent Krugh
A:	Pinnacle users list;
Cc:	
Asunto:	web collaboration
Fecha:	miércoles, 30 de noviembre de 2005 20:05:14
Archivos adjuntos:	

Anyone currently using or planning to use the "web collaboration"
product ADAC is offering?

Kent Krugh, M.S.
Medical Radiation Physicist
Intercommunity Cancer Center
2452 Kipling Avenue
Cincinnati, OH 45014
phone: 513-681-7800
fax: 513-853-3045

De:	ADEL
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Photon single pencil beam
Fecha:	jueves, 01 de diciembre de 2005 17:39:16
Archivos adjuntos:	

Dear all,

We are in Bahrain planning to replace our Cadplan RTP to either Pinnacle 7.? or the Varian Eclipse, so we are studying both systems. (the R&V) system is Varis Vision).

I want to know from your experiences is it fine the connectivity from Pinnacle to varis vision, I mean smooth with no problems, do you have problem working with two different venders, specially varian as a close system.

if there is DICOM-RT in the varis vision, how will this affect on the connectivity, displaying DRR? are you able to superimpose DRR on portal vision image as well as the simulation image?

Is single photon pencil beam algorithm that is used currently by Eclipes is considered as a 2D calculation algorithms in comparison to Collapse Cone Convolution Superposition algorithm in Pinnacle?

If you are moving your system from cadplan to Eclipse (Varian), it is mentioned in their catalog that no additional data are reuired to measure from the beam even if you are installing the AAA algorithm, they use the term (it is a precofigured algorithm), I need your openion on this statment.

Thanks,

Adel Mohammed
Chief Medical Physicist
Salmaniya Medical Complex
Bahrain
Tel: +973 39933151
Fax: +973 17 289219

De:	Pam Lee
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Problem in restoring data from a tape
Fecha:	jueves, 01 de diciembre de 2005 23:34:22
Archivos adjuntos:	

Hi All,

We have experienced a problem in restoring a file from a tape by using "tar -xvf /dev/rmt/01b $1" command. This file was created by archiving patients from Pinnacle to the /home/p3rtp directory, then it was copied to the tape by using "tar -cvf /dev/rmt/01b $1". Since then, we have a new SunFire server, and the size of the /home directory has become smaller than it was before when we had the server as Sunblade. As a result of the size reduction, the file could not be restored to the /home/p3rtp because it's size is larger than the size of /home/p3rtp. The whole file path name was hard coded in the tar file on the tape. However, there are plenty of space in /PrimaryPatientData directory. I would really appreciate if you have a solution for this.

Thanks!

Pam Lee
Software Systems Supervisor
Department of Radiation Oncology
UT Southwestern Medical Center
Dallas, Texas

214-645-7608
pam.lee@utsouthwestern.edu

De:	Wamala, Muhamudu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Problem in restoring data from a tape
Fecha:	jueves, 01 de diciembre de 2005 23:51:59
Archivos adjuntos:	

What is the path of the file you're attempting to extract?

-----Original Message-----
From: Pam Lee [mailto:Pam.Lee@UTSouthwestern.edu]
Sent: Thursday, December 01, 2005 5:03 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Problem in restoring data from a tape

Hi All,

We have experienced a problem in restoring a file from a tape by using "tar -xvf /dev/rmt/01b $1" command. This file was created by archiving patients from Pinnacle to the /home/p3rtp directory, then it was copied to the tape by using "tar -cvf /dev/rmt/01b $1". Since then, we have a new SunFire server, and the size of the /home directory has become smaller than it was before when we had the server as Sunblade. As a result of the size reduction, the file could not be restored to the /home/p3rtp because it's size is larger than the size of /home/p3rtp. The whole file path name was hard coded in the tar file on the tape. However, there are plenty of space in /PrimaryPatientData directory. I would really appreciate if you have a solution for this.

Thanks!

Pam Lee
Software Systems Supervisor
Department of Radiation Oncology
UT Southwestern Medical Center
Dallas, Texas

214-645-7608
pam.lee@utsouthwestern.edu

information should be considered strictly confidential. If you have received this email in error, please notify the sender immediately via a return email for further direction. Thank you for your assistance.

De:	MIKE ZHENG
A:	pinnacle-users@explode.unsw.edu.au; Pam.Lee@UTSouthwestern.edu;
Cc:	
Asunto:	Re: Problem in restoring data from a tape
Fecha:	viernes, 02 de diciembre de 2005 0:17:24
Archivos adjuntos:	

Since there is enough space in the /PrimaryPatientData partition and the path is hard coded when the tar was initially done (relative path should be used to avoid this problem), it can be done after hours by renaming the /home/p3rtp first (from server), then create a symlink (/home/p3rtp) pointing to a directory newly created in /PrimaryPatientData, such as /PrimaryPatientData/restore (make sure the permission is correct). After the tar xvf is finished, delete the symlink: /home/p3rtp and rename the original /home/p3rtp back. All the restored patient data should be under /PrimaryPatientData/restore/

Good luck,

Mike Zheng

Department of Radiation Oncology
University of Maryland
410-328-7515
mzheng@umm.edu

>>> Pam.Lee@UTSouthwestern.edu 12/01/05 5:03 PM >>>
Hi All,

We have experienced a problem in restoring a file from a tape by using "tar -xvf /dev/rmt/01b $1" command. This file was created by archiving patients from Pinnacle to the /home/p3rtp directory, then it was copied to the tape by using "tar -cvf /dev/rmt/01b $1". Since then, we have a new SunFire server, and the size of the /home directory has become smaller than it was before when we had the server as Sunblade. As a result of the size reduction, the file could not be restored to the /home/p3rtp because it's size is larger than the size of /home/p3rtp. The whole file path name was hard coded in the tar file on the tape. However, there are plenty of space in /PrimaryPatientData directory. I would really appreciate if you have a solution for this.

Thanks!

Pam Lee
Software Systems Supervisor
Department of Radiation Oncology
UT Southwestern Medical Center
Dallas, Texas

214-645-7608
pam.lee@utsouthwestern.edu

De:	David Biggs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Deleted CT Dataset
Fecha:	viernes, 02 de diciembre de 2005 0:34:43
Archivos adjuntos:	

Dear All

Does anyone know if it is possible to retrieve an imported CT Dataset that has been deleted using the 'Delete DICOM Images' tool?

Also, has anyone had any experience of such files disappearing from the list of CT scans on their own?! If so are the files really deleted or are they still there and it's just a display thing.

Hopefully

David

David S Biggs

Chief Medical Physicist

East Coast Medical Physics

Sydney Radiotherapy & Oncology Centre

Sydney Adventist Hospital

0425 293486

dsbiggs@smartchat.net.au

De:	MIKE ZHENG
A:	pinnacle-users@explode.unsw.edu.au; dsbiggs@smartchat.net.au;
Cc:	
Asunto:	Re: Deleted CT Dataset
Fecha:	viernes, 02 de diciembre de 2005 0:57:55
Archivos adjuntos:	

If the CT images have been imported to the plan and the original ct set (dicom format) has been deleted by the "Delete DICOM Images's tool", you can export the CT set from the plan (dicom export). However, some dicom tags will be changed and may need to be manually modified by some imaging tools. If they were deleted before being imported into the plan, then they were gone.
As for the disappearing dicom images, did you check the actual directory (/files/network/DICOM)? In our department, we have a cron job running to delete old dicom images every so often; otherwise this directory will be filled quickly. You might want to check if there is a similary "clean up" script running.

Regards,

Mike Zheng

Department of Radiation Oncology
University of Maryland
410-328-7515
mzheng@umm.edu

>>> dsbiggs@smartchat.net.au 12/01/05 6:26 PM >>>
Dear All

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David

David S Biggs
Chief Medical Physicist
East Coast Medical Physics

Sydney Radiotherapy & Oncology Centre
Sydney Adventist Hospital
0425 293486
dsbiggs@smartchat.net.au

De:	David Biggs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Deleted CT Dataset
Fecha:	viernes, 02 de diciembre de 2005 1:18:03
Archivos adjuntos:	

Thanks Mike

That's I'll look into the Dicom Export idea - I might be saved yet!

With regard to Cron jobs, how do I find out about those?

Regards

David

David S Biggs
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
Sydney Adventist Hospital
0425 293486
dsbiggs@smartchat.net.au
-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of MIKE ZHENG
Sent: Friday, 2 December 2005 10:42 AM
To: pinnacle-users@explode.unsw.edu.au; dsbiggs@smartchat.net.au
Subject: Re: Deleted CT Dataset

If the CT images have been imported to the plan and the original ct set
(dicom format) has been deleted by the "Delete DICOM Images's tool", you can
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If they were deleted before being imported into the plan, then they were
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filled quickly. You might want to check if there is a similary "clean up"
script running.
Regards,

Mike Zheng

Department of Radiation Oncology
University of Maryland
410-328-7515
mzheng@umm.edu

>>> dsbiggs@smartchat.net.au 12/01/05 6:26 PM >>>
Dear All

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Hopefully
David

David S Biggs
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
Sydney Adventist Hospital
0425 293486
dsbiggs@smartchat.net.au

To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Deleted CT Dataset
Fecha:	viernes, 02 de diciembre de 2005 1:20:32
Archivos adjuntos:	

David

If the CT is already assigned into another patient, you can import it again using Pinnacle format, you need to navigate into the patient dir and pick up the image set, however it won't have all the info of the original. Its ok for another Pinnacle patient but possibly not for use in another system.

Regards

Nick

At 10:53 AM 2/12/2005 +1100, you wrote:
>Thanks Mike
>
>That's I'll look into the Dicom Export idea - I might be saved yet!
>
>With regard to Cron jobs, how do I find out about those?
>
>Regards
>
>David
>
>David S Biggs
>Chief Medical Physicist
>East Coast Medical Physics
>Sydney Radiotherapy & Oncology Centre
>Sydney Adventist Hospital
>0425 293486
>dsbiggs@smartchat.net.au
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of MIKE ZHENG
>Sent: Friday, 2 December 2005 10:42 AM
>To: pinnacle-users@explode.unsw.edu.au; dsbiggs@smartchat.net.au
>Subject: Re: Deleted CT Dataset
>

>If the CT images have been imported to the plan and the original ct set
>(dicom format) has been deleted by the "Delete DICOM Images's tool", you can
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>filled quickly. You might want to check if there is a similary "clean up"
>script running.
>Regards,
>
>Mike Zheng
>
>Department of Radiation Oncology
>University of Maryland
>410-328-7515
>mzheng@umm.edu
>
> >>> dsbiggs@smartchat.net.au 12/01/05 6:26 PM >>>
>Dear All
>
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>has been deleted using the 'Delete DICOM Images' tool?
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>Hopefully
>David
>
>David S Biggs
>Chief Medical Physicist
>East Coast Medical Physics
>Sydney Radiotherapy & Oncology Centre
>Sydney Adventist Hospital
>0425 293486
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>list, send the message
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De:	MIKE ZHENG
A:	pinnacle-users@explode.unsw.edu.au; dsbiggs@smartchat.net.au;
Cc:	
Asunto:	RE: Deleted CT Dataset
Fecha:	viernes, 02 de diciembre de 2005 1:35:06
Archivos adjuntos:	

David,

To check root's cron job: login as root and issue a command: crontab -l <CR>

For the output format, please see the man page: man crontab

Regards,

Mike

>>> dsbiggs@smartchat.net.au 12/01/05 6:53 PM >>>
Thanks Mike

That's I'll look into the Dicom Export idea - I might be saved yet!

With regard to Cron jobs, how do I find out about those?

Regards

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De:	Lars Ewell
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Deleted CT Dataset
Fecha:	viernes, 02 de diciembre de 2005 1:44:12
Archivos adjuntos:	

David,

I don't know that I can speak exactly to your question, but I can relay an experience that may be related.

If you open up an xterm (click on the terminal in the desktop strip on the bottom of the Solaris workstation), you can execute the command 'ls -l /autoDataSet'. I just did this on our Sunfire workstation running Pinnacle 7.6, and the response I got was 'total 0'.

In case you are unfamiliar with unix, the 'ls' command should list all of the contents of the 'autoDataSet' directory. Returning 'total 0' indicates that the directory appears to be empty.

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So, if this behavior is reproduced on your computer, the images may in fact be there.

I have not experienced this on other unix or linux boxes, so I don't know if this is somehow a quirk of our machine or operating system.

Keep in mind though that everything I refer to above is done strictly on a unix level. There is no Pinnacle involved so it may be that this does not help you.

However, I hope that it may.

regards,

Lars Ewell

Lars Ewell
Assistant Professor
Department of Radiation Oncology
University of Arizona School of Medicine
PO Box 245081
Tucson, AZ 85724-5081

Phone: (520)626-5769
Fax: (520)626-9328
email: lewell@email.arizona.edu
www: http://www.u.arizona.edu/~lewell/

----- Original Message -----
From: "David Biggs" <dsbiggs@smartchat.net.au>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Thursday, December 01, 2005 4:26 PM
Subject: Deleted CT Dataset

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De:	David Biggs
A:	pinnacle-users@explode.unsw.edu.au; "Nick Bennie";
Cc:	
Asunto:	RE: Deleted CT Dataset
Fecha:	viernes, 02 de diciembre de 2005 2:25:37
Archivos adjuntos:	

Thanks Nick

You're a star - works a treat. You've just saved me a mountain of work.
Thank you

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From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Nick Bennie
Sent: Friday, 2 December 2005 10:56 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Deleted CT Dataset

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At 10:53 AM 2/12/2005 +1100, you wrote:
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De:	Rose, Stuart
A:	"pinnacle-users@explode.unsw.edu.au"; "Nick Bennie";
Cc:	
Asunto:	RE: Deleted CT Dataset
Fecha:	viernes, 02 de diciembre de 2005 4:12:59
Archivos adjuntos:	

If you are running Pinnacle 7.6 (may work for 7.4), there is a copy of the original DICOM imageset in the patient directory. Determine the Institution, Patient and Imageset numbers:

/pinnacle_patient_expansion/NewPatients/Institution_##/Mount_0/Patient_####/ImageSet_#.DICOM

Copy all files back to the DICOM import directory (normally /autoDataSets/DICOM).

Take Care,
Stuart

Stuart Rose
Manager, Physics Computer Services
Princess Margaret Hospital
Radiation Medicine Program
610 University Avenue
Toronto, Ontario. CANADA M5G 2M9
Tel: 416-946-4501 x5068, Fax: 416-946-6566
rose@rmp.uhn.on.ca

"Give me a place to stand, and a lever long enough, and I will move the world" Archimedes

-----Original Message-----
From: David Biggs [mailto:dsbiggs@smartchat.net.au]
Sent: December 1, 2005 8:09 pm
To: pinnacle-users@explode.unsw.edu.au; 'Nick Bennie'
Subject: RE: Deleted CT Dataset

Thanks Nick

You're a star - works a treat. You've just saved me a mountain of work.

Thank you

David

David S Biggs
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[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Nick Bennie
Sent: Friday, 2 December 2005 10:56 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Deleted CT Dataset

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At 10:53 AM 2/12/2005 +1100, you wrote:
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De:	MIKE ZHENG
A:	lewell@email.arizona.edu; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Deleted CT Dataset
Fecha:	viernes, 02 de diciembre de 2005 5:25:59
Archivos adjuntos:	

David and Nic,

The /autoDataSets is an automounting point which points to /files/network. For autofs, if it is not used for 10 or 15 min, it will be unmounted automatically. That is why it doesn't show anything initially.

Regards,

Mike

>>> lewell@email.arizona.edu 12/01/05 7:08 PM >>>
David,

I don't know that I can speak exactly to your question, but I can relay an experience that may be related.

If you open up an xterm (click on the terminal in the desktop strip on the bottom of the Solaris workstation), you can execute the command 'ls -l /autoDataSet'. I just did this on our Sunfire workstation running Pinnacle 7.6, and the response I got was 'total 0'.

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Keep in mind though that everything I refer to above is done strictly on a unix level. There is no Pinnacle involved so it may be that this does not help you.

However, I hope that it may.

regards,

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Assistant Professor
Department of Radiation Oncology
University of Arizona School of Medicine
PO Box 245081
Tucson, AZ 85724-5081

Phone: (520)626-5769
Fax: (520)626-9328
email: lewell@email.arizona.edu
www: http://www.u.arizona.edu/~lewell/

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To: <pinnacle-users@explode.unsw.edu.au>
Sent: Thursday, December 01, 2005 4:26 PM
Subject: Deleted CT Dataset

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A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Deleted CT Dataset
Fecha:	viernes, 02 de diciembre de 2005 1:18:03
Archivos adjuntos:	

Thanks Mike

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Also, has anyone had any experience of such files disappearing from the list of CT scans on their own?! If so are the files really deleted or are they still there and it's just a display thing.

Hopefully
David

David S Biggs
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
Sydney Adventist Hospital
0425 293486
dsbiggs@smartchat.net.au

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unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	David Biggs
A:	pinnacle-users@explode.unsw.edu.au; "Nick Bennie";
Cc:	
Asunto:	RE: Deleted CT Dataset
Fecha:	viernes, 02 de diciembre de 2005 2:25:37
Archivos adjuntos:	

Thanks Nick

You're a star - works a treat. You've just saved me a mountain of work.
Thank you

David

David S Biggs
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
Sydney Adventist Hospital
0425 293486
dsbiggs@smartchat.net.au

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Nick Bennie
Sent: Friday, 2 December 2005 10:56 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Deleted CT Dataset

David
If the CT is already assigned into another patient, you can import it again
using Pinnacle format, you need to navigate into the patient dir and pick
up the image set, however it won't have all the info of the original. Its
ok for another Pinnacle patient but possibly not for use in another system.

Regards

Nick

At 10:53 AM 2/12/2005 +1100, you wrote:
>Thanks Mike
>

>That's I'll look into the Dicom Export idea - I might be saved yet!
>
>With regard to Cron jobs, how do I find out about those?
>
>Regards
>
>David
>
>David S Biggs
>Chief Medical Physicist
>East Coast Medical Physics
>Sydney Radiotherapy & Oncology Centre
>Sydney Adventist Hospital
>0425 293486
>dsbiggs@smartchat.net.au
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of MIKE ZHENG
>Sent: Friday, 2 December 2005 10:42 AM
>To: pinnacle-users@explode.unsw.edu.au; dsbiggs@smartchat.net.au
>Subject: Re: Deleted CT Dataset
>
>If the CT images have been imported to the plan and the original ct set
>(dicom format) has been deleted by the "Delete DICOM Images's tool", you
can
>export the CT set from the plan (dicom export). However, some dicom tags
>will be changed and may need to be manually modified by some imaging tools.
>If they were deleted before being imported into the plan, then they were
>gone.
>As for the disappearing dicom images, did you check the actual directory
>(/files/network/DICOM)? In our department, we have a cron job running to
>delete old dicom images every so often; otherwise this directory will be
>filled quickly. You might want to check if there is a similary "clean up"
>script running.
>Regards,
>
>Mike Zheng
>
>Department of Radiation Oncology
>University of Maryland
>410-328-7515
>mzheng@umm.edu
>
> >>> dsbiggs@smartchat.net.au 12/01/05 6:26 PM >>>
>Dear All
>

>Does anyone know if it is possible to retrieve an imported CT Dataset that
>has been deleted using the 'Delete DICOM Images' tool?
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>Also, has anyone had any experience of such files disappearing from the
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>of CT scans on their own?! If so are the files really deleted or are they
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##

De:	ADEL
A:	Pinnacle-Users;
Cc:	
Asunto:	RTP-exchange software
Fecha:	viernes, 02 de diciembre de 2005 9:53:41
Archivos adjuntos:	

If I want to connect pinnacle 7.4 with the latest version of varis vision 7.?, provided that the varis vision already have the DICOM-RT, also, the pinnacle will
also install their DICOM-RT , so to export DRR as well as the plan and structure points. Do I still need to buy the RTP-Exchang from varian for the varis vision, is it a must? If yes,

then why if Varis have DICOM RT., what is its use?

Thanks,

Adel Mohammed

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Problem in restoring data from a tape
Fecha:	viernes, 02 de diciembre de 2005 15:51:15
Archivos adjuntos:	

Pam -

It won't help you on this go-round, but if the route is available to you, I'd strongly encourage you to pursue archiving to a hospital server run by your IT group, e.g. an ASM server. I've done this at my current and former positions, and it really makes life a lot simpler - you're archiving to a system that is almost certainly more robust and reliable than anything you have in the department (often a copy buffered on a hard drive and backed up to tape in duplicate). When you need to restore, you don't go scrambling for a tape or CD, you just point the restore at the IT server and its essentially limitless storage.

The only gotcha I've come across is a somewhat technical one - generally you'll end up with a soft NFS mount of the IT server, and if the server goes down it can lock up the planning stations. But Philips/ADAC has been supportive of this solution, and should be able to guard against the gotcha. Dosimetrists, or whoever is managing archives, will be delighted - they'll save tons of time archiving, and restores are simpler and require fewer gymnastics and prayers.

Good luck - Dave

P.S. From painful experience: never tar with an absolute path ...

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> Pam.Lee@UTSouthwestern.edu 12/2/2005 9:23 AM >>>
Hi Mike,

I thank you for your solution. ADAC Support warned me not to rename the /home/p3rtp even after hours because it might cause serious problem. Have you tried to rename it before? I had thought about the solution you suggested but was discouraged by ADAC support. You were right, a relative should be used in

the first place. What a lesson!

Thanks!

Pam Lee
Software Systems Supervisor
Department of Radiation Oncology
UT Southwestern Medical Center
Dallas, Texas

214-645-7608
pam.lee@utsouthwestern.edu

>>> "MIKE ZHENG" <mzheng@umm.edu> 12/1/2005 4:51 PM >>>
Since there is enough space in the /PrimaryPatientData partition and the path is hard coded when the tar was initially done (relative path should be used to avoid this problem), it can be done after hours by renaming the /home/p3rtp first (from server), then create a symlink (/home/p3rtp) pointing to a directory newly created in /PrimaryPatientData, such as /PrimaryPatientData/restore (make sure the permission is correct). After the tar xvf is finished, delete the symlink: /home/p3rtp and rename the original /home/p3rtp back. All the restored patient data should be under /PrimaryPatientData/restore/

Good luck,

Mike Zheng

Department of Radiation Oncology
University of Maryland
410-328-7515
mzheng@umm.edu

>>> Pam.Lee@UTSouthwestern.edu 12/01/05 5:03 PM >>>
Hi All,

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Thanks!

Pam Lee
Software Systems Supervisor
Department of Radiation Oncology
UT Southwestern Medical Center
Dallas, Texas

214-645-7608
pam.lee@utsouthwestern.edu

De:	Pam Lee
A:	pinnacle-users@explode.unsw.edu.au; ZHENG, MIKE;
Cc:	
Asunto:	Re: Problem in restoring data from a tape
Fecha:	viernes, 02 de diciembre de 2005 16:06:59
Archivos adjuntos:	

Hi Mike,

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pam.lee@utsouthwestern.edu

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UT Southwestern Medical Center
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214-645-7608
pam.lee@utsouthwestern.edu

De:	MIKE ZHENG
A:	pinnacle-users@explode.unsw.edu.au; Pam.Lee@UTSouthwestern.edu;
Cc:	
Asunto:	Re: Problem in restoring data from a tape
Fecha:	viernes, 02 de diciembre de 2005 16:24:44
Archivos adjuntos:	

Hi, Pam:

The warning from ADAC was valid: the /home/p3rtp is an exported file system and is used by all the Pinnacle workstations as an autofs; therefore caution should be applied. Unless you feel comfortable, I would suggest that you work with ADAC support team to get it recovered (I have done this before for other reasons and it worked fine for me).

Regards,

Mike

>>> "Pam Lee" <Pam.Lee@UTSouthwestern.edu> 12/02/05 9:23 AM >>>
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Good luck,

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##

De:	Chris Hawkins
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Back-Up
Fecha:	viernes, 02 de diciembre de 2005 17:15:40
Archivos adjuntos:	

We are planning the following system for backup:

Backup (compressed) to a file in Pinnacle
ftp to a PC
Burn a DVD on the PC. (BTW, the CD/DVD burner cost < 100 $ US)

So far, we've written about 4.5 Gb (uncompressed) to a file in Pinnacle. Pinnacle automatically saved it as 3 files: filename.1.tar, filename.2.tar, filename.3.tar. I am assuming it is a file size issue. Total file size is about 2.1 Gb, so compression is about 2:1 compression.

Has anyone tried this? Any advice to offer?

Thanks

Chris

^^^^^^^^^^^^^^^^^^^^^^^^^^
Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

to majordomo@explode.unsw.edu.au.

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##

De:	Stuart Swerdloff
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Problem in restoring data from a tape
Fecha:	domingo, 04 de diciembre de 2005 2:59:07
Archivos adjuntos:	

---

addenda to my last email:
--strip-path
may be what you need for an older version of gnutar...

Stuart

Pam Lee wrote:

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> Pam Lee
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> Department of Radiation Oncology
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> >>> "MIKE ZHENG" <mzheng@umm.edu> 12/1/2005 4:51 PM
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Cc:	
Asunto:	Re: Problem in restoring data from a tape
Fecha:	domingo, 04 de diciembre de 2005 2:59:17
Archivos adjuntos:	

An avenue of investigation might be to try using gnutar (it might actually be called tar on your system, or perhaps something else), with the command line switch that overrides the use of absolute path (it will treat the beginning / to mean "here" or "./"). Clearly, if Philips says that gnutar is not OK, then this is moot.

from:
http://www.gnu.org/software/tar/manual/html_mono/tar.html#SEC41

`--absolute-names`

`-P`

> Normally when creating an archive, `tar` strips an initial `` `/' `` from member names. This option disables that behavior.

<SJS nb: this might apply in reverse when extracting. Behavior when running as root will be different than when running as a "normal" user>
or

`--strip-components=number`

> Strip given number of leading components from file names before extraction.(4) For example, if archive `` `archive.tar' `` contained `` `/some/file/name' ``, then running
>
> ```
> tar --extract --file archive.tar --strip-components=2
> ```
>
> would extracted this file to file `` `name' ``.

At the least, you might be able to extract the archive and then redo the archive with relative paths so that you can "plug it back in" utilizing the "expected" workflow.

Hope this helps,

Stuart

Stuart Swerdloff, PhD
Medical Physicist
IMPAC an ELEKTA company
P.S. This is my personal opinion/suggestion and in no way reflects that of my employer (or past employers).

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Dallas, Texas

214-645-7608
pam.lee@utsouthwestern.edu

De:	Stuart Swerdloff
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Back-Up
Fecha:	domingo, 04 de diciembre de 2005 3:38:47
Archivos adjuntos:	

Many archive utilities have a built in byte counter that utilizes a signed 32 bit integer, i.e. 31 bits plus a sign bit (a wasted bit...). 2^31 is 2Gb. My guess is that you have run in to a Fundamental limit of the archive tool (tar) being utilized.
Apparently the size of this counter stored within the archive itself can vary (see...
http://backuppc.sourceforge.net/faq/limitations.html
about half way down the page)
Binary data is most likely the bulk of the data (CT and Dose ?). 2:1 is pretty typical for zip/gzip type lossless compression on CT data.

You could experiment by concatenating the tar files directly before FTP, i.e.
# do your archive
$ cat filename.?.tar > mymultigigarchive.tar
and then FTP, burn, bring back via FTP..
Or just skip the FTP and see if you can attempt to restore (without actually completing the task, just enough to make sure that the tar file is read correctly). Unfortunately, since you are using compression, concatenation might not work.

If that doesn't work another experiment is to backup without compression, concatenate, verify whether *that* works, and then compress (and be prepared to decompress) separately. Your choice about whether you compress before or after FTP (I would try to compress before FTP for both transfer times and greater likelihood of having the compression/decompression utility available when needed).

Please take note of my use of the word "experiment". Clearly, deleting your data before having ensured that the data can be successfully restored could result in an unpleasant experience in the future...
Also, given that this would be a deviation from the "straight ahead" approach, documenting what you did on the media (a readme file on the DVD) that contains the archive should be considered a necessity.

Stuart

Stuart Swerdloff, PhD
Medical Physicist
IMPAC an ELEKTA company
P.S. Standard Disclaimer. Opinions expressed are my own and don't reflect those of my employer (or any previous employer).

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>
>^^^^^^^^^^^^^^^^^^^^^^^^^^^
>Chris Hawkins, M.S.
>Radiation Oncology
>Tallahassee Memorial Cancer Center
>1300 Miccosukee Road
>Tallahassee, FL 32308
>
>850-431-5255
>850-431-6039 (fax)
>chris.hawkins@tmh.org
>
>"Luck is the residue of design." - Branch Rickey
>
>
>
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unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Vadim Kuperman
A:	ADAC;
Cc:	
Asunto:	login problem
Fecha:	domingo, 04 de diciembre de 2005 5:55:17
Archivos adjuntos:	

Hello ALL,

I need your help:
Today I turned on one of our new workstations and initially everything went well. I could run Pinnacle software, import CT data sets, open and save a plan etc. The problem started when I tried to shutdown the
workstation. Normal;ly, I type the following commands (from
the console command prompt)
root
Password: root
/powerdown
and then, at the prompt, I type
power-off

In my case, the system apparently shuts down after typing /powerdown. Unfortunately, after I rebooted the system I could not get to the Pinnacle environment (where I could see the icon for the Launch Pad). As soon as I type in the login screen
User name: p3rtp
Password: p3rtp
The system opens a little terminal window with the unix prompt.

It should be noted that I can still login as root instead of p3rtp. However, in the latter case I don't have the Launch Pad icon).

Could someone tell me how I can fix the problem with the Pinnacle login? Does ADAC customer support function on weekends? Unfortunately, I have the support number at work. Can someone tell me the

support phone number?

Thank you,

Vadim Kuperman, Ph.D.
Chief Radiation Physicist
VA Medical Center
Tampa, FL 33612

De:	Carolan, Martin
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: login problem
Fecha:	domingo, 04 de diciembre de 2005 6:18:54
Archivos adjuntos:	

Vadim,

I think this is the same problem I once got into. The system is returning you to your last user environment which for some reason is not the Pinnacle launchpad / CDE..

At the login prompt click on the "options" button, then on the menu that drops down click on "session" then select "common desktop environment" - then login as p3rtp etc.

If I'm not mistaken, I think this may fix your problem.

Regards

Martin C

==========
Martin Carolan, PhD
Principal Physicist

Illawarra Cancer Care Centre, Wollongong Hospital
Australia

==========

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Vadim Kuperman
Sent: Sunday, 4 December 2005 3:42 PM
To: ADAC
Subject: login problem

Hello ALL,

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##

De:	Ray
A:	Vadim Kuperman;
Cc:	
Asunto:	Re: login problem
Fecha:	domingo, 04 de diciembre de 2005 6:19:50
Archivos adjuntos:	

Vadim,
I believe the current shutdown command is init 5

on the login screen select the dropdown on the command line and choose common desktop environment. That should get you back to the normal dekstop.

Ray Kaczur, M.S.,DABR
Cleveland, Ohio

On Sat, 3 Dec 2005 20:41:40 -0800 (PST), Vadim Kuperman wrote:
> Hello ALL,
>
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> Today I turned on one of our new workstations and
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De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: login problem
Fecha:	domingo, 04 de diciembre de 2005 13:47:21
Archivos adjuntos:	

Martin and Ray,

Thank you both.

It did fix the problem. However, I still have no idea about the cause of my trouble. Can you tell me which procedure (in detail if posible) you use for shutting down your workstations? The workstation in questions is a Sun Ultra 10 running Solaris. I am using version 7.6. The workstation is configured as a server.

Vadim Kuperman

--- "Carolan, Martin" <CarolanM@iahs.nsw.gov.au> wrote:

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> you to your last user environment which for some
> reason is not the Pinnacle
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##
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_____

##

##

De:	Ray Kaczur
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: login problem
Fecha:	domingo, 04 de diciembre de 2005 16:16:44
Archivos adjuntos:	

Vadim,
We currently use the following shutdown for all computers on Pinnacle:

root
password: root
init 5 (init space five)

Ray

P.S. I have had this situation happen to me several times. At first I had your same reaction, now I just use the options, and choose common desktop environment and always works fine. I don't know what causes this to happen though in the first place.

On Sun, 04 Dec 2005 07:31:21 -0500, Vadim Kuperman <vadimkuperman@yahoo.com> wrote:

> Martin and Ray,
>
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> Thank you both.
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> It did fix the problem. However, I still have no idea
> about the cause of my trouble. Can you tell me which
> procedure (in detail if posible) you use for shutting
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> --- "Carolan, Martin" <CarolanM@iahs.nsw.gov.au>
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>> At the login prompt click on the "options" button,
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>> Kuperman
>> Sent: Sunday, 4 December 2005 3:42 PM
>> To: ADAC
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>> Hello ALL,
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>> initially everything went well. I could run
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>> Yahoo! DSL - Something to write home about.
>> Just $16.99/mo. or less.
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>> expressed in this message
>> are solely those of the individual sender, except
>> where the sender is
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De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: login problem
Fecha:	domingo, 04 de diciembre de 2005 19:29:13
Archivos adjuntos:	

Ray and Bill,

Thank you for letting me know your shutdown procedures. It is interesting that for 4 our workstations at the VA "/powerdown" followed by "power-off" at the prompt (all done at the command line) work just fine. The new, (actually old), fifth Ultra 10 was received just a month ago and this workstation (configured as a server) has this peculiar problem with login. I will discuss this issue with ADAC support on Monday.

Vadim Kuperman

--- Ray Kaczur <rkaczur@alltel.net> wrote:

> Vadim,
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> computers on Pinnacle:
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> init 5 (init space five)
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> >>
> >> CAUTION: This message may contain both
> confidential
> >> and privileged
> >> information intended only for the addressee named
> >> above. If you are not
> >> the intended recipient you are hereby notified
> that
> >> any dissemination,
> >> distribution or reproduction of this message is
> >> prohibited. If you have
> >> received this message in error, please notify the
> >> sender immediately,
> >> then destroy the original message. Any views
> >> expressed in this message
> >> are solely those of the individual sender, except
> >> where the sender is
> >> specifically authorised by South East Sydney &
> >> Illawarra Area Health.

> >>
> >>
> >>
> >
>
##
>
=== message truncated ===

_____

De:	Ray Kaczur
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: login problem
Fecha:	domingo, 04 de diciembre de 2005 21:39:00
Archivos adjuntos:	

Vadim,

If you don't mind, would you let us know what ADAC support says about this?

Thanks,

Ray
----- Original Message -----
From: "Vadim Kuperman" <vadimkuperman@yahoo.com>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Sunday, December 04, 2005 1:07 PM
Subject: Re: login problem

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> Thank you for letting me know your shutdown
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>> >> root
>> >> Password: root
>> >> /powerdown
>> >> and then, at the prompt, I type
>> >> power-off
>> >>
>> >> In my case, the system apparently shuts down
>> after
>> >> typing /powerdown. Unfortunately, after I
>> rebooted
>> >> the system I could not get to the Pinnacle
>> >> environment
>> >> (where I could see the icon for the Launch Pad).
>> As
>> >> soon as I type in the login screen
>> >> User name: p3rtp
>> >> Password: p3rtp
>> >> The system opens a little terminal window with
>> the
>> >> unix prompt.
>> >>
>> >> It should be noted that I can still login as root
>> >> instead of p3rtp. However, in the latter case I
>> >> don't
>> >> have the Launch Pad icon).
>> >>
>> >> Could someone tell me how I can fix the problem
>> with
>> >> the Pinnacle login? Does ADAC customer support
>> >> function on weekends? Unfortunately, I have the
>> >> support number at work. Can someone tell me the
>> >> support phone number?
>> >>
>> >>
>> >>
>> >> Thank you,
>> >>
>> >> Vadim Kuperman, Ph.D.

>> >> Chief Radiation Physicist
>> >> VA Medical Center
>> >> Tampa, FL 33612
>> >>
>> >>
>> >>
>> >>
>> >> _____
>> >> Yahoo! DSL - Something to write home about.
>> >> Just $16.99/mo. or less.
>> >> dsl.yahoo.com
>> >>
>> >>
>> >>
>> >>
>> >
>>
>

>> >> information intended only for the addressee named
>> >> above. If you are not
>> >> the intended recipient you are hereby notified
>> that
>> >> any dissemination,
>> >> distribution or reproduction of this message is
>> >> prohibited. If you have
>> >> received this message in error, please notify the
>> >> sender immediately,
>> >> then destroy the original message. Any views
>> >> expressed in this message
>> >> are solely those of the individual sender, except
>> >> where the sender is
>> >> specifically authorised by South East Sydney &
>> >> Illawarra Area Health.
>> >>
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##
>>
> === message truncated ===
>
>
> _____
> Do You Yahoo!?
> Tired of spam? Yahoo! Mail has the best spam protection around
> http://mail.yahoo.com
>
>
>
##
> To unsubscribe (yourself or other account) from the pinnacle-users mailing
> list, send the message
> unsubscribe pinnacle-users <e-mail address>
> to majordomo@explode.unsw.edu.au.
>
> Note: To avoid non-delivery error messages being sent to all list
> members, the list has been configured so that messages can only be
> sent from a subscribed account. Messages sent from a users secondary
> account will not be distributed unless that account is also subscribed.
>
##

De:	Rose, Stuart
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: login problem
Fecha:	lunes, 05 de diciembre de 2005 1:41:49
Archivos adjuntos:	

The problem is due to a bug in Solaris, and can be easily reproduced by prefacing the user name with a space (eg: " p3rtp" instead of "p3rtp"). This is a common occurrence is when someone hits the spacebar to turn off the screensaver to login; the space unknowingly becomes the first character of the account name. Solaris becomes confused as to which account is being used and hence the location of the file is which states the GUI used for the last login session (either CDE or OpenWindows). By default it will choose OpenWindows. Since OpenWindows is not installed on a Pinnacle workstation, the login fails to load the GUI.

This was suppose to be fixed in the 7.6c upgrade. As a workaround, we added the following to the end of the $HOME/.dtprofile file:

```
    # Fix CDE bug

    # This part works around the bug for the current login

    DT_BINPATH="/usr/dt/bin"
    dtstart_session[0]="$DT_BINPATH/dtsession"
    dtstart_hello[0]="$DT_BINPATH/dthello &"
    export dtstart_session[0]
    export dtstart_hello[0]

    # This part fixes the problem for subsequent logins
    # The first echo goes into the $HOME/.dt/startlog logfile, and is
used for diagnostics purposes

    if [ -z "`cat -s $HOME/.dt/sessions/lastsession | grep
/usr/dt/bin/Xsession`" ]; then
      echo "--- Fixing $HOME/.dt/sessions/lastsession"
      echo "/usr/dt/bin/Xsession" > $HOME/.dt/sessions/lastsession
    fi
```

Take Care,

Stuart

Stuart Rose
Manager, Physics Computer Services
Princess Margaret Hospital
Radiation Medicine Program

"Give me a place to stand, and a lever long enough, and I will move the world" Archimedes

-----Original Message-----
From: Ray Kaczur [mailto:rkaczur@alltel.net]
Sent: December 4, 2005 3:25 pm
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: login problem

Vadim,

If you don't mind, would you let us know what ADAC support says about this?

Thanks,

Ray
----- Original Message -----
From: "Vadim Kuperman" <vadimkuperman@yahoo.com>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Sunday, December 04, 2005 1:07 PM
Subject: Re: login problem

> Ray and Bill,
>
> Thank you for letting me know your shutdown
> procedures. It is interesting that for 4 our
> workstations at the VA
> "/powerdown" followed by "power-off" at the prompt
> (all done at the command line) work just fine. The
> new, (actually old), fifth Ultra 10 was received just
> a month ago and this workstation (configured as a
> server) has this peculiar problem with login. I will
> discuss this issue with ADAC support on Monday.
>
> Vadim Kuperman
>
> --- Ray Kaczur <rkaczur@alltel.net> wrote:
>
>> Vadim,

>> We currently use the following shutdown for all
>> computers on Pinnacle:
>>
>> root
>> password: root
>> init 5 (init space five)
>>
>> Ray
>>
>> P.S. I have had this situation happen to me several
>> times. At first I had
>> your same reaction, now I just use the options, and
>> choose common desktop
>> environment and always works fine. I don't know what
>> causes this to happen
>> though in the first place.
>>
>>
>>
>>
>>
>> On Sun, 04 Dec 2005 07:31:21 -0500, Vadim Kuperman
>> <vadimkuperman@yahoo.com> wrote:
>>
>> > Martin and Ray,
>> >
>> >
>> > Thank you both.
>> >
>> > It did fix the problem. However, I still have no
>> idea
>> > about the cause of my trouble. Can you tell me
>> which
>> > procedure (in detail if posible) you use for
>> shutting
>> > down your workstations? The workstation in
>> questions
>> > is a Sun Ultra 10 running Solaris. I am using
>> version
>> > 7.6. The workstation is configured as a server.
>> >
>> > Vadim Kuperman
>> >
>> >
>> > --- "Carolan, Martin" <CarolanM@iahs.nsw.gov.au>

>> > wrote:
>> >
>> >>
>> >> Vadim,
>> >>
>> >> I think this is the same problem I once got into.
>> >> The system is returning
>> >> you to your last user environment which for some
>> >> reason is not the Pinnacle
>> >> launchpad / CDE..
>> >>
>> >> At the login prompt click on the "options"
>> button,
>> >> then on the menu that
>> >> drops down click on "session" then select "common
>> >> desktop environment" -
>> >> then login as p3rtp etc.
>> >>
>> >> If I'm not mistaken, I think this may fix your
>> >> problem.
>> >>
>> >> Regards
>> >>
>> >> Martin C
>> >>
>> >> ==
>> >> Martin Carolan, PhD
>> >> Principal Physicist
>> >>
>> >> Illawarra Cancer Care Centre, Wollongong Hospital
>> >> Australia
>> >>
>> >> ==
>> >>
>> >> -----Original Message-----
>> >> From: owner-pinnacle-users@explode.unsw.edu.au
>> >> [mailto:owner-pinnacle-users@explode.unsw.edu.au]
>> On
>> >> Behalf Of Vadim
>> >> Kuperman
>> >> Sent: Sunday, 4 December 2005 3:42 PM
>> >> To: ADAC
>> >> Subject: login problem
>> >>
>> >> Hello ALL,

>> >>
>> >> I need your help:
>> >> Today I turned on one of our new workstations and
>> >> initially everything went well. I could run
>> >> Pinnacle software, import CT data sets, open and
>> >> save
>> >> a plan etc. The problem started when I tried to
>> >> shutdown the
>> >> workstation. Normal;ly, I type the following
>> >> commands
>> >> (from
>> >> the console command prompt)
>> >> root
>> >> Password: root
>> >> /powerdown
>> >> and then, at the prompt, I type
>> >> power-off
>> >>
>> >> In my case, the system apparently shuts down
>> after
>> >> typing /powerdown. Unfortunately, after I
>> rebooted
>> >> the system I could not get to the Pinnacle
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>> >> (where I could see the icon for the Launch Pad).
>> As
>> >> soon as I type in the login screen
>> >> User name: p3rtp
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>> >>
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>> >> the Pinnacle login? Does ADAC customer support
>> >> function on weekends? Unfortunately, I have the
>> >> support number at work. Can someone tell me the
>> >> support phone number?
>> >>

>> >>
>> >>
>> >> Thank you,
>> >>
>> >> Vadim Kuperman, Ph.D.
>> >> Chief Radiation Physicist
>> >> VA Medical Center
>> >> Tampa, FL 33612
>> >>
>> >>
>> >>
>> >>
>> >> _____
>> >> Yahoo! DSL - Something to write home about.
>> >> Just $16.99/mo. or less.
>> >> dsl.yahoo.com
>> >>
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>> >
>>
>
##
>> >> To unsubscribe (yourself or other account) from
>> the
>> >> pinnacle-users mailing
>> >> list, send the message
>> >> unsubscribe pinnacle-users <e-mail address>
>> >> to majordomo@explode.unsw.edu.au.
>> >>
>> >> Note: To avoid non-delivery error messages being
>> >> sent to all list
>> >> members, the list has been configured so that
>> >> messages can only be
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>> account
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>> >>
>> >
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>

##
>> >>
>> >> CAUTION: This message may contain both
>> confidential
>> >> and privileged
>> >> information intended only for the addressee named
>> >> above. If you are not
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>> >> Illawarra Area Health.
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##
>>
> === message truncated ===
>
>
> _____
> Do You Yahoo!?
> Tired of spam? Yahoo! Mail has the best spam protection around
> http://mail.yahoo.com
>
>
>
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> unsubscribe pinnacle-users <e-mail address>
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##

De:	David Biggs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Outside Patient Air threshold
Fecha:	martes, 06 de diciembre de 2005 5:32:04
Archivos adjuntos:	

Is anyone using an Outside Patient air threshold less than 0.6? Philips advise against this because of blankets and positioning devices being picked up but wouldn't it make sense to include these if you're treating through them particularly for positioning devices?

Are there other problems related to decreasing this value?

Kind regards

David

David S Biggs

Chief Medical Physicist

East Coast Medical Physics

Sydney Radiotherapy & Oncology Centre

Sydney Adventist Hospital

0425 293486

dsbiggs@smartchat.net.au

De:	Krieger_T@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Outside Patient Air threshold
Fecha:	martes, 06 de diciembre de 2005 9:31:53
Archivos adjuntos:	

For treatments with the Elekta Bodyframe we use an Outside Patient Air threshold of 0.1

Regards
Thomas Krieger

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** David Biggs

Gesendet: Dienstag, 6. Dezember 2005 05:13
An: pinnacle-users@explode.unsw.edu.au
Betreff: Outside Patient Air threshold

Is anyone using an Outside Patient air threshold less than 0.6? Philips advise against this because of blankets and positioning devices being picked up but wouldn't it make sense to include these if you're treating through them particularly for positioning devices?

Are there other problems related to decreasing this value?

Kind regards

David

David S Biggs
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
Sydney Adventist Hospital
0425 293486

dsbiggs@smartchat.net.au

De:	Kazushi Kishi
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Flat couch unnecessary for PET-based RT?
Fecha:	martes, 06 de diciembre de 2005 17:07:53
Archivos adjuntos:	

Dear Sir

We are going to install Gemini and Syntegra in our PET center, connected to Pinnacle 3. I heard a PET image taken with a round couch (not with a flat couch) is equally useful in usual clinical situation for a Syntegra-supported PET-CT image-based radiotherapy planning with pinnacle. But I do not think it is a precise way, though I do not have any experience on this matter (PET-CT image-based radiotherapy planning with pinnacle). Does someone tell the difference and appropriate settings? I need help.

Sincerely Yours
Kazushi Kishi
Dept of Radiology
Wakayama Medical University
Kimiidera 811-1
Wakayama Pref. 641-8510, Japan
Phone 81-74-441-0605 (fax: the same)
Email: kkishi@wakayama-med.ac.jp

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	ricoh printers
Fecha:	martes, 06 de diciembre de 2005 20:59:52
Archivos adjuntos:	

Does anyone know where to buy supplies for these printers?

De:	MIKE ZHENG
A:	pinnacle-users@explode.unsw.edu.au; terry.spicer@mjh.org;
Cc:	
Asunto:	Re: ricoh printers
Fecha:	martes, 06 de diciembre de 2005 21:03:23
Archivos adjuntos:	

Contact: Brian at: 1-800-327-8349 - 4 - 4582 (Brian works for Ricoh).

Regards,

Mike

>>> terry.spicer@mjh.org 12/06/05 2:32 PM >>>
Does anyone know where to buy supplies for these printers?

De:	Julie Scott
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Outside Patient Air threshold
Fecha:	martes, 06 de diciembre de 2005 21:51:15
Archivos adjuntos:	

I have used 0.0 as an air value with no problems. We have Siemens equipment and use carbon fiber table top.
I have noticed that when using a modifier in the beam such as a wedge the software recognizes the table as the skin surface and the SSD is incorrect. Overriding the outside air value corrects this problem and the MUs remain the same.
Julie Scott CMD
California Cancer Center
Fresno, CA

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of David Biggs
Sent: Mon 12/5/2005 8:12 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Outside Patient Air threshold

Is anyone using an Outside Patient air threshold less than 0.6? Philips advise against this because of blankets and positioning devices being picked up but wouldn't it make sense to include these if you're treating through them particularly for positioning devices?

Are there other problems related to decreasing this value?

Kind regards

David

David S Biggs

Chief Medical Physicist

East Coast Medical Physics

Sydney Radiotherapy & Oncology Centre

Sydney Adventist Hospital

0425 293486

dsbiggs@smartchat.net.au

De:	Lee Zarger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ricoh printers
Fecha:	martes, 06 de diciembre de 2005 22:18:00
Archivos adjuntos:	

Ricoh. Or if your hospital uses a particular vendor for office supplies(as ours does) arrange for that supplier to get them for you.

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Spicer, Terry
> **Sent:** Tuesday, December 06, 2005 2:32 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** ricoh printers
>
> Does anyone know where to buy supplies for these printers?

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Flat couch unnecessary for PET-based RT?
Fecha:	martes, 06 de diciembre de 2005 22:21:06
Archivos adjuntos:	

Kazushi

I would strongly advise that you have a flat couch top to achieve consistent patient positioning between imaging and treatment.
I'm not sure of your situation in Japan, but here in Australia we can't use the CT from the PET/CT for planning due to regulatory issues.
We therefore still have to fuse the PET with a separate planning CT. The planning is CT done with a flat couch top equivalent to the treatment couch.
Having the CT from the PET/CT makes it straight forward to achieve a good match to the planning CT ie auto-fuse the planning CT with the CT from the PET/CT with the PET set to move with the CT from PET/CT.
Obviously, if the planning CT and the PET/CT are done on an equivalent flat couch, the patient positions correspond to a greater degree. Therefore you achieve a better fused image.

It would also advise that you use fiducial markers, at least for your first few studies or during testing. Its good to check that the PET & the CT from the PET/CT do actually align as they should.

Regards

Nick

At 12:45 AM 7/12/2005 +0900, you wrote:
>Dear Sir
>
> We are going to install Gemini and Syntegra in our PET center, connected to
>Pinnacle 3. I heard a PET image taken with a round couch (not with a flat
>couch) is equally useful in usual clinical situation for a
>Syntegra-supported PET-CT image-based radiotherapy planning with pinnacle.
>But I do not think it is a precise way, though I do not have any experience
>on this matter (PET-CT image-based radiotherapy planning with pinnacle).
>Does someone tell the difference and appropriate settings? I need help.
>
>Sincerely Yours
>Kazushi Kishi

>Dept of Radiology
>Wakayama Medical University
>Kimiidera 811-1
>Wakayama Pref. 641-8510, Japan
>Phone 81-74-441-0605 (fax: the same)
>Email: kkishi@wakayama-med.ac.jp
>
>
>
>
>##
>To unsubscribe (yourself or other account) from the pinnacle-users mailing
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members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De: sthiessen@comcast.net

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: AW: Outside Patient Air threshold

Fecha: martes, 06 de diciembre de 2005 22:29:06

Archivos adjuntos:

We use an outside-patient air threshold of .4 for all head and neck cases so that Pinnacle recognizes the aquaplast masks. We haven't had any problems and have been doing it for a few years.

Sabina Thiessen, CMD
Redwood Regional Oncology Center
Santa Rosa, CA

> ---------- Original message ----------
>
> For treatments with the Elekta Bodyframe we use an Outside Patient Air threshold of 0.1
>
> Regards
> Thomas Krieger
>
> _____
> **Von:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** David Biggs
>
> **Gesendet:** Dienstag, 6. Dezember 2005 05:13
> **An:** pinnacle-users@explode.unsw.edu.au
> **Betreff:** Outside Patient Air threshold
>
> Is anyone using an Outside Patient air threshold less than 0.6? Philips advise against this because of blankets and positioning devices being picked up but wouldn't it make sense to include these if you're treating through them particularly for positioning devices?
>
> Are there other problems related to decreasing this value?

Kind regards

David

David S Biggs
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
Sydney Adventist Hospital
0425 293486
dsbiggs@smartchat.net.au

De:	Ostapiak, Orest
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: AW: Outside Patient Air threshold
Fecha:	martes, 06 de diciembre de 2005 23:20:49
Archivos adjuntos:	

I have found that setting an appropriate patient-air threshold is important when doing heterogeneous calculations.
If it is set too high, it is possible to get small air cavities under bolus or in the nose that read-back as "air".
Since Pinnacle does not score dose to "air", it will appear as though electronic equilibrium is lost.
If the small air cavity instead reads back as density "0" then dose will be reported in that region, and the kernel will be appropriately scaled to deliver dose to neighbouring regions.
If on the other hand the threshold is set too low, CT artefact or reconstruction noise can read-back as patient surface, thus giving erroneous SSD and depth for patient set-up.
We tend to start with a value of 0.25g/cc and check for the above problems.

Orest.
JCC, Hamilton, ON.

> -----Original Message-----
> **From:** sthiessen@comcast.net [mailto:sthiessen@comcast.net]
> **Sent:** Tuesday, December 06, 2005 3:58 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Re: AW: Outside Patient Air threshold
>
> We use an outside-patient air threshold of .4 for all head and neck cases so that Pinnacle recognizes the aquaplast masks. We haven't had any problems and have been doing it for a few years.
>
> Sabina Thiessen, CMD
> Redwood Regional Oncology Center
> Santa Rosa, CA
>
> ---------- Original message ----------

For treatments with the Elekta Bodyframe we use an Outside Patient Air threshold of 0.1

Regards
Thomas Krieger

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** David Biggs

Gesendet: Dienstag, 6. Dezember 2005 05:13
An: pinnacle-users@explode.unsw.edu.au
Betreff: Outside Patient Air threshold

Is anyone using an Outside Patient air threshold less than 0.6? Philips advise against this because of blankets and positioning devices being picked up but wouldn't it make sense to include these if you're treating through them particularly for positioning devices?

Are there other problems related to decreasing this value?

Kind regards

David

David S Biggs
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
Sydney Adventist Hospital
0425 293486
dsbiggs@smartchat.net.au

De:	Roger Nixon
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Flat couch unnecessary for PET-based RT?
Fecha:	miércoles, 07 de diciembre de 2005 2:58:20
Archivos adjuntos:	

Hi Nick,
As you may know our Nuc Med Dept has the Philips CT/PET and their is considerable pressure on our department to use the CT for planning. I am aware of an issue with Nuc Med staff operating the CT at Diagnostic intensities. Are there any other issues that I am not aware of?
Cheers

Roger Nixon
Planning Coordinator
Department of Radiation Oncology
Royal Adelaide Hospital
Nth Terrace, Adelaide, Sth Aust.
Australia.
+61 8 8 2225925 or 08 82224000 pager 1475
rnixon@mail.rah.sa.gov.au

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Flat couch unnecessary for PET-based RT?
Fecha:	miércoles, 07 de diciembre de 2005 4:10:46
Archivos adjuntos:	

Roger

I don't think there is any problem, though check for your machine, with the
CT being setup to the same mAs per slice as a scanner used in diagnostic.
Its about what equipment is registered and who is licensed to report a CT scan.
Strictly, the CT of a PET/CT scanner is for attenuation correction of the
PET scan.
The CT of the Philips Gemini we have access to, is the same as the Philips
CT scanner we use for our planning CTs. The CT from the PET/CT is at approx
25mAs whereas for the planning CT its approx 200mAs

Regards

Nick

At 12:06 PM 7/12/2005 +1030, you wrote:
>Hi Nick,
>As you may know our Nuc Med Dept has the Philips CT/PET and
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>Cheers
>
>Roger Nixon
>Planning Coordinator
>Department of Radiation Oncology
>Royal Adelaide Hospital
>Nth Terrace, Adelaide, Sth Aust.
>Australia.
>+61 8 8 2225925 or 08 82224000 pager 1475
>rnixon@mail.rah.sa.gov.au
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##

De:	Carolan, Martin
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Flat couch unnecessary for PET-based RT - Australian regulations
Fecha:	miércoles, 07 de diciembre de 2005 8:05:28
Archivos adjuntos:	

Nick,

If a Nuc Med Physician is not licensed to read a CT scan then presumably he cannot obtain a (Australian) Medicare reimbursement for CTs done on his PET/CT. However just because the NM physician cannot charge for it as a diagnostic CT this surely does not mean his Rad Onc colleague cannot use the CT scan data for RT planning. Indeed if it is all within one institution then with a bit of imagination and cooperation perhaps the Rad Onc (who is a radiologist) could charge for the CT part of the PET/CT scan and use the CT for planning.

Am I missing some other regulatory concern? Is it not that in general a Nuc Med Dept will not be able to charge (Medicare) for the CT scan rather than any regulatory objection to using the CT data for planning?

Regards

Martin C

==========
Martin Carolan, PhD
Principal Physicist

Illawarra Cancer Care Centre, Wollongong Hospital
Private Mail Bag 8808, South Coast Mail Centre NSW 2521
Australia

Mob. 04224 12096
Ph. 61 2 4222 5704
Fax. 61 2 4222 5793
==========

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Nick Bennie

Sent: Wednesday, 7 December 2005 1:43 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Flat couch unnecessary for PET-based RT?

Roger

I don't think there is any problem, though check for your machine, with the CT being setup to the same mAs per slice as a scanner used in diagnostic. Its about what equipment is registered and who is licensed to report a CT scan.
Strictly, the CT of a PET/CT scanner is for attenuation correction of the PET scan.
The CT of the Philips Gemini we have access to, is the same as the Philips CT scanner we use for our planning CTs. The CT from the PET/CT is at approx 25mAs whereas for the planning CT its approx 200mAs

Regards

Nick

At 12:06 PM 7/12/2005 +1030, you wrote:
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##

De:	Sheila Cioffa
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Ricoh Printer
Fecha:	miércoles, 07 de diciembre de 2005 15:57:40
Archivos adjuntos:	

Phillips is offering a trade-in, swapping a Richo CL7000 for the Richo 3800C we currently have. I hate to look a gift horse in the mouth, but I'm skeptical of anything offered for "free". Any comments from users who have taken advantage of this offer or who have any information, pro/con, concerning the CL7000?

Sheila M. Cioffa, M.S., DABR
Chief Medical Physicist
Lynn Regional Cancer Center, West Campus
Boca Raton, FL
561-883-7525

De:	DCMoss
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Ricoh Printer
Fecha:	miércoles, 07 de diciembre de 2005 16:43:33
Archivos adjuntos:	

The Ricoh 7000 produces nice printouts with the following caveats:

It is HUGE, about 90 cm tall (on the roll around floor stand), 70 cm deep, 60 cm wide.

The first printout in the morning takes forever as the printer must warm up and calibrate itself. If you haven't printed in awhile (not sure exactly what the interval is, but seems to be about an hour) it will futz around warming up and calibrating itself again. This can be frustrating if you need something printed out fast.

This is the only printer I have ever used that needs an oil change regularly (honest, may lightning strike me, there is an oil cartridge that has to be changed out every so often). It also needs it's waste toner bottle changed out so you need to buy empty bottles. Don't try to empty the full bottle. Don't ask how I know this.

DCMoss
RBOI Ocala

Sheila Cioffa <SCioffa@lrccw.com> wrote:

> Phillips is offering a trade-in, swapping a Richo CL7000 for the Richo 3800C we currently have. I hate to look a gift horse in the mouth, but I'm skeptical of anything offered for "free". Any comments from users who have taken advantage of this offer or who have any information, pro/con, concerning the CL7000?
>
> *Sheila M. Cioffa, M.S., DABR*
> Chief Medical Physicist
> Lynn Regional Cancer Center, West Campus
> Boca Raton, FL
> 561-883-7525

This information is directed in confidence solely to the person named above and may not otherwise be distributed, copied or disclosed. Ther! efore, this information should be considered strictly confidential. If you have received this email in error, please notify the sender immediately via a return email for further direction. Thank you for your assistance.

De:	Farhad Kader
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Ricoh Printer
Fecha:	miércoles, 07 de diciembre de 2005 16:48:27
Archivos adjuntos:	

We had a problem with our somewhat new 3800C about two and have years ago. It was bleeding toner. Ricoh replaced it with a CL7000 and we have been very happy with it. The two models are mostly the same.

Farhad

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Sheila Cioffa
Sent: Wednesday, December 07, 2005 9:42 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: Ricoh Printer

Phillips is offering a trade-in, swapping a Richo CL7000 for the Richo 3800C we currently have. I hate to look a gift horse in the mouth, but I'm skeptical of anything offered for "free". Any comments from users who have taken advantage of this offer or who have any information, pro/con, concerning the CL7000?

Sheila M. Cioffa, M.S., DABR
Chief Medical Physicist
Lynn Regional Cancer Center, West Campus
Boca Raton, FL
561-883-7525

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Flat couch unnecessary for PET-based RT - Australian regulations
Fecha:	miércoles, 07 de diciembre de 2005 23:57:54
Archivos adjuntos:	

Martin

I meant regulatory in general as opposed to specifically safety. ie it is a regulation that "a Nuc Med Dept will not be able to charge (Medicare) for the CT scan". Or more specifically, there is a list of procedures that a Nuc or PET dept can charge for and a CT is not one of them (or may be, they just have to fill out a form?).

I don't think we need discuss the details of the Australian billing system anymore. I'm sure everyone else in the world has their own "imaginative & cooperative" systems to deal with.

Back to the original point,
most of the CTs used in PET/CT scanners would be capable of producing diagnostic quality CT scans.
If you can make use of this in Radiotherapy, then you will want to use a "flat couch top" to achieve equivalent positioning to treatment.

Regards

Nick

At 06:04 PM 7/12/2005 +1100, you wrote:

>Nick,
>
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>cannot obtain a (Australian) Medicare reimbursement for CTs done on his
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>To: pinnacle-users@explode.unsw.edu.au
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De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Film Import into Pinnacle
Fecha:	jueves, 08 de diciembre de 2005 19:33:03
Archivos adjuntos:	

We are considering a move to an all digital/CR department - this includes the simulator. However, we perform many irreg calcs, 2d plans and implants. All of these require film digitization into adac. Of course one could CT all of these patients but this is another mountain yet to be scaled - physicians still prefer to use the gold standard 2D prostate 4 field treatment plan. So my question is "Does anyone know if Philips has any plans whatsoever to implement scanned film or digital image import into the planning system?" If not do others see this as an issue given the increasing use of CR in Radiation Therapy?

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Eason, Guy
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Film Import into Pinnacle
Fecha:	jueves, 08 de diciembre de 2005 19:57:40
Archivos adjuntos:	

At present we are all digital, even the simulator, but again we use ADAC and we have a dry film printer that we print only the sim films and then digitize back into ADAC. I have heard of no upgrades from Philips to allow direct digital/CR films into the planning system but sure would love to have it.

With all the advancements coming from ADAC you would think that they would allow you to import a DRR or CR/DR film.

-----Original Message-----
From: JGarrett@mbhs.org [mailto:JGarrett@mbhs.org]
Sent: Thursday, December 08, 2005 12:11 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Film Import into Pinnacle

We are considering a move to an all digital/CR department - this includes the simulator. However, we perform many irreg calcs, 2d plans and implants. All of these require film digitization into adac. Of course one could CT all of these patients but this is another mountain yet to be scaled - physicians still prefer to use the gold standard 2D prostate 4 field treatment plan. So my question is "Does anyone know if Philips has any plans whatsoever to implement scanned film or digital image import into the planning system?" If not do others see this as an issue given the increasing use of CR in Radiation Therapy?

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De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Film Import into Pinnacle
Fecha:	jueves, 08 de diciembre de 2005 20:06:34
Archivos adjuntos:	

Guy Eason wrote:
>With all the advancements coming from ADAC you would think that they would allow you to import a DRR or CR/DR.

Yes, you would. Especially given the fact that they are primarily an imaging company and that Radiation Therapy is listed under IMAGING(!!!) on their web site? Although providing biological optimzation may be something of interest to those in academia, I feel that enabling us in the community setting to be able to use those technologies that are coming of age would be important to them.

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Fax: 601-960-3317

De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Film Import into Pinnacle
Fecha:	jueves, 08 de diciembre de 2005 20:37:44
Archivos adjuntos:	

Perhaps this is a good "excuse" to scale the CT mountain. I've been thru this several times; the docs are comfortable with the old simulator, people hate change. But show them it is quicker for the patient and just as fast for them using CT and the virtual fluoro mode and they will become quick converts. Plus they won't have to waste time in the simulator as they can come in to dosimetry when they please (not sure that this is a good thing though....). The planning doesn't take any longer and it eliminates manual entry into your R&V system, always a source of concern. You and they may be suprised at the dose distributions that you get vs what you assumed with irreg calcs. Probably easier to go this route than depend on Philips to implement a solution.

Andrew O. Jones, PhD
System Director, Radiation Physics
Department of Radiation Oncology
Geisinger Medical Center
N. Academy Ave
Danville, PA 17822
570 271-6304

>>> JGarrett@mbhs.org 12/08/05 1:43 PM >>>

Guy Eason wrote:
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De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	MLC scan import
Fecha:	viernes, 09 de diciembre de 2005 18:11:21
Archivos adjuntos:	

Question regarding the scans defined by MLC. In the data file that will be imported into ADAC is the field size that of the mlc e.g. 2x2 or is it the jaw i.e. 20x20? Thanks.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Yan, Albert
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MLC scan import
Fecha:	viernes, 09 de diciembre de 2005 18:21:47
Archivos adjuntos:	

Jeff,

It is both jaw at 20x20 and mlc at 2x2. At the import window on ADAC, set the jaw at 20x20, and it asks you whether the scan was with MLC. In this case, the answer is yes. Then the field size for MLC is showed up. You can put the mlc 2x2 field size there. Hope this helps.

Albert Yan.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of
JGarrett@mbhs.org
Sent: Friday, December 09, 2005 8:55 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: MLC scan import

Question regarding the scans defined by MLC. In the data file that will be imported into ADAC is the field size that of the mlc e.g. 2x2 or is it the jaw i.e. 20x20? Thanks.

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De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MLC scan import
Fecha:	viernes, 09 de diciembre de 2005 18:56:48
Archivos adjuntos:	

What about the field size defined within the data file itself?

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Linda Miller
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MLC scan import
Fecha:	viernes, 09 de diciembre de 2005 23:20:28
Archivos adjuntos:	

I don't think that it matters except possibly with your scanning software. There is a place in pinnacle to tell it that the "field size" was 20x20 (jaw size) and the "MLC size" is 2x2. I just got a clarification from Philips yesterday that this was the correct way to characterize the beams.

Linda Miller, MS
East Texas Medical Center
Tyler, Texas

>>> JGarrett@mbhs.org 12/09/05 11:17 AM >>>
What about the field size defined within the data file itself?

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Chief Physicist
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De:	Yan, Albert
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MLC scan import
Fecha:	sábado, 10 de diciembre de 2005 5:37:41
Archivos adjuntos:	

You may ignore it or use text editor to edit it to 20x20. I choose to ignore it.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of
JGarrett@mbhs.org
Sent: Friday, December 09, 2005 9:17 AM
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Subject: RE: MLC scan import

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De:	Metzger
A:	pinnacle;
Cc:	
Asunto:	Bug: Windows-Client
Fecha:	lunes, 12 de diciembre de 2005 14:35:59
Archivos adjuntos:	metzger.vcf

Dear Listers,
since we have Version 7.4f following bug occurs from time to time: a patient which was opened on a windows client can not be opened on a solaris machine: Opening of the patient is aborted during final loading steps with following error massage:

"Error: Unable to start /usr/local/adacnew/bin/StartPinnExec $PINN_STATIC/bin$PINN_ARCH/Pinnacle"

The errorLog states:

"...
ASSERTION FAILED: (mpvHandle != Null) File: GeoWrapper.cc Line 50

.
.
.
An internal exeption (type 6) has occured.
This is the result of a software programming error.
..."

Sometimes (unpredictable) later however it is possible in most cases to open on solaris again!?!
Support didn't succeed so far.
Any comments, hints...?

Martin

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	MLC Commissioning
Fecha:	lunes, 12 de diciembre de 2005 15:43:48
Archivos adjuntos:	

Well, I have imported my MLC scans and performed an Automodeling sequence - FineTuneCrossBeam. Everything looks good (in fact very good for much of the data) except for the crossplane MLC fields, especially 5x5 and smaller. The 2x2 simply looks awful. These are the scans in the direction of the MLC motion and thus the rounded leaf ends. There are several parameters that can be altered: The MLC Offset Table, the transmission or create a new small field model. Which is the correct path? If neither is the thing to do what is my next step? Thanks in advance.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Ohm, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MLC Commissioning
Fecha:	lunes, 12 de diciembre de 2005 16:23:09
Archivos adjuntos:	

Before getting too discouraged, try changing the phantom resolution to something <= 0.2 instead of the default 0.4 cm. Then review those small field profiles; may look like a much better fit. You can always change it back later for further modeling since the calc times will be much longer at that fine resolution. I believe the automodelers change to a small grid while tuning then return to 0.4 when finished.

Mike

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of JGarrett@mbhs.org
Sent: Monday, December 12, 2005 9:25 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: MLC Commissioning

Well, I have imported my MLC scans and performed an Automodeling sequence -
FineTuneCrossBeam. Everything looks good (in fact very good for much of the
data) except for the crossplane MLC fields, especially 5x5 and smaller. The
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what is my next step? Thanks in advance.

Jeffrey A. Garrett, MS, DABR

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MLC Commissioning
Fecha:	lunes, 12 de diciembre de 2005 20:52:28
Archivos adjuntos:	

Changing the grid size did not improve the model results. Well, maybe it changed some, but not significantly. One the things that caught my eye is the mlc transmission. During the automodeling routine the mlc transmission was set to 0.001 or 0.1%. This appears to be way too low for an mlc transmission. So I re-ran the automodeling routine and set the mlc trans to approx. 4% prior to running the program thinking it may have not been set appropriately to begin with. However, I am seeing the same thing i.e. the mlc trans is reduced to 0.1% or less. Any more ideas?

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Fax: 601-960-3317

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MLC Commissioning
Fecha:	lunes, 12 de diciembre de 2005 21:14:35
Archivos adjuntos:	

Jeff,

You are correct, 0.1% is way too low, ~2% is more appropriate, for Varian linacs anyway. Here are a couple of thoughts-

Check your out-of-field parameters, here's what I got for 6x open field:
Gaussian Height = .07
Gaussian Width = 1.1
MLC transmission = .01875
Source size perpendicular to gantry axis = 0.1387
Source size parallel to gantry axis = 0.1162
I'm assuming yours wouldn't be significantly different; if they are, try changing them manually to see if it improves your fit.

I did run into some problems in automodeling 6x - the final model had changed the Gaussian width to ~4, and the fits were terrible. By changing only that parameter back to the starting point of 1.1, everything fell into place nicely.

Good luck!

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of JGarrett@mbhs.org
Sent: Monday, December 12, 2005 1:19 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: MLC Commissioning

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##

De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Film Import into Pinnacle
Fecha:	lunes, 12 de diciembre de 2005 21:55:12
Archivos adjuntos:	

I agree 100%!! Not only the shape of the blocks, but even the locations of the fields. We do all of our simulations with CT and our physicians (gnerally) like it (although getting them to draw a target can be an issue). I would never go back to conventional simulations.

AJ

Andrew O. Jones, PhD
System Director, Radiation Physics
Department of Radiation Oncology
Geisinger Medical Center
N. Academy Ave
Danville, PA 17822
570 271-6304

>>> Steve.Sapareto@bannerhealth.com 12/12/05 11:04 AM >>>
Andrew,
If your docs are not convinced that 3-D planning by CT is better than conventional sim, have them compare the blocks they would draw on a sim film to the tumor with margins in a beams-eye view after contouring the tumor. IF they are like most physicians the two will sometimes be quite different indicating that their sim drawing either misses tumor or they would treat unnecessary normal tissue.

Steve

Stephen Sapareto, Ph.D.
Director of Medical Physics
Department of Radiation Oncology
Banner Good Samaritan Medical Center
1111 E McDowell Rd
Phoenix, AZ 85006
(602)239-4500

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Andrew Jones
Sent: Thursday, December 08, 2005 12:27 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Film Import into Pinnacle

Perhaps this is a good "excuse" to scale the CT mountain. I've been thru this several times; the docs are comfortable with the old simulator, people hate change. But show them it is quicker for the patient and just as fast for them using CT and the virtual fluoro mode and they will become quick converts. Plus they won't have to waste time in the simulator as they can come in to dosimetry when they please (not sure that this is a good thing though....). The planning doesn't take any longer and it eliminates manual entry into your R&V system, always a source of concern. You and they may be suprised at the dose distributions that you get vs what you assumed with irreg calcs. Probably easier to go this route than depend on Philips to implement a solution.

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Danville, PA 17822
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>>> JGarrett@mbhs.org 12/08/05 1:43 PM >>>

Guy Eason wrote:
>With all the advancements coming from ADAC you would think that they >would
allow you to import a DRR or CR/DR.

Yes, you would. Especially given the fact that they are primarily an imaging company and that Radiation Therapy is listed under IMAGING(!!!) on their web site? Although providing biological optimzation may be something of interest to those in academia, I feel that enabling us in the community setting to be able to use those technologies that are coming of age would be important to them.

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##

De:	Yan, Albert
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MLC Commissioning
Fecha:	lunes, 12 de diciembre de 2005 22:42:07
Archivos adjuntos:	

Here are our parameters:

For Varian21EX-6MV

Gaussian Height = .07022
Gaussian Width = 1.01322
Jaw transmission = 0.0044444
MLC transmission = .01805
Source size perpendicular to gantry axis = 0.12111
Source size parallel to gantry axis = 0.0943

It fits pretty well. Good luck, too.

Albert Yan.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of
JGarrett@mbhs.org
Sent: Monday, December 12, 2005 11:19 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: MLC Commissioning

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##

De:	Geoghegan, Sean
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Unable to start bug - IMRT comments
Fecha:	martes, 13 de diciembre de 2005 3:01:28
Archivos adjuntos:	

Martin recently pointed out a bug of the form:

"Error: Unable to start /usr/local/adacnew/bin/StartPinnExec $PINN_STATIC/bin$PINN_ARCH/Pinnacle"

We've recently run into this bug on 7.6c which is fixed by reinstalling the IMRT plugin on the server. One of clients continually displayed this error. This client was our only client licensed for IMRT and reinstalling the IMRT plugin fixed it. This takes 30 seconds to do, which took us about a week to find. You don't need to reinstall and completely reconfigure the system.

Cheers,

Sean

_____

Sean Geoghegan, PhD MACPSEM MAIP
Senior Medical Physicist
Royal Perth Hospital
Perth WA 6000 AUSTRALIA
t +61 8 9224 7015 h +61 8 9224 2244
f +61 8 9224 1138 m +61 437 056 932
e sean.geoghegan@health.wa.gov.au

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
Sent: Monday, 12 December 2005 21:16
To: pinnacle
Subject: Bug: Windows-Client

Dear Listers,
since we have Version 7.4f following bug occurs from time to time: a patient which was opened on a windows client can not be opened on a solaris machine: Opening of the patient is aborted during final loading steps with following error massage:

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Sometimes (unpredictable) later however it is possible in most cases to open on solaris again!?!
Support didn't succeed so far.
Any comments, hints...?

Martin

De:	Sapareto, Steve
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Film Import into Pinnacle
Fecha:	martes, 13 de diciembre de 2005 5:42:08
Archivos adjuntos:	

Andrew,
If your docs are not convinced that 3-D planning by CT is better than conventional sim, have them compare the blocks they would draw on a sim film to the tumor with margins in a beams-eye view after contouring the tumor. IF they are like most physicians the two will sometimes be quite different indicating that their sim drawing either misses tumor or they would treat unnecessary normal tissue.

Steve

Stephen Sapareto, Ph.D.
Director of Medical Physics
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1111 E McDowell Rd
Phoenix, AZ 85006
(602)239-4500

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Andrew Jones
Sent: Thursday, December 08, 2005 12:27 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Film Import into Pinnacle

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source of concern. You and they may be suprised at the dose distributions that you get vs what you assumed with irreg calcs. Probably easier to go this route than depend on Philips to implement a solution.

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>>> JGarrett@mbhs.org 12/08/05 1:43 PM >>>

Guy Eason wrote:
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will not be distributed unless that account is also subscribed.
##

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Planar dose
Fecha:	martes, 13 de diciembre de 2005 13:19:19
Archivos adjuntos:	

Dear all,

The export of planar doses from pinnacle is in units of cGy/MU. Do someone know how to export the total dose (cGy/MU times the actual number of MU). It could seem as a workaround to export the MU in a separate file and then attach this number to the original file. In this way one just has to multiply the two numbers. However I guess there most be someone who has solved this problem already.
My goal is to be able to compare measured versus calculated planar dose for our IMRT plans. I am using the 2d array 729 from PTW to measure the planar dose. The software for the 729 array assumes that the input data is in absolute dose, thus it would be nice if we could avoid the additional multiplication with the number of monitor units

All the best,

Carsten

==========

Carsten Brink, Ph.D.
Stedfortræder for cheffysiker/Assistant Head of Laboratory of Radiation Physics
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Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	Hendee, Eric
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Planar dose
Fecha:	martes, 13 de diciembre de 2005 15:52:42
Archivos adjuntos:	

Here's what we do, it's MUCH faster in the long run and allows split beams to be combined or composite dose easily:

1. copy plan without dose
2. open plan
3. add ROI, override density outside to 1 (turns dataset into water phantom)
4. set gantry to zero (180 for varian scale)
5. set ssd to whatever you like, run "make all beams homogeneous" script
6. add dose grid (pick your resolution, eg. 0.2 x 0.2 x 0.5, ant-post resolution doesn't matter as much so bigger is faster
7. set Rx to MU
8. set MU for all beams to zero except the one you're interested in, set number of fractions to 1
9. open planar doses
10. set "primary data", "sample trial dose grid"
11. compute, takes less than 1 second - this is the huge time savings
12. the dose will be in cGy instead of cGy/mu
13. export

Give this a shot. Most of this is scriptable, and you should notice a huge time savings.
Regards,
Eric Hendee

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Carsten Brink
> **Sent:** Tuesday, December 13, 2005 6:08 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Planar dose
>
> Dear all,
>
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Carsten

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Carsten Brink, Ph.D.
Stedfortræder for cheffysiker/Assistant Head of Laboratory of Radiation Physics
Radiofysisk laboratorium / Laboratory of Radiation Physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	Royal, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Planar dose
Fecha:	martes, 13 de diciembre de 2005 15:56:16
Archivos adjuntos:	

We export the planar doses from Pinnacle and into the 2Darray software just fine. We do one planar dose at a time; onto a qa "water-equivalent" phantom. In the prescription, set "total mus", and 1 fraction. Next, enter the actual mus for field #1 only, compute sample trial, and export to a file. Then, back to the "beam weighting window", enter the mus for the 2nd field, and delete the mus for field #1. We use a 0.1 cm grid resolution. If you right click on the planar dose window, select CT/dose, you can see the actual cGy at any point.

Then, in the 2darray software, flip the adac fluence (I don't know if this is vendor specific, we have Elekta with iec1217 mode). Then, calibrate the adac fluence to Gy, by dividing by 100 and giving it a label of Gy.

Hope this helps.

Jim Royal

Nebraska Methodist

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-

users@explode.unsw.edu.au] **On Behalf Of** Carsten Brink
Sent: Tuesday, December 13, 2005 6:08 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Planar dose

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All the best,

Carsten

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Denmark
Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	Ozard, Siobhan
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Deleted CT Dataset
Fecha:	martes, 13 de diciembre de 2005 16:56:22
Archivos adjuntos:	

Mike,

A while ago you posted on the pinnacle-users list that your department uses a cron job to delete old dicom images. Please, could you pass on the command line used for the cron job. This would be really useful and I do not know how to selectively delete aged files rather than recent ones.

"In our department, we have a cron job running to delete old dicom images every so often; otherwise this directory will be filled quickly. You might want to check if there is a similary "clean up" script running."

Thanks,
Siobhan Ozard

Siobhan Ozard, Ph.D., MCCPM
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Windsor Regional Cancer Centre
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Siobhan_Ozard@wrh.on.ca
Phone: (519) 253-3191 xtn 58718
Fax: (519) 255-8679
Pager: (519) 251-6401

-----Original Message-----
From: MIKE ZHENG [mailto:mzheng@umm.edu]
Sent: Thursday, December 01, 2005 7:17 PM
To: pinnacle-users@explode.unsw.edu.au; dsbiggs@smartchat.net.au
Subject: RE: Deleted CT Dataset

David,

To check root's cron job: login as root and issue a command: crontab -l
<CR>

For the output format, please see the man page: man crontab

Regards,

Mike

>>> dsbiggs@smartchat.net.au 12/01/05 6:53 PM >>>
Thanks Mike

That's I'll look into the Dicom Export idea - I might be saved yet!

With regard to Cron jobs, how do I find out about those?

Regards

David

David S Biggs
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
Sydney Adventist Hospital
0425 293486
dsbiggs@smartchat.net.au
-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of MIKE ZHENG
Sent: Friday, 2 December 2005 10:42 AM
To: pinnacle-users@explode.unsw.edu.au; dsbiggs@smartchat.net.au
Subject: Re: Deleted CT Dataset

If the CT images have been imported to the plan and the original ct set (dicom format) has been deleted by the "Delete DICOM Images's tool", you can export the CT set from the plan (dicom export). However, some dicom tags will be changed and may need to be manually modified by some imaging tools. If they were deleted before being imported into the plan, then they were gone.
As for the disappearing dicom images, did you check the actual directory (/files/network/DICOM)? In our department, we have a cron job running to delete old dicom images every so often; otherwise this directory will be filled quickly. You might want to check if there is a similary "clean up" script running.

Regards,

Mike Zheng

Department of Radiation Oncology
University of Maryland
410-328-7515
mzheng@umm.edu

>>> dsbiggs@smartchat.net.au 12/01/05 6:26 PM >>>
Dear All

Does anyone know if it is possible to retrieve an imported CT Dataset that has been deleted using the 'Delete DICOM Images' tool?

Also, has anyone had any experience of such files disappearing from the list of CT scans on their own?! If so are the files really deleted or are they still there and it's just a display thing.

Hopefully
David

David S Biggs
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
Sydney Adventist Hospital
0425 293486
dsbiggs@smartchat.net.au

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##

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Split Beams?
Fecha:	martes, 13 de diciembre de 2005 17:27:45
Archivos adjuntos:	

"... it's MUCH faster in the long run and allows split beams to be combined ..."

> Split beams? Oh Eric, that is so yesterday. You should check out wide field DMPO.

De:	Metzger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Unable to start bug - IMRT comments
Fecha:	martes, 13 de diciembre de 2005 17:30:38
Archivos adjuntos:	metzger.vcf

Unfortunately reinstalling the IMRT plugin didn't fix the problem.
Martin

Geoghegan, Sean schrieb:

>Martin recently pointed out a bug of the form:
>
>"Error: Unable to start /usr/local/adacnew/bin/StartPinnExec
>$PINN_STATIC/bin$PINN_ARCH/Pinnacle"
>
>We've recently run into this bug on 7.6c which is fixed by reinstalling the IMRT plugin on the server. One of clients continually displayed this error. This client was our only client licensed for IMRT and reinstalling the IMRT plugin fixed it. This takes 30 seconds to do, which took us about a week to find. You don't need to reinstall and completely reconfigure the system.
>
>Cheers,
>
>Sean
>_____
>Sean Geoghegan, PhD MACPSEM MAIP
>Senior Medical Physicist
>Royal Perth Hospital
>Perth WA 6000 AUSTRALIA
>t +61 8 9224 7015 h +61 8 9224 2244
>f +61 8 9224 1138 m +61 437 056 932
>e sean.geoghegan@health.wa.gov.au
>
>This message and its attachments may contain legally privileged or confidential information. It is intended solely for the named addressee. If you are not the addressee indicated in this message then please notify the sender by reply e-mail. Any content of this message and its attachments that doesn't relate to the official business of Royal Perth Hospital (RPH) must be taken not to have been sent or endorsed by RPH.
>
>-----Original Message-----

>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au]
>Sent: Monday, 12 December 2005 21:16
>To: pinnacle
>Subject: Bug: Windows-Client
>
>
>Dear Listers,
>since we have Version 7.4f following bug occurs from time to time: a
>patient which was opened on a windows client can not be opened on a
>solaris machine: Opening of the patient is aborted during final loading
>steps with following error massage:
>
>"Error: Unable to start /usr/local/adacnew/bin/StartPinnExec
>$PINN_STATIC/bin$PINN_ARCH/Pinnacle"
>
>The errorLog states:
>
>"...
>ASSERTION FAILED: (mpvHandle != Null) File: GeoWrapper.cc Line 50
>
>.
>.
>.
>An internal exeption (type 6) has occured.
>This is the result of a software programming error.
>..."
>
>Sometimes (unpredictable) later however it is possible in most cases to
>open on solaris again!?!
>Support didn't succeed so far.
>Any comments, hints...?
>
>Martin
>
>
>
>
>
>
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>##
>
>
>

De:	Debbie Rothley
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT QA with collimator rotation
Fecha:	martes, 13 de diciembre de 2005 18:07:47
Archivos adjuntos:	

I have a question for Pinnacle users with Varian machines. When running IMRT QA on a plan with a collimator angle with film or Mapcheck, do most of you over-ride the Collimator and MLC interlock? I have tried not to over-ride the MLC interlock for fear of the allowing the machine to operate the MLC's improperly. However since the planar dose maps do not have a collimator angle, rotating the film or Mapcheck is a hassle. Even worse is trying to measure an off-axis point dose.

Does anyone have a workaround or is over-riding the MLC interlock the best thing to do?

Thanks,

Debbie J. Rothley, M.S., DABR
Director of Physics Services
Radiation Oncology Services, Inc.
Riverdale, GA

Newnan Office 770-254-9600
Griffin Office 770-228-3737
Cell Phone 770-330-8248
drothley@rosonline.net

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT QA with collimator rotation
Fecha:	martes, 13 de diciembre de 2005 18:16:50
Archivos adjuntos:	

So far we have only used a collimator angle on our breast IMRT's and we QA them with a collimator angle. We do use 0, 180 gantry angles instead of the tangent angle.

From: Debbie Rothley
Sent: Tue 12/13/2005 12:00 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT QA with collimator rotation

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Director of Physics Services
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Riverdale, GA

Newnan Office 770-254-9600
Griffin Office 770-228-3737
Cell Phone 770-330-8248
drothley@rosonline.net

De:	forest.gary@marshfieldclinic.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Deleted CT Dataset
Fecha:	martes, 13 de diciembre de 2005 18:47:54
Archivos adjuntos:	

Using the 'find' command, you can use the mtime parameter to limit the search on date of last modification. You can also use the exec parameter of it to then go and delete the files.

That said, I would REALLY suggest you read the man page and test the command out on some dummy data you don't care about, a single character change in the command can have tremendously different results.

A command of the manner like
/usr/bin/find /path/of/directory/to/clean -type f -mtime +5 -exec /bin/rm -f {} \;

is the type of command you would want to use to remove files of a certain number of days and older from a given directory.

Best of luck and be sure to test it before using it.

Gary Forest
Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

------Original Message------
From: "Ozard, Siobhan" <Siobhan_Ozard@wrh.on.ca>
Date: Tue Dec 13, 2005 -- 10:12:20 AM
To: '"pinnacle-users@explode.unsw.edu.au"'<pinnacle-users@explode.unsw.edu.au>
Subject: RE: Deleted CT Dataset

Mike,

A while ago you posted on the pinnacle-users list that your department uses a cron job to delete old dicom images. Please, could you pass on the command line used for the cron job. This would be really useful and I do not know how to selectively delete aged files rather than recent ones.

"In our department, we have a cron job running to delete old dicom images

every so often; otherwise this directory will be filled quickly. You might want to check if there is a similary "clean up" script running."

Thanks,
Siobhan Ozard

Siobhan Ozard, Ph.D., MCCPM
Department of Medical Physics
Windsor Regional Cancer Centre
2220 Kildare Rd.
Windsor, ON
CANADA
N8W 2X3

Siobhan_Ozard@wrh.on.ca
Phone: (519) 253-3191 xtn 58718
Fax: (519) 255-8679
Pager: (519) 251-6401

-----Original Message-----
From: MIKE ZHENG [mailto:mzheng@umm.edu]
Sent: Thursday, December 01, 2005 7:17 PM
To: pinnacle-users@explode.unsw.edu.au; dsbiggs@smartchat.net.au
Subject: RE: Deleted CT Dataset

David,

To check root's cron job: login as root and issue a command: crontab -l <CR>

For the output format, please see the man page: man crontab

Regards,

Mike

>>> dsbiggs@smartchat.net.au 12/01/05 6:53 PM >>>
Thanks Mike

That's I'll look into the Dicom Export idea - I might be saved yet!

With regard to Cron jobs, how do I find out about those?

Regards

David

David S Biggs
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
Sydney Adventist Hospital
0425 293486
dsbiggs@smartchat.net.au
-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of MIKE ZHENG
Sent: Friday, 2 December 2005 10:42 AM
To: pinnacle-users@explode.unsw.edu.au; dsbiggs@smartchat.net.au
Subject: Re: Deleted CT Dataset

If the CT images have been imported to the plan and the original ct set (dicom format) has been deleted by the "Delete DICOM Images's tool", you can export the CT set from the plan (dicom export). However, some dicom tags will be changed and may need to be manually modified by some imaging tools. If they were deleted before being imported into the plan, then they were gone.
As for the disappearing dicom images, did you check the actual directory (/files/network/DICOM)? In our department, we have a cron job running to delete old dicom images every so often; otherwise this directory will be filled quickly. You might want to check if there is a similary "clean up" script running.
Regards,

Mike Zheng

Department of Radiation Oncology
University of Maryland
410-328-7515
mzheng@umm.edu

>>> dsbiggs@smartchat.net.au 12/01/05 6:26 PM >>>
Dear All

Does anyone know if it is possible to retrieve an imported CT Dataset that has been deleted using the 'Delete DICOM Images' tool?

Also, has anyone had any experience of such files disappearing from the list of CT scans on their own?! If so are the files really deleted or are they still there and it's just a display thing.

Hopefully

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##

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	ron.fitzgerald@juno.com; saddhu@juno.com; Alan Cassady; AVEN OKAMURA; ED PRICE; EMILY ROBINSON; JAMES CONANT; LES UYEDA; WAYNE KOJIMA;
Asunto:	Wide Field IMRT without DMPO
Fecha:	martes, 13 de diciembre de 2005 19:24:32
Archivos adjuntos:	

Hi Bruce,

To be honest, we only tried wide field IMRT with DMPO. I did not know Version 7.4 would do the same thing. Thanks for letting us know.

Scott

>>> "Libey, Bruce M." <blibey@smdc.org> 12/13/05 07:10 AM >>>

Greetings Mr. Dube,

I have seen your PowerPoint presentation on Wide Field DMPO IMRT. An excellent presentation! You indicated this may only be appropriate with the DMPO option. We are using Pinnacle ver 7.4, no DMPO, and the few cases where I have experimented using the wide field technique, Pinnacle appears to be moving the leaf junctions that are in the field to a different location nearly every leaf sequence. In this case I would say your wide field technique would also be applicable to non-DMPO users with pinnacle 7.4. I have exposed single field films and composite films duplicating your results in the PowerPoint presentation. Did you find different results with
Non-DMPO plans (using pinnacle 7.4)?

Bruce Libey
Medical Physicist
Miller-Dwan Medical Center
502 East 2nd Street
Duluth, Minnesota 55805
(218) 786-1325

De:	Ostapiak, Orest
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: IMRT QA with collimator rotation
Fecha:	martes, 13 de diciembre de 2005 20:48:59
Archivos adjuntos:	

We set both gantry and collimator to 0 for our film dosimetry QA.
Additional QA measures are employed to make sure the plan delivered to the patient is equally verified:
1. Point dose measurement using ion chamber in a phantom of treatment beams.
2. Qualitative review of EPID dose image of treatment beams.
It's not so much a workaround as it is extra work that I can't justify eliminating.

Orest.

> -----Original Message-----
> **From:** Debbie Rothley [mailto:DRothley@rosonline.net]
> **Sent:** Tuesday, December 13, 2005 12:00 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** IMRT QA with collimator rotation
>
> I have a question for Pinnacle users with Varian machines. When running IMRT QA on a plan with a collimator angle with film or Mapcheck, do most of you over-ride the Collimator and MLC interlock? I have tried not to over-ride the MLC interlock for fear of the allowing the machine to operate the MLC's improperly. However since the planar dose maps do not have a collimator angle, rotating the film or Mapcheck is a hassle. Even worse is trying to measure an off-axis point dose.
>
> Does anyone have a workaround or is over-riding the MLC interlock the best thing to do?
>
> Thanks,
>
> ***Debbie J. Rothley, M.S., DABR***
> ***Director of Physics Services***
> ***Radiation Oncology Services, Inc.***
> ***Riverdale, GA***
>
> ***Newnan Office 770-254-9600***

Griffin Office 770-228-3737
Cell Phone 770-330-8248
drothley@rosonline.net

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MLC Commissioning
Fecha:	martes, 13 de diciembre de 2005 22:25:00
Archivos adjuntos:	

Thanks to everyone who provided replies. However, I believe I found the source of my error. The cross-plane mlc scans were shifted by 0.25 cm to place the chamber under the leaf and not between two adjacent leaves. However, when I entered the scanning parameters into Pinnacle I mistakenly entered 2.5 cm instead of 0.25 cm. The data had to be entered manually because as some of you know Wellhofer does not export shifted scans correctly - or at least that is what I thought I had read some time ago - and in Wellhofer the scan was not listed as shifted. Obviously, if you scan a 5x5 or smaller field 2.5 cm downstream you are either on the edge of the field or out of it - and this is what I had told Pinnacle I had scanned. This effect did not show up for the 10x10 and greater scans because 2.5 is still in the beam, So far the new optimization appears to be much better.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	jianrong dai
A:	sdube@queens.org;
Cc:	pinnacle-users@explode.unsw.edu.au;
Asunto:	Re: Wide Field IMRT without DMPO
Fecha:	martes, 13 de diciembre de 2005 22:55:15
Archivos adjuntos:	

Hi, Scott,

I am interested in the wide field IMRT without DMPO, since the most majority of our IMRT
cases are head and neck ones. I have followed the discussions between you and other physicists. But I could not figure out how you did it, and I also could not find the presentation you mentioned. Maybe I missed some of your emails. Could you kindly post
your presentation again, or just send it to me. Thanks.

Actually I ever set the MLC parameter "maximum tip position from the jaw" from its default value 14.5 to 20 cm for a Varian 600CD with 120 leaves, and did get wide fields with closed leaf in the field defined by the jaws. But when we tried to deliver such leaf sequences, we found some leaf sequences could not be delivered, since the leaf carriage is required to change position in individual leaf sequences. That is not supported by our machine.

Jianrong Dai, PhD
Cancer Institute (Hospital)
Chinese Academy of Medical Sciences
Beijing, China

--- Scott DUBE <sdube@queens.org> wrote:

> Hi Bruce,
>
> To be honest, we only tried wide field IMRT with DMPO. I did not know Version 7.4
> would do the same thing. Thanks for letting us know.
>
> Scott
>
> >>> "Libey, Bruce M." <blibey@smdc.org> 12/13/05 07:10 AM >>>
>
> Greetings Mr. Dube,
>

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> using Pinnacle ver 7.4, no DMPO, and the few cases where I have experimented using the
> wide field technique, Pinnacle appears to be moving the leaf junctions that are in the
> field to a different location nearly every leaf sequence. In this case I would say
> your wide field technique would also be applicable to non-DMPO users with pinnacle 7.4.
> I have exposed single field films and composite films duplicating your results in the
> PowerPoint presentation. Did you find different results with
> Non-DMPO plans (using pinnacle 7.4)?
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> Bruce Libey
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> Miller-Dwan Medical Center
> 502 East 2nd Street
> Duluth, Minnesota 55805
> (218) 786-1325
>
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>

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Wide Field IMRT with V7.4
Fecha:	martes, 13 de diciembre de 2005 22:59:05
Archivos adjuntos:	

Hi Jianrong,

We have only used wide field IMRT with DMPO. So let's ask Bruce Libby how he does it with Version 7.4

Scott

P.S. to Eric - Great idea on the QA stuff.

>>> "jianrong dai" <jianrong_dai@yahoo.com> 12/13/05 11:20AM >>>
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De:	Ostapiak, Orest
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Planar dose
Fecha:	martes, 13 de diciembre de 2005 23:20:30
Archivos adjuntos:	

If you sample the plan trial dose grid, the planar dose map will contain the actual dose.
Orest.

> -----Original Message-----
> **From:** Carsten Brink [mailto:carsten.brink@ouh.fyns-amt.dk]
> **Sent:** Tuesday, December 13, 2005 7:08 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Planar dose
>
> Dear all,
>
> The export of planar doses from pinnacle is in units of cGy/MU. Do someone know how to export the total dose (cGy/MU times the actual number of MU). It could seem as a workaround to export the MU in a separate file and then attach this number to the original file. In this way one just has to multiply the two numbers. However I guess there most be someone who has solved this problem already.
> My goal is to be able to compare measured versus calculated planar dose for our IMRT plans. I am using the 2d array 729 from PTW to measure the planar dose. The software for the 729 array assumes that the input data is in absolute dose, thus it would be nice if we could avoid the additional multiplication with the number of monitor units
>
> All the best,
>
> Carsten
>
> ==========
> Carsten Brink, Ph.D.
> Stedfortræder for cheffysiker/Assistant Head of Laboratory of Radiation Physics
> Radiofysisk laboratorium / Laboratory of Radiation Physics

Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	jianrong dai
A:	sdube@queens.org;
Cc:	pinnacle-users@explode.unsw.edu.au;
Asunto:	Re: Wide Field IMRT without DMPO
Fecha:	miércoles, 14 de diciembre de 2005 0:12:32
Archivos adjuntos:	

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De:	Yan, Albert
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Wide Field IMRT without DMPO
Fecha:	miércoles, 14 de diciembre de 2005 0:35:58
Archivos adjuntos:	

After the plan was optimized with wider fields (>14.5cm) using intensity modulation, convert the plan by selecting the IMRT parameters beam split with overlap for 2 cm. Pinnacle will do the job, and this is for V7.4 and above.

Albert Yan

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of jianrong dai
Sent: Tuesday, December 13, 2005 1:20 PM
To: sdube@queens.org
Cc: pinnacle-users@explode.unsw.edu.au
Subject: Re: Wide Field IMRT without DMPO

Hi, Scott,

I am interested in the wide field IMRT without DMPO, since the most majority of our IMRT
cases are head and neck ones. I have followed the discussions between you and other physicists. But I could not figure out how you did it, and I also could not find the presentation you mentioned. Maybe I missed some of your emails. Could you kindly post
your presentation again, or just send it to me. Thanks.

Actually I ever set the MLC parameter "maximum tip position from the jaw" from its default value 14.5 to 20 cm for a Varian 600CD with 120 leaves, and did get wide fields with closed leaf in the field defined by the jaws. But when we tried to deliver such leaf sequences, we found some leaf sequences could not be delivered, since the leaf carriage is required to change position in individual leaf sequences. That is not supported by our machine.

Jianrong Dai, PhD
Cancer Institute (Hospital)
Chinese Academy of Medical Sciences

Beijing, China

--- Scott DUBE <sdube@queens.org> wrote:

> Hi Bruce,
>
> To be honest, we only tried wide field IMRT with DMPO. I did not know Version 7.4
> would do the same thing. Thanks for letting us know.
>
> Scott
>
> >>> "Libey, Bruce M." <blibey@smdc.org> 12/13/05 07:10 AM >>>
>
> Greetings Mr. Dube,
>
> I have seen your PowerPoint presentation on Wide Field DMPO IMRT. An
excellent
> presentation! You indicated this may only be appropriate with the DMPO option. We
are
> using Pinnacle ver 7.4, no DMPO, and the few cases where I have experimented
using the
> wide field technique, Pinnacle appears to be moving the leaf junctions that are in the
> field to a different location nearly every leaf sequence. In this case I would say
> your wide field technique would also be applicable to non-DMPO users with pinnacle
7.4.
> I have exposed single field films and composite films duplicating your results in the
> PowerPoint presentation. Did you find different results with
> Non-DMPO plans (using pinnacle 7.4)?
>
> Bruce Libey
> Medical Physicist
> Miller-Dwan Medical Center
> 502 East 2nd Street
> Duluth, Minnesota 55805
> (218) 786-1325
>
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> to majordomo@explode.unsw.edu.au.
>
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##

are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	ron.fitzgerald@juno.com; saddhu@juno.com; Alan Cassady; AVEN OKAMURA; ED PRICE; EMILY ROBINSON; JAMES CONANT; LES UYEDA; WAYNE KOJIMA;
Asunto:	No Wide Field IMRT with V7.4
Fecha:	miércoles, 14 de diciembre de 2005 1:32:39
Archivos adjuntos:	

I just heard from Bruce Libby who said that he has investigated wide field IMRT using V7.4. But the wide field IMRT he delivered on the linac were DMPO plans.

Sorry for giving out the wrong information.

De:	jianrong dai
A:	sdube@queens.org; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Wide Field IMRT with V7.4
Fecha:	miércoles, 14 de diciembre de 2005 4:12:55
Archivos adjuntos:	

Hi, Scott,

I should have told you that we also use DMPO, not two-step method to design IMRT plans.
Please show how to get deliverable wide fields with DMPO.

Jianrong

--- Scott DUBE <sdube@queens.org> wrote:

> Hi Jianrong,
>
> We have only used wide field IMRT with DMPO. So let's ask Bruce Libby how he does it
> with Version 7.4
>
> Scott
>
> P.S. to Eric - Great idea on the QA stuff.
>
> >>> "jianrong dai" <jianrong_dai@yahoo.com> 12/13/05 11:20AM >>>
> Hi, Scott,
>
> I am interested in the wide field IMRT without DMPO, since the most majority of our
> IMRT cases are head and neck ones. I have followed the discussions between you and
> other physicists. But I could not figure out how you did it, and I also could not find
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> default value 14.5 to 20 cm for a Varian 600CD with 120 leaves, and did get wide fields
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> leaf sequences, we found some leaf sequences could not be delivered, since the leaf
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> supported by our machine.
>
> Jianrong Dai, PhD
> Cancer Institute (Hospital)
> Chinese Academy of Medical Sciences
> Beijing, China
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##

De:	Emiliano Spezi
A:	Pinnacle users mailing list;
Cc:	
Asunto:	RTOG export
Fecha:	miércoles, 14 de diciembre de 2005 12:29:46
Archivos adjuntos:	

Hi all,

we would like to export from Pinnacle 3d dose matrix and ROIs.
We currently run version 7.6c.
While we wait for DICOM RTDOSE export, the RTOG format would be good enough.

Apparently it is currently impossible to export via the RTOG tab any kind of information for our plans when the MLC is used. The error message says that it is impossible to export beams "utilizing vertically oriented MLC".

We do not need beam information at all.
We just want ROIs, and dose in a common coordinate system.

Does anyone know if we can by-pass this problem ?
Could we "disable" RTOG export of beam dataset while maintaining ROI, dose matrix and CT data export capabilities ?

Many thanks for any suggestion you might have.

Emiliano

--
==========
Emiliano Spezi, PhD
Servizio di Fisica Sanitaria - Policlinico S.Orsola Malpighi
Via Massarenti 9, 40138 Bologna, Italia
Voice: +39 051 636 3575 (ext: 3131) - Fax: +39 051 636 3571
==========

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Dicom version 4.4
Fecha:	miércoles, 14 de diciembre de 2005 17:27:51
Archivos adjuntos:	

Dear all,

I have just had DICOM version 4.4 installed in my system.
At the page "Select Images for Import" there is a button named "Delete". This button has been working fine until now. However, if I use this Delete function now the result is an error message stating "Error: Unable to delete image set. Unknown: error". Thus the pictures are not deleted.
Does anyone know of this "feature" of the system and how to correct it?

All the best,
Carsten

P.s. Previously there has been a discussion of a bug which prevented deletion of the patients except the first in the directory. But I get the same error for the entire patient list independent of their number of appearance in the directory.

==========

Carsten Brink, Ph.D.
Stedfortræder for cheffysiker/Assistant Head of Laboratory of Radiation Physics
Radiofysisk laboratorium / Laboratory of Radiation Physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

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##

De:	garmon
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT QA with collimator rotation
Fecha:	miércoles, 14 de diciembre de 2005 17:36:35
Archivos adjuntos:	

We do IMRT QA using two methods. The planar doses are done with mapcheck and compared with the ADAC planar doses which are computed without collimation by default (even on breast IMRTs with collimator angles), thus the collimator and couch angle, if there is one, are overridden for the mapcheck measurements. We have no reason to override the MLC. When we do absolute measurements with an ion chamber in phantom, everything is set up as it is for the patient, with collimator angles, couch, etc. You should not ever have to override the MLC. Hope this helps.
Pam Garmon

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Svar: RTOG export
Fecha:	miércoles, 14 de diciembre de 2005 17:45:56
Archivos adjuntos:	

Add the folowing line to the PinnacleInit file in the home directory to avoid the problem with "utilizing vertically oriented MLC"
IsOkForAAPMMLCVertical=1;
All the best,
Carsten

==========
Carsten Brink, Ph.D.
Stedfortræder for cheffysiker/Assistant Head of Laboratory of Radiation Physics
Radiofysisk laboratorium / Laboratory of Radiation Physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	sort beams alphanumerically?
Fecha:	miércoles, 14 de diciembre de 2005 18:27:16
Archivos adjuntos:	

Is there a way to sort beams alphanumerically other than right clicking on beam name in the beam spreadsheet?

De:	forest.gary@marshfieldclinic.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: sort beams alphanumerically?
Fecha:	miércoles, 14 de diciembre de 2005 23:07:41
Archivos adjuntos:	

"All things may be done via scripting" said the dark stranger in the alley...

------Original Message------
From: "Thompson, Stephen K" <ThompsSK@sutterhealth.org>
Date: Wed Dec 14, 2005 -- 12:05:17 PM
To: <pinnacle-users@explode.unsw.edu.au>
Subject: sort beams alphanumerically?

Is there a way to sort beams alphanumerically other than right clicking on beam name in the beam spreadsheet?

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De:	Gallant, Gregg
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Varian 80 leaf vs. 120 leaf - any thoughts?
Fecha:	miércoles, 14 de diciembre de 2005 23:45:35
Archivos adjuntos:	

Good afternoon all:

I was wondering if any of you good folk have considered using a Varian 80 leaf (Mark series) vs. a Varian 120 leaf (Millennium series) for IMRT.

We have an 'old' (at least 10 years old, as best as I can tell) 80 leaf on a 21EX (that is only 3 years old - why that was done is another story). I would prefer to 'upgrade' to a 120 leaf MLC before we 'go down' the IMRT path with this machine.

Do any of you have any thoughts on the pros/cons associated with attempting IMRT with the current 80 leaf?

Apologies if this is not the appropriate venue for this discussion.

Thanks
Gregg Gallant

De:	jfwochos@gundluth.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Varian 80 leaf vs. 120 leaf - any thoughts?
Fecha:	jueves, 15 de diciembre de 2005 0:52:09
Archivos adjuntos:	

We've done both here, but our 80 leaf was a Clinac 600 C/D Mark 4 software and the 120 leaf machines were both dual energy. The 120, millennium certainly treats faster, the segments come up quicker. I also think the dose conformity is better, but I never did a true comparison. I know our physicians thought this was the case. Whether or not it's worth the however many $100,000's Varian will charge you is possibly subjective. I guess if you are a very busy institution, with a high workload, it could keep you from an additional machine down the road for a bit. You might be able to treat a patient or two more per day with the Millennium.

john

John F Wochos, MS, DABR
Radiation Oncology Dept (EB1-001)
Gundersen Lutheran Medical Center
1900 South Ave.
La Crosse, WI 54601
(608)775-2593
FAX (608)775-5578
jfwochos@gundluth.org

De:	Metzger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: sort beams alphanumerically?
Fecha:	jueves, 15 de diciembre de 2005 9:07:00
Archivos adjuntos:	metzger.vcf

TrialList.Current.BeamList.SortBy.Name="";

forest.gary@marshfieldclinic.org schrieb:

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>------Original Message------
>From: "Thompson, Stephen K" <ThompsSK@sutterhealth.org>
>Date: Wed Dec 14, 2005 -- 12:05:17 PM
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: sort beams alphanumerically?
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De:	Krieger_T@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	MLC and Jaws
Fecha:	jueves, 15 de diciembre de 2005 9:07:39
Archivos adjuntos:	

Hi pinnacle-users,

We are a little bit wondering about the following "feature" of Pinnacle, especially with Siemens Linacs:
On the one hand,if you manually adapt Y-Jaw settings,those leafs which are covered by the Y-Jaw are not closed automatically.
On the other hand, if you manually adjust leafs the X-Jaw settings are not changed to the maximum leaf position.
The main problems of this "feature" come in the R&V-System (Oncentra Visir in our institution): The Application of such fields is rejected.

My questions now are:
Is there any possibility to adapt the jaw-settings automatically? (With former Helax TMS this worked quite fine)
Have other R&V-Systems than Visir also have problems with mismatched MLC and Jaws?

Thank you for any kind of feedback

Regards
Thomas

****

Thomas Krieger
Klinik für Strahlentherapie, Universitaet Wuerzburg
Josef-Schneider-Strasse 11, D-97080 Wuerzburg, Germany
Tel: +49 931 201 28412 Fax: +49 931 201 28221
Email: Krieger_T@klinik.uni-wuerzburg.de
WWW: http://www.strahlentherapie.uni-wuerzburg.de

to majordomo@explode.unsw.edu.au.

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De:	Son, dhr. D.C. Van
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: sort beams alphanumerically?
Fecha:	jueves, 15 de diciembre de 2005 13:55:21
Archivos adjuntos:	

Hello,

In continue of the past question, I have the following one. Is it possible to change the order of the institution list. We would like to change it in a way of the most used above the list and the rest of the institutions in order of times used.

I hope this question is understandeble and aswereble!

Dennis

Radiation therapist
Medical Centre Alkmaar
The Netherlands

Van: owner-pinnacle-users@explode.unsw.edu.au namens Metzger
Verzonden: do 15-12-2005 8:44
Aan: pinnacle-users@explode.unsw.edu.au
Onderwerp: Re: sort beams alphanumerically?

TrialList.Current.BeamList.SortBy.Name="";

forest.gary@marshfieldclinic.org schrieb:

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>From: "Thompson, Stephen K" <ThompsSK@sutterhealth.org>
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De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: sort beams alphanumerically?
Fecha:	jueves, 15 de diciembre de 2005 21:50:11
Archivos adjuntos:	

Now THAT'S what I call service!

Thanks a bunch!

Steve T

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au on behalf of Metzger
> **Sent:** Wed 12/14/2005 11:44 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Cc:**
> **Subject:** Re: sort beams alphanumerically?
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De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	next question - scripting syntax to sort ROI list?
Fecha:	jueves, 15 de diciembre de 2005 22:52:13
Archivos adjuntos:	

The beam list sort was an easy one! Thanks!

One thing that really bugs me though is the ROI list. I would really like to sort that too. The syntax TrialList.Current.RoiList.SortBy.Name="": doesn't appear to work though. Anyone know the correct syntax for this one?

Steve T

> -----Original Message-----
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De:	David Biggs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle vs iView GT
Fecha:	jueves, 15 de diciembre de 2005 23:02:17
Archivos adjuntos:	

Hi All

Two questions in one here so please read on.

First Question

I want to compare relative planar dose maps from Pinnacle with images from our iView GT EPI.

This may be an ignorant question but I'm not sure what I should be setting at the Pinnacle end. The iView image is a representation of an object at isocentre but is acquired at ~160cm SSD. The planar dose map in Pinnacle is within the phantom/patient not beyond it, so I'm not sure how to compare the two. Do I need to set the Source Plane Distance in pinnacle to be the same as my iView SSD, or do I just set the dose plane to be where I really want it and then scale the images accordingly?

Second Question

Is it possible to script actions in Pinnacle at LaunchPad level. I want to script the import of images that are in Pinnacle format.

Any help would be appreciated

Kind Regards

David

David S Biggs

Chief Medical Physicist

East Coast Medical Physics

Sydney Radiotherapy & Oncology Centre

Sydney Adventist Hospital

0425 293486

dsbiggs@smartchat.net.au

De:	Ostapiak, Orest
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: next question - scripting syntax to sort ROI list?
Fecha:	viernes, 16 de diciembre de 2005 0:02:19
Archivos adjuntos:	

The ROI's don't belong to any particular Trial. Try: RoiList.SortBy.Name="";
I haven't tested this, but it probably works.
Orest.

-----Original Message-----
From: Thompson, Stephen K [mailto:ThompsSK@sutterhealth.org]
Sent: Thursday, December 15, 2005 4:32 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: next question - scripting syntax to sort ROI list?

The beam list sort was an easy one! Thanks!

One thing that really bugs me though is the ROI list. I would really like to sort that too. The syntax TrialList.Current.RoiList.SortBy.Name="": doesn't appear to work though. Anyone know the correct syntax for this one?

Steve T

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Sent: Wed 12/14/2005 11:44 PM
To: pinnacle-users@explode.unsw.edu.au
Cc:
Subject: Re: sort beams alphanumerically?

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>members, the list has been configured so that messages can only be
>sent from a subscribed account. Messages sent from a users secondary
>account will not be distributed unless that account is also subscribed.
>##
>
>
>

De: Mark Daniels

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: next question - POI?

Fecha: viernes, 16 de diciembre de 2005 0:20:15

Archivos adjuntos:

Since we are on the topic...does anyone know the syntax to copy a POI?

Mark Daniels
-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
On Behalf Of Ostapiak, Orest
Sent: Thursday, December 15, 2005 2:42 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: next question - scripting syntax to sort ROI list?

> The ROI's don't belong to any particular Trial. Try: RoiList.SortBy.Name="";
> I haven't tested this, but it probably works.
> Orest.
>
> -----Original Message-----
> **From:** Thompson, Stephen K [mailto:ThompsSK@sutterhealth.org]
> **Sent:** Thursday, December 15, 2005 4:32 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** next question - scripting syntax to sort ROI list?
>
> The beam list sort was an easy one! Thanks!
>
> One thing that really bugs me though is the ROI list. I would really like to sort that too. The syntax TrialList.Current.RoiList.SortBy.Name="": doesn't appear to work though. Anyone know the correct syntax for this one?
>
> Steve T
>
> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au on behalf of Metzger
> **Sent:** Wed 12/14/2005 11:44 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Cc:**
> **Subject:** Re: sort beams alphanumerically?
>
> TrialList.Current.BeamList.SortBy.Name="";
>
> forest.gary@marshfieldclinic.org schrieb:
>
> >"All things may be done via scripting" said the dark stranger in the alley...
> >
> >
> >------Original Message------
> >From: "Thompson, Stephen K" <ThompsSK@sutterhealth.org>
> >Date: Wed Dec 14, 2005 -- 12:05:17 PM
> >To: <pinnacle-users@explode.unsw.edu.au>
> >Subject: sort beams alphanumerically?
> >
> >Is there a way to sort beams alphanumerically other than right clicking on beam name

in the beam spreadsheet?
>
>--
>
>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
>
>
>>>Attachment 1: winmail.dat
>>>
>>>
>
>
>
>
>##
>To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
>unsubscribe pinnacle-users <e-mail address>
>to majordomo@explode.unsw.edu.au.
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>
>
>

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: next question - scripting syntax to sort ROI list?
Fecha:	viernes, 16 de diciembre de 2005 0:56:25
Archivos adjuntos:	

Good point! Yes - that works just fine! Also works for POI list.

Steve T

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Ostapiak, Orest
Sent: Thu 12/15/2005 2:41 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Cc:
Subject: RE: next question - scripting syntax to sort ROI list?

The ROI's don't belong to any particular Trial. Try: RoiList.SortBy.Name="";
I haven't tested this, but it probably works.
Orest.

-----Original Message-----
From: Thompson, Stephen K [mailto:ThompsSK@sutterhealth.org]
Sent: Thursday, December 15, 2005 4:32 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: next question - scripting syntax to sort ROI list?

The beam list sort was an easy one! Thanks!

One thing that really bugs me though is the ROI list. I would really like to sort that too. The syntax TrialList.Current.RoiList.SortBy.Name="": doesn't appear to work though. Anyone know the correct syntax for this one?

Steve T

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Metzger
Sent: Wed 12/14/2005 11:44 PM
To: pinnacle-users@explode.unsw.edu.au
Cc:
Subject: Re: sort beams alphanumerically?

TrialList.Current.BeamList.SortBy.Name="";

forest.gary@marshfieldclinic.org schrieb:

>"All things may be done via scripting" said the dark stranger in the alley...
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>
>------Original Message------
>From: "Thompson, Stephen K" <ThompsSK@sutterhealth.org>
>Date: Wed Dec 14, 2005 -- 12:05:17 PM

>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: sort beams alphanumerically?
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>
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De: Thompson, Stephen K
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: next question - POI?
Fecha: viernes, 16 de diciembre de 2005 0:56:46
Archivos adjuntos:

In the same vein as the other stuff...

PoiList.Copy = PoiList.Current.Address;

will copy the currently selected point and put it at the end of the list.

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au on behalf of Mark Daniels
> **Sent:** Thu 12/15/2005 3:03 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Cc:**
> **Subject:** RE: next question - POI?
>
> Since we are on the topic...does anyone know the syntax to copy a POI?
>
> Mark Daniels
> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
> **On Behalf Of** Ostapiak, Orest
> **Sent:** Thursday, December 15, 2005 2:42 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: next question - scripting syntax to sort ROI list?
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> > **Subject:** next question - scripting syntax to sort ROI list?
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> >
> > One thing that really bugs me though is the ROI list. I would really like to sort that too.
> > The syntax TrialList.Current.RoiList.SortBy.Name="": doesn't appear to work though.
> > Anyone know the correct syntax for this one?
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> > Steve T
> >
> > > -----Original Message-----
> > > **From:** owner-pinnacle-users@explode.unsw.edu.au on behalf of Metzger
> > > **Sent:** Wed 12/14/2005 11:44 PM
> > > **To:** pinnacle-users@explode.unsw.edu.au
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>Date: Wed Dec 14, 2005 -- 12:05:17 PM
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: sort beams alphanumerically?
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>
>

De:	David Djajaputra
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: next question - POI?
Fecha:	viernes, 16 de diciembre de 2005 0:57:28
Archivos adjuntos:	

An easy way to find the syntax for anything is to use the script recording feature of Pinnacle. Just turn on the recording function for a new script in the scripting window and do whatever you want. After you're done, just look at the script that was generated by Pinnacle. Most of the time, the lines are self explanatory and you can modify them to do similar things.

ADAC (or Philips) has a manual for all this syntax. But probably because of liability, it's not for public consumption...

David

"Mark Daniels" <Mark.Daniels@overlakehospital.org>
Sent by: owner-pinnacle-users@explode.unsw.edu.au

To <pinnacle-users@explode.unsw.edu.au>
cc
Subject RE: next question - POI?

12/15/2005 05:03 PM

Please respond to pinnacle-users@explode.unsw.edu.au

Since we are on the topic...does anyone know the syntax to copy a POI?

Mark Daniels

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: next question - POI?
Fecha:	viernes, 16 de diciembre de 2005 0:58:00
Archivos adjuntos:	

Another good suggestion and one that I use frequently, but with the sorts and copy POI stuff, you can't record it because you can't do it in the user interface!

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au on behalf of David Djajaputra
> **Sent:** Thu 12/15/2005 3:34 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Cc:**
> **Subject:** RE: next question - POI?
>
> An easy way to find the syntax for anything is to use the script recording feature of Pinnacle. Just turn on the recording function for a new script in the scripting window and do whatever you want. After you're done, just look at the script that was generated by Pinnacle. Most of the time, the lines are self explanatory and you can modify them to do similar things.
>
> ADAC (or Philips) has a manual for all this syntax. But probably because of liability, it's not for public consumption...
>
> David

"Mark Daniels" <Mark.Daniels@overlakehospital.org>
Sent by: owner-pinnacle-users@explode.unsw.edu.au

To <pinnacle-users@explode.unsw.edu.au>

cc

Subject RE: next question - POI?

12/15/2005 05:03 PM

Please respond to pinnacle-users@explode.unsw.edu.au

Since we are on the topic...does anyone know the syntax to copy a POI?

Mark Daniels

De:	Sauer_O@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Pinnacle vs iView GT
Fecha:	viernes, 16 de diciembre de 2005 8:52:41
Archivos adjuntos:	

>I want to compare relative planar dose maps from Pinnacle with images from our iView GT EPI

I think it is obvious that you have to add a sheet of material behind the patient and calculate the dose there.
Otto

PD Dr. rer. nat. Otto Sauer
Universität Würzburg
Klinik für Strahlentherapie
Josef-Schneider-Str. 11 (B2)
97080 Würzburg

T: 0931 201 28230
e: sauer_o@klinik.uni-wuerzburg.de

De:	Emiliano Spezi
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	R: RTOG export
Fecha:	viernes, 16 de diciembre de 2005 9:07:04
Archivos adjuntos:	

Thanks to all for the great feedback!
It works.
Cheers,

Emiliano

--
==========
Emiliano Spezi, PhD
Servizio di Fisica Sanitaria - Policlinico S.Orsola Malpighi
Via Massarenti 9, 40138 Bologna, Italia
Voice: +39 051 636 3575 (ext: 3131) - Fax: +39 051 636 3571
==========

-----Messaggio originale-----
Da: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] Per conto di Carsten Brink
Inviato: 14 December 2005 17:19
A: pinnacle-users@explode.unsw.edu.au
Oggetto: Svar: RTOG export

Add the folowing line to the PinnacleInit file in the home directory to
avoid the problem with "utilizing vertically oriented MLC"
IsOkForAAPMMLCVertical=1;
All the best,
Carsten

==========
Carsten Brink, Ph.D.
Stedfortræder for cheffysiker/Assistant Head of Laboratory of Radiation
Physics Radiofysisk laboratorium / Laboratory of Radiation Physics Odense
Universitetshospital / Odense University Hospital DK-5000 Odense C Denmark
Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

##
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the message
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account will not be distributed unless that account is also subscribed.
##

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle vs iView GT
Fecha:	viernes, 16 de diciembre de 2005 9:53:59
Archivos adjuntos:	

David

First Q - Is it how to get the images/dose maps into an application to compare? or what to expect from the dose plane in the middle of phantom/patient compared to image at 160cm. The image at 160cm is appears to be approximately the direct fluence. The scatter buildup from within the phantom having been dispersed by 160 and any residual absorbed in the metal plate of the EPID.

Second Q - I don't think there is a dircet scripting from LP. However, you could try encapsulating "volume_editor" in a script. See /PrimaryPatientData/NewPatient/ScannerDB for a list of the import parameters, with reference to the program that is called to import the images.

Regards

Nick

At 08:55 AM 16/12/2005 +1100, you wrote:
>Hi All
>
>Two questions in one here so please read on.
>
>First Question
>I want to compare relative planar dose maps from Pinnacle with images from
>our iView GT EPI.
>
>This may be an ignorant question but I'm not sure what I should be setting
>at the Pinnacle end. The iView image is a representation of an object at
>isocentre but is acquired at ~160cm SSD. The planar dose map in Pinnacle is
>within the phantom/patient not beyond it, so I'm not sure how to compare the
>two. Do I need to set the Source Plane Distance in pinnacle to be the same
>as my iView SSD, or do I just set the dose plane to be where I really want
>it and then scale the images accordingly?
>
>

>Second Question
>Is it possible to script actions in Pinnacle at LaunchPad level. I want to
>script the import of images that are in Pinnacle format.
>
>Any help would be appreciated
>
>Kind Regards
>
>David
>
>David S Biggs
>Chief Medical Physicist
>East Coast Medical Physics
>Sydney Radiotherapy & Oncology Centre
>Sydney Adventist Hospital
>0425 293486
>dsbiggs@smartchat.net.au
>

De:	Krieger_T@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: MLC and Jaws
Fecha:	viernes, 16 de diciembre de 2005 12:09:27
Archivos adjuntos:	

Hello back,

The thing i explained is independent from the settings in the MLC-configuration in the Physics section because this only affects Open fields.

The thing i mean is following:
As long as you define blocks and choose yes both for "use MLC" and "autosurround blocks" everything works fine. If you work without blocks and choose no for "autosurround blocks" you can do everything with the leafs;-((
I think there should be a button or option which causes the x-jaws (which are fake, because the MLC replaces them) to move to the maximum leaf position. Furthermore i think that those leafs which are covered by the y-Jaws are not interesting and should be kind of disabled.

Regards
Thomas

-----Ursprüngliche Nachricht-----
Von: Parminder S. Basran [mailto:pbasran@yahoo.com]
Gesendet: Donnerstag, 15. Dezember 2005 20:07
An: Krieger, Thomas
Betreff: Re: MLC and Jaws

Hello from Canada,

Are you observing this during planning? You may want to double check that in your commissioning of the Seimens machine that you have toggled the 'x and y track jaws' setting in the MLC configuration. If not set correctly, strange jaw positions will occur when adjusting the leaves.

Parminder S. Basran, PhD, MCCPM
Toronto-Sunnybrook Regional Cancer Centre

--- Krieger_T@klinik.uni-wuerzburg.de wrote:

> Hi pinnacle-users,

>
> We are a little bit wondering about the following "feature" of
> Pinnacle, especially with Siemens
> Linacs:
> On the one hand,if you manually adapt Y-Jaw settings,those leafs which
> are covered by the Y-Jaw are not closed automatically.
> On the other hand, if you manually adjust leafs the X-Jaw settings are
> not changed to the maximum leaf position.
> The main problems of this "feature" come in the R&V-System (Oncentra
> Visir in our institution): The Application of such fields is rejected.
>
> My questions now are:
> Is there any possibility to adapt the jaw-settings automatically?
> (With former Helax TMS this worked quite fine) Have other R&V-Systems
> than Visir also have problems with mismatched MLC and Jaws?
>
> Thank you for any kind of feedback
>
> Regards
> Thomas
>
>
>
****
> Thomas Krieger
> Klinik für Strahlentherapie, Universitaet Wuerzburg
> Josef-Schneider-Strasse 11, D-97080 Wuerzburg, Germany
> Tel: +49 931 201 28412 Fax: +49 931 201 28221
> Email: Krieger_T@klinik.uni-wuerzburg.de
> WWW: http://www.strahlentherapie.uni-wuerzburg.de
>
>
>

>

De:	forest.gary@marshfieldclinic.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: next question - POI?
Fecha:	viernes, 16 de diciembre de 2005 15:54:52
Archivos adjuntos:	

There is no special copy or duplicate function (that I have ever run across), you just create a poi (or whatever object) and then set all the parameters equal to the one you wish to copy. The scripting language is really limited to basic functionality, more complex functions need to be built from lower level ones.

As for the sorting I didn't realize he was looking for how to sort from a script, some other details that may come in handy, and are not possible from the user interface.

You can add multiple keys to sort by, so for example you can sort first by collimator angle and then by gantry angle by using something like ...SortBy.Collimator.SortBy. Gantry, you can also do a descending sort by inserting a 'D', .SortBy.D.Name

Gary Forest
Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

------Original Message------
From: "Thompson, Stephen K" <ThompsSK@sutterhealth.org>
Date: Thu Dec 15, 2005 -- 06:33:28 PM
To: <pinnacle-users@explode.unsw.edu.au>
Subject: RE: next question - POI?

Another good suggestion and one that I use frequently, but with the sorts and copy POI stuff, you can't record it because you can't do it in the user interface!

> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au on behalf of David Djajaputra
> Sent: Thu 12/15/2005 3:34 PM
> To: pinnacle-users@explode.unsw.edu.au
> Cc:
> Subject: RE: next question - POI?

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ADAC (or Philips) has a manual for all this syntax. But probably because of liability, it's not for public consumption...

David

"Mark Daniels" <Mark.Daniels@overlakehospital.org>
Sent by: owner-pinnacle-users@explode.unsw.edu.au

12/15/2005 05:03 PM
Please respond to
pinnacle-users@explode.unsw.edu.au

To
<pinnacle-users@explode.unsw.edu.au>
cc
Subject
RE: next question - POI?

Since we are on the topic...does anyone know the syntax to copy a POI?

Mark Daniels

--

~~~~~~~~~~~~~~~~~~~~~~~~~~~~
~~~~~~~~~~~~~~~~~~~~~~~~~~~~

>>Attachment 1: winmail.dat

De:	Chris Hawkins
A:	<;
Cc:	
Asunto:	Printer Diplopia
Fecha:	miércoles, 21 de diciembre de 2005 20:29:01
Archivos adjuntos:	

Our Ricoh 3800 printer produces output that looks like imagine the world would look to me if I had double vision. It is most pronounced in DVH's and is worse in some colors than in others. It seems to have worsened over time. Does anyone know if there is an adjustment we can make or if there is a built-in self calibration process??

Thanks.

Merry Christmas, Happy New Year, ... and Happy Holidays if either of the first two do not apply !!

^^^^^^^^^^^^^^^^^^^^^^^^^
Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

De:	Johnston, Ann
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Dry laser
Fecha:	miércoles, 21 de diciembre de 2005 21:33:01
Archivos adjuntos:	

Has anyone successfully installed a Sony Dry Laser with Pinnacle?

De: Spicer, Terry
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: Dry laser
Fecha: jueves, 22 de diciembre de 2005 15:56:55
Archivos adjuntos:

We print to DryStar. It works well.

From: Johnston, Ann
Sent: Wed 12/21/2005 3:20 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: Dry laser

Has anyone successfully installed a Sony Dry Laser with Pinnacle?

De:	Kazushi Kishi
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle for Education
Fecha:	miércoles, 28 de diciembre de 2005 13:53:45
Archivos adjuntos:	

Happy New Year!

In our University, there is a compelling proposal to use the on-line pinnacle system for student's manipulation for their "real" experience of radiation treatment planning, to evoke their interest in the field of radiotherapy.
The pinnacle is going to be installed in this spring and to be used for clinical treatment planning for patients, based on clinical CT database.
Of course we, therapeutic radiation oncologists are against that proposal but it is a difficult problem.
(To make it being off-line and stand alone may be a good answer, but is not allowed for us because the machine is bought with a clinical budget, not educational.)

Will anybody give us suggestions, criticism, or comments?

Kazushi Kishi
Assoc Prof
Dept of Radiol.
Wakayama Univ.
Wakayama Pref Japan.
Email:
kkishi@wakayama-med.ac.jp

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Will Christia
Sent: Friday, July 15, 2005 8:29 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Improving Pinnacle Speed

David,

We are using Sun Blades with 7.4 and I discovered

something that everyone else probably knows. If you delete files using the file manager shell instead of X-term commands, those files are copied to the trash can. Check and Shred the trash can contents! All it takes is a couple of archive files to gum up your system. Trust me.

Cheers,

Will Christian
Satilla Regional Cancer Treatment Center
WAycross, GA

--- DAVID SHEPARD <dshepard@umm.edu> wrote:

> Hello,
>
> We have 7 Pinnacle workstations, and our
> dosimetrists are complaining about the speed of the
> systems. The systems seems to get particularly slow
> during the afternoon.
>
> I was wondering what suggestions there might be on
> how to improve the speed of Pinnacle. I know for
> example that turning off the 3D display of organs
> improves performance.
>
> Thanks,
> Dave Shepard
>
>
>
> * David Shepard
> * Department of Radiation Oncology
> * University of Maryland School of Medicine
> * 22 South Greene St.
> * Baltimore, MD 21201-1595
> * ph. 410-328-1831 fax 410-328-5279
>
>
>
>

> unsubscribe pinnacle-users <e-mail address>
> to majordomo@explode.unsw.edu.au.
>
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>

##
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##

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	New to the list
Fecha:	miércoles, 28 de diciembre de 2005 16:51:08
Archivos adjuntos:	Glacier Bkgrd.jpg

Greetings,

We are in the process of purchasing new RO treatment hardware and are interested in any information about using Pinnacle with VARiS and 4D console.

Currently we have IMPAC <Lantis 6.10H> and Primeview. We are looking for information on using Pinnacle in a "mixed" machine environment <i.e. 1 Varian Machine and 1 Siemens Machine>

Greg

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com

No trees were killed in the creation of this message.
However, Billions of electrons were terribly inconvenienced.

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle for Education
Fecha:	miércoles, 28 de diciembre de 2005 22:11:05
Archivos adjuntos:	

Kazushi

Merry Xmas & Happy New Year.

You could ask support to install a "pinnbeta" account. This is normally used to test pre-release versions, however it would serve the purpose of separating the student data from clinical data.

You would still have some concerns over access to the system, in that users on the beta account could still cause problems, eg fill disk space to capacity.

Probably better if you negotiate an educational agreement with Philips and install a copy of Pinnacle on a separate system.

Regards

Nick

At 09:30 PM 28/12/2005 +0900, you wrote:
>Happy New Year!
>
> In our University, there is a compelling proposal to use the on-line
>pinnacle system for student's manipulation for their "real" experience of
>radiation treatment planning, to evoke their interest in the field of
>radiotherapy.
>The pinnacle is going to be installed in this spring and to be used for
>clinical treatment planning for patients, based on clinical CT database.
>Of course we, therapeutic radiation oncologists are against that proposal
>but it is a difficult problem.
>(To make it being off-line and stand alone may be a good answer, but is not
>allowed for us because the machine is bought with a clinical budget, not
>educational.)
>
>Will anybody give us suggestions, criticism, or comments?
>
>Kazushi Kishi

>Assoc Prof
>Dept of Radiol.
>Wakayama Univ.
>Wakayama Pref Japan.
>Email:
>kkishi@wakayama-med.ac.jp
>
>
>
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Will Christia
>Sent: Friday, July 15, 2005 8:29 AM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Re: Improving Pinnacle Speed
>
>David,
>
>We are using Sun Blades with 7.4 and I discovered
>something that everyone else probably knows. If you
>delete files using the file manager shell instead of
>X-term commands, those files are copied to the trash
>can. Check and Shred the trash can contents! All it
>takes is a couple of archive files to gum up your
>system. Trust me.
>
>Cheers,
>
>Will Christian
>Satilla Regional Cancer Treatment Center
>WAycross, GA
>
>--- DAVID SHEPARD <dshepard@umm.edu> wrote:
>
> >
> > Hello,
> >
> > We have 7 Pinnacle workstations, and our
> > dosimetrists are complaining about the speed of the
> > systems. The systems seems to get particularly slow
> > during the afternoon.
> >
> > I was wondering what suggestions there might be on
> > how to improve the speed of Pinnacle. I know for
> > example that turning off the 3D display of organs
> > improves performance.

> >
> > Thanks,
> > Dave Shepard
> >
> >
> >
> > * David Shepard
> > * Department of Radiation Oncology
> > * University of Maryland School of Medicine
> > * 22 South Greene St.
> > * Baltimore, MD 21201-1595
> > * ph. 410-328-1831 fax 410-328-5279
> >
> >
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> >
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>##
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>_____
>Start your day with Yahoo! - make it your home page
>http://www.yahoo.com/r/hs
>
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##

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Dose grid question
Fecha:	miércoles, 28 de diciembre de 2005 23:17:58
Archivos adjuntos:	

I am interested in retrieving the dose values at all points in the dose grid for an IMRT plan. Is there a way to access this information in the ADAC plan? Is it possible to export the entire dose grid to a file?

As an aside… what would be a good reference for somebody interested in learning how to script ADAC?

Thanks to all who can point me in the right direction.

Regards,
Michael Tallhamer
Medical Physicist
Rocky Mountain Cancer Centers

De:	Chris Hawkins
A:	<;
Cc:	
Asunto:	HDR
Fecha:	jueves, 29 de diciembre de 2005 23:22:23
Archivos adjuntos:	

I would like to hear from anyone using Pinnacle^3 brachy software for HDR.

Thanks.

^^^^^^^^^^^^^^^^^^^^^^^^
Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

De:	Shidong Tong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	qwu@beaumont.edu; Shidong Tong; liucr@ufl.edu;
Asunto:	10.01 cm collimator setting?
Fecha:	viernes, 30 de diciembre de 2005 0:51:49
Archivos adjuntos:	

Happy New Year!

I have a question: Pinnacle allows you to set collimator to 0.01 cm, e.g., x1 = 11.11 cm, but at the linac I can only set my collimator to 11.1 cm. Can I change Pinnacle configuration so that dosimetrist can only set jaws up to 0.1 cm, not 0.01 cm?

Thanks.

Shidong

Shidong Tong, Ph.D.
Radiation Oncology
Penn State Hershey Medical Center
Hershey, PA
stong@psu.edu
717-531-8705

De:	Krieger_T@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	qwu@beaumont.edu; liucr@ufl.edu;
Asunto:	AW: 10.01 cm collimator setting?
Fecha:	viernes, 30 de diciembre de 2005 14:11:29
Archivos adjuntos:	physics_jaws.jpg

Happy new year!!!

see attached jpeg.

Regards
Thomas

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Shidong Tong
Gesendet: Freitag, 30. Dezember 2005 00:26
An: pinnacle-users@explode.unsw.edu.au
Cc: qwu@beaumont.edu; Shidong Tong; liucr@ufl.edu
Betreff: 10.01 cm collimator setting?

Happy New Year!

I have a question: Pinnacle allows you to set collimator to 0.01 cm, e.g., x1 = 11.11 cm, but at the linac I can only set my collimator to 11.1 cm. Can I change Pinnacle configuration so that dosimetrist can only set jaws up to 0.1 cm, not 0.01 cm?

Thanks.

Shidong

Shidong Tong, Ph.D.
Radiation Oncology
Penn State Hershey Medical Center
Hershey, PA
stong@psu.edu
717-531-8705

De:	Shidong Tong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Thank you everyone for your help! - Re: 10.01 cm collimatorsetting?
Fecha:	viernes, 30 de diciembre de 2005 15:51:48
Archivos adjuntos:	

I would like to thank everyone who kindly provided an answer to my question. Thank you, Chihray, Roger, Marc, Ray, Thomas, and everyone who responded or is going to respond.

Happy 2006!

Shidong

>>> Krieger_T@klinik.uni-wuerzburg.de 12/30/2005 7:24 AM >>>
Happy new year!!!

see attached jpeg.

Regards
Thomas

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Shidong Tong
Gesendet: Freitag, 30. Dezember 2005 00:26
An: pinnacle-users@explode.unsw.edu.au
Cc: qwu@beaumont.edu; Shidong Tong; liucr@ufl.edu
Betreff: 10.01 cm collimator setting?

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Thanks.

Shidong

Shidong Tong, Ph.D.
Radiation Oncology
Penn State Hershey Medical Center
Hershey, PA
stong@psu.edu
717-531-8705

De:	David Spencer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Thank you everyone for your help! - Re: 10.01 cm collimatorsetting?
Fecha:	viernes, 30 de diciembre de 2005 22:47:15
Archivos adjuntos:	

You didn't tell us what you are going to do!

Now I'll make a comment on the only public response, which showed you the right button to click to produce one decimal point.

The issue we have had with that is when the Y-Jaws use an odd number of mm, in total, and an EDW is being used. For an EDW Varis has to (I think) specify Y1 and Y2 separately. A Y-field of 10.1 becomes Y1=5.05 and Y2=5.05, BUT if only 1 decimal point is used, then you might get both of them being 5.1, for a total of 10.2, not the 10.1 as planned.

Does this matter? Maybe not. But some people might be surprised and annoyed by this behaviour, which is why we still use 2 decimal places.

David.

D.P. Spencer, PhD, MCCPM, DABR

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Shidong Tong
Sent: Friday, December 30, 2005 7:26 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Thank you everyone for your help! - Re: 10.01 cm collimatorsetting?

I would like to thank everyone who kindly provided an answer to my question. Thank you, Chihray, Roger, Marc, Ray, Thomas, and everyone who responded or is going to respond.

Happy 2006!

Shidong

>>> Krieger_T@klinik.uni-wuerzburg.de 12/30/2005 7:24 AM >>>
Happy new year!!!

see attached jpeg.

Regards
Thomas

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Shidong Tong
Gesendet: Freitag, 30. Dezember 2005 00:26
An: pinnacle-users@explode.unsw.edu.au
Cc: qwu@beaumont.edu; Shidong Tong; liucr@ufl.edu
Betreff: 10.01 cm collimator setting?

Happy New Year!

I have a question: Pinnacle allows you to set collimator to 0.01 cm, e.g., x1 = 11.11 cm, but at the linac I can only set my collimator to 11.1 cm. Can I change Pinnacle configuration so that dosimetrist can only set jaws up to 0.1 cm, not 0.01 cm?

Thanks.

Shidong

Shidong Tong, Ph.D.
Radiation Oncology
Penn State Hershey Medical Center
Hershey, PA
stong@psu.edu
717-531-8705

De:	Sample, James S
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Treatment Planning QA
Fecha:	martes, 03 de enero de 2006 21:29:14
Archivos adjuntos:	

I have a question regarding routine QA activities for treatment planning systems (TPS). As a medical physics resident within radiation oncology at University of Iowa Health Care, I am currently in my treatment planning rotation. As such, I have been assigned the task of surveying the actual activities of radiation therapy centers for daily, monthly, and annual TPS QA.
TG-53 and the 1993 Van Dyk, et al. article on QA and the commissioning of TPS provide extensive discussions and items to consider for TPS QA. I am interested in your interpretation of these documents and especially in a summary of any QA at your facility that is truly being performed.
I will summarize the survey results; however, no specific sources/names will be cited. A copy of this summary can be provided to anyone interested.
Responses are welcomed through the list serv open distribution or through private reply. Anonymity will, as mentioned, be respected.

Thank you,
James Sample, M.S.
Resident II, Medical Physics
Department of Radiation Oncology
University of Iowa Hospitals and Clinics

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Dose grid question
Fecha:	martes, 03 de enero de 2006 23:57:47
Archivos adjuntos:	FW 3d dose grid matrix.....txt

Mike-
Take a look at this

Greg Gibbs
Colorado Associates in Medical Physics

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
> **Sent:** Wednesday, December 28, 2005 2:45 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Dose grid question
>
> I am interested in retrieving the dose values at all points in the dose grid for an IMRT plan. Is there a way to access this information in the ADAC plan? Is it possible to export the entire dose grid to a file?
>
> As an aside… what would be a good reference for somebody interested in learning how to script ADAC?
>
> Thanks to all who can point me in the right direction.
>
> Regards,
> Michael Tallhamer
> Medical Physicist
> Rocky Mountain Cancer Centers

De:	William Bice, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	OFc
Fecha:	miércoles, 04 de enero de 2006 0:39:47
Archivos adjuntos:	

Listers,

I am embarrassed to admit that I have been using Pinnacle for four or so years now to plan and execute IMRT treatments (this isn't the embarassing part yet), and just now noticed in V7.4. that the monitor unit calculation page sometimes gives me a message that OFc is not valid (that is the embarrassing part). The manuals are a bit sparse on information about this but I conjecture the following: OFc, which is calculated based upon the convolution algorithm OFp, has found a value of OFp which is smaller than for a field size that was computed during the commissioning process. I would think that the calculated scatter contribution is so small because the calculation point spends a lot of time near or under leaf edges. In a refusal to extrapolate, Pinnacle simply states that OFc is not valid.

Would someone care to
1) confirm or correct my guess above,
2) tell me how mu's are calculated by Pinnacle if OFc is not valid (see the equation on the monitor unit page), and
3) suggest a way to fix the problem (I need this value for the second check software). Just recalculate the output factor table with field sizes smaller than we currently use (the smallest field size computed here is 2cm x 2 cm)?

Thanks.

Bill Bice

De:	Shikuan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DICOM RT ERROR FROM PINNACLE TO IMPAC
Fecha:	miércoles, 04 de enero de 2006 2:17:23
Archivos adjuntos:	

We upgraded Pinnacle to v 7.4 and IMPAC to v 8.3. I've found that two jaw sizes in one of our IMRT plan had changed by 1mm after DICOM RT export from Pinnacle to IMPAC. The field size in both Pinnacle and IMPAC is defined as one decimal place, ie 1 mm. It should not have rounding error.

IMPAC checked the imported file. The x2 jaw size is 1mm more than Pinnacle plan. Philips tech support took the DICOM RT export file to Wisconsin group. But I have not heard any explanation yet.

I'm wondering if any other center had this kind of error before, and how to prevent it happening again. Thanks.

Shikuan She

De:	KRISTI HENDRICKSON
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Treatment Planning QA
Fecha:	miércoles, 04 de enero de 2006 2:51:57
Archivos adjuntos:	

I would be interested in a copy of your summary.

Thanks,
Kristi

On Tue, 3 Jan 2006, Sample, James S wrote:

> I have a question regarding routine QA activities for treatment planning systems (TPS).
> As a medical physics resident within radiation oncology at University of Iowa Health Care, I am currently in my treatment planning rotation. As such, I have been assigned the task of surveying the actual activities of radiation therapy centers for daily, monthly, and annual TPS QA.
> TG-53 and the 1993 Van Dyk, et al. article on QA and the commissioning of TPS provide extensive discussions and items to consider for TPS QA. I am interested in your interpretation of these documents and especially in a summary of any QA at your facility that is truly being performed.
> I will summarize the survey results; however, no specific sources/names will be cited. A copy of this summary can be provided to anyone interested.
> Responses are welcomed through the list serv open distribution or through private reply. Anonymity will, as mentioned, be respected.
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> Thank you,
> James Sample, M.S.
> Resident II, Medical Physics
> Department of Radiation Oncology
> University of Iowa Hospitals and Clinics
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> to majordomo@explode.unsw.edu.au.
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##
>

_____

Kristi Hendrickson, PhD
Medical Physicist
Radiation Oncology
University of Washington Medical Center
(206) 598-6259
krgh@u.washington.edu

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Database problems in v7.6c
Fecha:	miércoles, 04 de enero de 2006 5:28:47
Archivos adjuntos:	

Is anyone having database problems with v7.6c?
LaunchPad 3.4d (sub-sequent update to v7.6c package)

Ours include

1. Complete database disappearing.
Requires Database rebuild. Patient list etc returns as before.

2. Patient file corruption. Patient doesn't appear on database list.
The Patient file in the Patient_nnn dir is corrupt. Replace with most recent usable Patient_date backup file. Patient reappears on database list.

3. Patient dir completly gone.
This is happening to Patients that are not being used, before they are removed from the system ie once patient is planned and under going treatment, there is generally no need to access the plan. However the plan is not removed until treatment is complete. Usually 2 -3 weeks after, when group of patients will be archived, then deleted.
What we are finding is that the RTs go to archive a patient and its not there, with the patient dir gone.
This is an ongoing problem. The RTs have been instructed to be careful to avoid accidental deletion, which has not been a problem in the past, so is not considered a likely cause.

Any help appreciated

Regards

Nick

to majordomo@explode.unsw.edu.au.

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De:	Joey Meadows
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Treatment Planning QA
Fecha:	miércoles, 04 de enero de 2006 14:47:21
Archivos adjuntos:	

James,
It would be great if you would be willing to post a synopsis from the responses you get.
TY,
Joe

>>> krgh@u.washington.edu 1/3/2006 8:22 PM >>>
I would be interested in a copy of your summary.

Thanks,
Kristi

On Tue, 3 Jan 2006, Sample, James S wrote:

> I have a question regarding routine QA activities for treatment planning systems (TPS).
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> Thank you,
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> Resident II, Medical Physics

> Department of Radiation Oncology
> University of Iowa Hospitals and Clinics
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Kristi Hendrickson, PhD
Medical Physicist
Radiation Oncology
University of Washington Medical Center
(206) 598-6259
krgh@u.washington.edu

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De:	Sample, James S
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Treatment Planning QA
Fecha:	miércoles, 04 de enero de 2006 17:45:19
Archivos adjuntos:	

I may be sending out another questionnaire in a week or so with more specific questions (I've only received about a half dozen responses to the current open-ended question). I'll be delighted to send you the results when compiled.

Jim

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of KRISTI HENDRICKSON
Sent: Tuesday, January 03, 2006 7:23 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Treatment Planning QA

I would be interested in a copy of your summary.

Thanks,
Kristi

On Tue, 3 Jan 2006, Sample, James S wrote:

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Kristi Hendrickson, PhD
Medical Physicist
Radiation Oncology
University of Washington Medical Center
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##

De:	Sample, James S
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Treatment Planning QA
Fecha:	miércoles, 04 de enero de 2006 17:49:42
Archivos adjuntos:	

Joe,

I may be sending out another questionnaire in a week or so with more specific questions (I've only received about a half dozen responses to the current open-ended question). If I receive enough "data points", posting a synopsis is a great idea .

Thanks,
Jim

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Joey Meadows
Sent: Wednesday, January 04, 2006 7:26 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Treatment Planning QA

James,
It would be great if you would be willing to post a synopsis from the responses you get.
TY,
Joe

>>> krgh@u.washington.edu 1/3/2006 8:22 PM >>>
I would be interested in a copy of your summary.

Thanks,
Kristi

On Tue, 3 Jan 2006, Sample, James S wrote:

> I have a question regarding routine QA activities for treatment planning systems (TPS).
> As a medical physics resident within radiation oncology at University

of Iowa Health Care, I am currently in my treatment planning rotation. As such, I have been assigned the task of surveying the actual activities of radiation therapy centers for daily, monthly, and annual TPS QA.
> TG-53 and the 1993 Van Dyk, et al. article on QA and the commissioning of TPS provide extensive discussions and items to consider for TPS QA. I am interested in your interpretation of these documents and especially in a summary of any QA at your facility that is truly being performed.
> I will summarize the survey results; however, no specific sources/names will be cited. A copy of this summary can be provided to anyone interested.
> Responses are welcomed through the list serv open distribution or through private reply. Anonymity will, as mentioned, be respected.
>
> Thank you,
> James Sample, M.S.
> Resident II, Medical Physics
> Department of Radiation Oncology
> University of Iowa Hospitals and Clinics
>
>
>
>

>

Kristi Hendrickson, PhD
Medical Physicist
Radiation Oncology
University of Washington Medical Center

(206) 598-6259
krgh@u.washington.edu

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##

De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Treatment Planning QA
Fecha:	miércoles, 04 de enero de 2006 18:37:40
Archivos adjuntos:	

We do a monthly recalculation of a flat water phantom with 5, 10, 20, and 30 cm fields delivering a 200 cGy at dmax. We then compare the doses at 5, 10, 15, and 20 cm depth to check depth doses. The MU lets us check the field size factors. We do this for both energies. If you use wedges you can also use the MU to check wedge factors for the different field sizes. Also, we import the electron density phantom monthly from CT during our CT QA and check dimensions and the CT numbers of the inserts.

AJ

Andrew O. Jones, PhD
System Director, Radiation Physics
Department of Radiation Oncology
Geisinger Medical Center
N. Academy Ave
Danville, PA 17822
570 271-6304

>>> james-sample@uiowa.edu 01/04/06 11:23 AM >>>
I may be sending out another questionnaire in a week or so with more specific questions (I've only received about a half dozen responses to the current open-ended question). I'll be delighted to send you the results when compiled.

Jim

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of KRISTI HENDRICKSON
Sent: Tuesday, January 03, 2006 7:23 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Treatment Planning QA

I would be interested in a copy of your summary.

Thanks,
Kristi

On Tue, 3 Jan 2006, Sample, James S wrote:

> I have a question regarding routine QA activities for treatment planning systems (TPS).
> As a medical physics resident within radiation oncology at University of Iowa Health Care, I am currently in my treatment planning rotation. As such, I have been assigned the task of surveying the actual activities of radiation therapy centers for daily, monthly, and annual TPS QA.
> TG-53 and the 1993 Van Dyk, et al. article on QA and the commissioning of TPS provide extensive discussions and items to consider for TPS QA. I am interested in your interpretation of these documents and especially in a summary of any QA at your facility that is truly being performed.
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> Responses are welcomed through the list serv open distribution or through private reply. Anonymity will, as mentioned, be respected.
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> James Sample, M.S.
> Resident II, Medical Physics
> Department of Radiation Oncology
> University of Iowa Hospitals and Clinics
>
>
>
>

>

_____

Kristi Hendrickson, PhD
Medical Physicist
Radiation Oncology
University of Washington Medical Center
(206) 598-6259
krgh@u.washington.edu

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##

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Treatment Planning QA
Fecha:	miércoles, 04 de enero de 2006 19:16:49
Archivos adjuntos:	

We do an annual TG-53 based evaluation where we compare the Pinnacle point dose to the measured point dose for a number of benchmark plans.

But to be honest, I wonder if this is necessary anymore now that each and every beam is verified using RadCalc. (The same argument would apply to MU Check centers.)

>>> "Sample, James S" <james-sample@uiowa.edu> 01/03/06 10:11AM >>>
I have a question regarding routine QA activities for treatment planning systems (TPS). As a medical physics resident within radiation oncology at University of Iowa Health Care, I am currently in my treatment planning rotation. As such, I have been assigned the task of surveying the actual activities of radiation therapy centers for daily, monthly, and annual TPS QA.
TG-53 and the 1993 Van Dyk, et al. article on QA and the commissioning of TPS provide extensive discussions and items to consider for TPS QA. I am interested in your interpretation of these documents and especially in a summary of any QA at your facility that is truly being performed.
I will summarize the survey results; however, no specific sources/names will be cited. A copy of this summary can be provided to anyone interested.
Responses are welcomed through the list serv open distribution or through private reply. Anonymity will, as mentioned, be respected.

Thank you,
James Sample, M.S.
Resident II, Medical Physics
Department of Radiation Oncology
University of Iowa Hospitals and Clinics

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sent from a subscribed account. Messages sent from a users secondary
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##

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##

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Dose grid question
Fecha:	miércoles, 04 de enero de 2006 19:22:01
Archivos adjuntos:	

Thanks Greg

Do you know if they provide any documentation on their object model or a scripting guide to describe what objects contain what information?

-Mike

From: Greg Gibbs [mailto:glgibbs@qwest.net]
Sent: Tuesday, January 03, 2006 3:39 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Dose grid question

Mike-
Take a look at this

Greg Gibbs
Colorado Associates in Medical Physics

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
> **Sent:** Wednesday, December 28, 2005 2:45 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Dose grid question
>
> I am interested in retrieving the dose values at all points in the dose grid for an IMRT plan. Is there a way to access this information in the ADAC plan? Is it possible to export the entire dose grid to a file?
>
> As an aside… what would be a good reference for somebody interested in learning how to script ADAC?
>
> Thanks to all who can point me in the right direction.
>
> Regards,
> Michael Tallhamer

Medical Physicist
Rocky Mountain Cancer Centers

De:	forest.gary@marshfieldclinic.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Database problems in v7.6c
Fecha:	jueves, 05 de enero de 2006 17:49:14
Archivos adjuntos:	

We have seen the issue with the complete database disappearing and the patient file corruption, we used the database rebuild as the solution to both problems, as for the third problem I don't know we have seen it, but also don't know if we have not.

Another problem is if you try to archive and then immediately restore the patient from a unix file (our method of duplicating a patient for testing and the like) the restore function will return with an invalid argument message which requires you to exit and restart the launchpad before being able to complete the restore.

Gary Forest
Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

------Original Message------
From: "Nick Bennie" <nbennie@tpg.com.au>
Date: Tue Jan 03, 2006 -- 10:33:18 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Database problems in v7.6c

Is anyone having database problems with v7.6c?
LaunchPad 3.4d (sub-sequent update to v7.6c package)

Ours include

1. Complete database disappearing.
Requires Database rebuild. Patient list etc returns as before.

2. Patient file corruption. Patient doesn't appear on database list.
The Patient file in the Patient_nnn dir is corrupt. Replace with most recent usable Patient_date backup file. Patient reappears on database list.

3. Patient dir completly gone.
This is happening to Patients that are not being used, before they are

removed from the system ie once patient is planned and under going treatment, there is generally no need to access the plan. However the plan is not removed until treatment is complete. Usually 2 -3 weeks after, when group of patients will be archived, then deleted.
What we are finding is that the RTs go to archive a patient and its not there, with the patient dir gone.
This is an ongoing problem. The RTs have been instructed to be careful to avoid accidental deletion, which has not been a problem in the past, so is not considered a likely cause.

Any help appreciated

Regards

Nick

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##

De:	garmon
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Treatment Planning QA
Fecha:	jueves, 05 de enero de 2006 17:51:19
Archivos adjuntos:	

I would be interested as well in the results of the survey. Have been asking around myself but have not found that many people who are doing extensive QA. It seems to me that the available recommendations are indeed a bit out of date, considering all the redundant measurements and calculations we do to verify IMRT treatments, etc. However, I do think there needs to be some basic guidelines for QA after the TPC has been commissioned, e.g. after upgrades. By basic, I mean some reasonable, minimum, recommended requirements that might actually be implemented in the clinic by physicists/dosimetrists. As a matter of fact, if a department wants to be accredited by the ACRO, one of the questions asks if you have a TPC QA program. It also asks if it includes dose calculation algorithms, souce isodose distributions, source decay, and digitizer and other I/O devices. Some protocols such as the breast NSABP 039 ask for a narrative describing your TPC procedure. I am working on this as well just for our clinic and will send you a copy when I finish. In the mean time, I would also appreciate a "copy" of your survey as it progresses. Good luck and thanks.

Pam Garmon

Pamela W. Garmon, M.S.
Clinical Medical Physicist
New Hanover Radiation Oncology
Wilmington, NC 28409
Ph. 910 251 1839
Pg. 910 254 0143
pgarmon@wpgii.com

De:	Bud Baker
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Database problems in v7.6c
Fecha:	jueves, 05 de enero de 2006 20:18:49
Archivos adjuntos:	

The great vanishing data base was a problem in the 6.x version requiring a rebuilding per you experience ant least 1x/wk .. this was purported to be fixed in the 7.x release, and we have had no subsequent problems with loss of patient data... the DB does seem to be constantly "refreshing" (for the lack of any better definition)...I remember the loss would occur after (with no user intervention) Pinnacle would scroll through each patient listed top to bottom and then they would just disappear.. I have had several conversations with applications folk and I do believe there was a patch available to fix the vanishing data base problem... worth a call ... have fun with the phone maze

Bud Baker, CMD
Medical Physics
Payson Center for Cancer Care
250 Pleasant St.
Concord, NH 03301
603-230-6041

>>> forest.gary@marshfieldclinic.org 01/05/06 10:35 AM >>>

We have seen the issue with the complete database disappearing and the patient file corruption, we used the database rebuild as the solution to both problems, as for the third problem I don't know we have seen it, but also don't know if we have not.

Another problem is if you try to archive and then immediately restore the patient from a unix file (our method of duplicating a patient for testing and the like) the restore function will return with an invalid argument message which requires you to exit and restart the launchpad before being able to complete the restore.

Gary Forest
Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

------Original Message------
From: "Nick Bennie" <nbennie@tpg.com.au>
Date: Tue Jan 03, 2006 -- 10:33:18 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Database problems in v7.6c

Is anyone having database problems with v7.6c?
LaunchPad 3.4d (sub-sequent update to v7.6c package)

Ours include

1. Complete database disappearing.
Requires Database rebuild. Patient list etc returns as before.

2. Patient file corruption. Patient doesn't appear on database list.
The Patient file in the Patient_nnn dir is corrupt. Replace with most recent usable Patient_date backup file. Patient reappears on database list.

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Any help appreciated

Regards

Nick

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##

De:	hugo.tremblay@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Réf. : Re: Database problems in v7.6c
Fecha:	jueves, 05 de enero de 2006 22:58:12
Archivos adjuntos:	C.htm pic01088.jpg

Dear all,

We have experienced a complete database "vanishing" after performing a "rebuild" operation (version 7.4f). In fact, database X was rebuild because one patient was corrupted and databases Y and Z was lost after the operation!!! We were lucky since we had a recent and valid backup... The Pinnacle support team knew the problem and decided to install a patch on our server. This was a scary experiment. We want to upgrade to version 7.6c and LauchPad 3.4d and hope this problem will never come back.

Hugo

De :
"Bud Baker" <cmbaker@crhc.org>@explode.unsw.edu.au

Envoyé par :
owner-pinnacle-users@explode.unsw.edu.au

Pour :
<pinnacle-users@explode.unsw.edu.au>

cc :
(ccc : Hugo Tremblay/CH de la Sagamie/Reg02/SSSS)

Objet :
Re: Database problems in

v7.6c

2006-01-05 13:24

Veuillez répondre à

pinnacle-users

(See attached file: C.htm)
(Embedded image moved to file: pic01088.jpg)

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	New dose grid question
Fecha:	jueves, 05 de enero de 2006 23:06:51
Archivos adjuntos:	

Fist off thanks to those who were kind enough to point me in the right directions on the last dose grid inquiry. Now I have a new issue it appears as though the only format the dose grid can be saved it is a binary .img file with an accompanying .header file. Has anyone out there had any experience in reading in the dose values for the points on the grid (I assume using some info from the header file to parse the .img file)?

Regards,
-Mike

De:	kflorell@capefearvalley.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Database problems in v7.6c
Fecha:	viernes, 06 de enero de 2006 15:43:26
Archivos adjuntos:	

Hi--we had a couple of incidents with the "vanishing database" (Ver. 7.6c), and called ADAC support. We did a rebuild after the first incident, but after the second time they FTP'd a patch via modem (I believe they can email it to you as well) and we have not had a problem since.

Good luck!

Kenn Florell, CMD
Lead Dosimetrist
Cape Fear Valley Health System
Fayetteville, NC

-----Original Message-----
From: Bud Baker [mailto:cmbaker@crhc.org]
Sent: Thursday, January 05, 2006 1:24 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Database problems in v7.6c

The great vanishing data base was a problem in the 6.x version requiring a rebuilding per you experience ant least 1x/wk .. this was purported to be fixed in the 7.x release, and we have had no subsequent problems with loss of patient data... the DB does seem to be constantly "refreshing" (for the lack of any better definition)...I remember the loss would occur after (with no user intervention) Pinnacle would scroll through each patient listed top to bottom and then they would just disappear.. I have had several conversations with applications folk and I do believe there was a patch available to fix the vanishing data base problem... worth a call ... have fun with the phone maze

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250 Pleasant St.

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>>> forest.gary@marshfieldclinic.org 01/05/06 10:35 AM >>>

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Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

------Original Message------
From: "Nick Bennie" <nbennie@tpg.com.au>
Date: Tue Jan 03, 2006 -- 10:33:18 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Database problems in v7.6c

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Any help appreciated

Regards

Nick

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De:	Charles Able
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Treatment Planning QA
Fecha:	viernes, 06 de enero de 2006 21:03:23
Archivos adjuntos:	

There are a number of community hospital based therapy centers that are doing TPS QA. I recently published the program we have at our main satellite hospital in the JACMP (Summer 2005). Its not just about dosimetric calculations and measurements. We need to QA the use of the imaging equipment and the transmission those images across the network as well as verify the integrity of our 3D imaging tools. This information leads directly to the DVH analysis we rely upon. Our tests are performed every 6 months or when the software is upgraded or significant repairs are done. It takes the dosimetrist about a day to two days to complete but usually its spaced out over the course of 1 week.
Charles

Charles M. Able, MS
Assistant Professor
Wake Forest University, SOM
Department of Radiation Oncology
Medical Center Boulevard
Winston-Salem, NC 27157
Ph: (336) 878-6036
Fx: (336) 878-6704
cable@wfubmc.edu

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of garmon
Sent: Thu 1/5/2006 11:15 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Treatment Planning QA

I would be interested as well in the results of the survey. Have been asking around myself but have not found that many people who are doing extensive QA. It seems to me that the available recommendations are indeed a bit out of date, considering all the redundant measurements and calculations we do to verify IMRT

treatments, etc. However, I do think there needs to be some basic guidelines for QA after the TPC has been commissioned, e.g. after upgrades. By basic, I mean some reasonable, minimum, recommended requirements that might actually be implemented in the clinic by physicists/dosimetrists. As a matter of fact, if a department wants to be accredited by the ACRO, one of the questions asks if you have a TPC QA program. It also asks if it includes dose calculation algorithms, souce isodose distributions, source decay, and digitizer and other I/O devices. Some protocols such as the breast NSABP 039 ask for a narrative describing your TPC procedure. I am working on this as well just for our clinic and will send you a copy when I finish. In the mean time, I would also appreciate a "copy" of your survey as it progresses. Good luck and thanks.

Pam Garmon

Pamela W. Garmon, M.S.
Clinical Medical Physicist
New Hanover Radiation Oncology
Wilmington, NC 28409
Ph. 910 251 1839
Pg. 910 254 0143
pgarmon@wpgii.com

De:	Gnanaprakasam Vadivelu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Treatment Planning QA
Fecha:	sábado, 07 de enero de 2006 5:33:22
Archivos adjuntos:	

Dear Mr.Charles:
Would you please send me a copy of the TPS QA program you published. Here i do not have access to JACMP online.
Thanking you
Regards
GP

Charles Able <cable@wfubmc.edu> wrote:

> There are a number of community hospital based therapy centers that are doing TPS QA. I recently published the program we have at our main satellite hospital in the JACMP (Summer 2005). Its not just about dosimetric calculations and measurements. We need to QA the use of the imaging equipment and the transmission those images across the network as well as verify the integrity of our 3D imaging tools. This information leads directly to the DVH analysis we rely upon. Our tests are performed every 6 months or when the software is upgraded or significant repairs are done. It takes the dosimetrist about a day to tw! o days to complete but usually its spaced out over the course of 1 week.
> Charles
>
> Charles M. Able, MS
> Assistant Professor
> Wake Forest University, SOM
> Department of Radiation Oncology
> Medical Center Boulevard
> Winston-Salem, NC 27157
> Ph: (336) 878-6036
> Fx: (336) 878-6704
> cable@wfubmc.edu

Gnanaprakasam Vadivelu,M.S.,
Assistant Professor-Medical Physicist
Department of Radiotherapy & Oncology
Manipal Teaching Hospital
Pokhara 33701
Nepal
Ph(O):+977-61-526416 to 20, ext : 128

De:	Deshpande, Nigel
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: different block transmissions
Fecha:	lunes, 09 de enero de 2006 13:26:38
Archivos adjuntos:	

Dear Pinnacle users,

We have recently started planning our TBI patients on Pinnacle. We use lead sheets to compensate for the patient shape to get a uniform midline dose which we draw on as blocks. However, Pinnacle has a restriction that all the blocks in a beam must have the same transmission. Obviously we require different amounts of transmission for the head/lungs etc. So, as a work around we have a different trial for every lead thickness we require. This makes evaluating the plan very tricky as the true picture of what the patient will receive is spread across several trials. It also means we cannot produce a pre & post compensation DVH.

We have looked at using the compensator option but this seems very complicated for such simple compensation, the lead tranmission/thickness would need to be typed in manually across the 40x40 field.

Does anyone have a good work around for this restriction?
Many thanks
Nigel Deshpande
Royal Free, London, UK.

-----Original Message-----
From: kflorell@capefearvalley.com [mailto:kflorell@capefearvalley.com]
Sent: 06 January 2006 14:35
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Database problems in v7.6c

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Good luck!

Kenn Florell, CMD
Lead Dosimetrist
Cape Fear Valley Health System
Fayetteville, NC

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From: Bud Baker [mailto:cmbaker@crhc.org]
Sent: Thursday, January 05, 2006 1:24 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Database problems in v7.6c

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Bud Baker, CMD
Medical Physics
Payson Center for Cancer Care
250 Pleasant St.
Concord, NH 03301
603-230-6041

>>> forest.gary@marshfieldclinic.org 01/05/06 10:35 AM >>>

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able to complete the restore.

Gary Forest
Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

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From: "Nick Bennie" <nbennie@tpg.com.au>
Date: Tue Jan 03, 2006 -- 10:33:18 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Database problems in v7.6c

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LaunchPad 3.4d (sub-sequent update to v7.6c package)

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Any help appreciated

Regards

Nick

majordomo@explode.unsw.edu.au.

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De:	Jeffrey V Siebers
A:	pinnacle-users@explode.unsw.edu.au; Deshpande, Nigel;
Cc:	
Asunto:	Re: different block transmissions
Fecha:	lunes, 09 de enero de 2006 14:58:38
Archivos adjuntos:	

I have not done this for TBI, but have for other things.

Use this to load things into your compensator matrix.

1. Use a simple computer program to create a Big Endian Binary File of floating point values that specifies the compensator thicknesses or transmission values
(specified by "Type" below)

2. Use a Pinnacle Script load in the binary compensator
(myTrialName is the name of your trial or "Current")
(myBeamName is the name of your beam or "Current")

```
TrialList.myTrialName.BeamList.myBeamName.Compensator = {
  Type = "Multiply";
  IsValid = 1;
  Width = 20;
  Height = 20;
  SourceToCompensatorDistance = 50.0;
  Resolution = 0.05;
  ResampleUsingLinearInterpolation = 0;
  Thickness =
\XDR:Institution_1/Mount_0/Patient_149/Plan_1/myCompensator/
homeMadeCompensator.binary\;
};
```

Deshpande, Nigel wrote:

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>
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>which we draw on as blocks. However, Pinnacle has a restriction that all the

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>does not assume any legal liability or responsibility for the accuracy,
>completeness or usefulness of any information, product, or process
>disclosed. Further, the views and opinions of the author expressed
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--
Jeffrey V. Siebers, Ph.D.
Associate Professor
Department of Radiation Oncology

Virginia Commonwealth University
401 College Street
PO Box 980058
Richmond, VA 23298
804 628-7771 (Phone)
804 827-1670 (Fax)

De:	Bob Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: different block transmissions
Fecha:	lunes, 09 de enero de 2006 16:26:03
Archivos adjuntos:	

Nigel:

Switch your field to Step&Shoot and draw each lead sheet as a segment of a field. Weight the segments by the transmission factor for each piece of lead.

Bob

Robert Smith, MS
ROCNJ
bsmith@prapa.com <mailto:bsmith@prapa.com>
(732) 303-5292
CentraState Radiation Oncology Center
Princeton Radiation Oncology Center

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Deshpande, Nigel
Sent: Monday, January 09, 2006 7:06 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: different block transmissions

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De:	graham.freestone@ksa.ch
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Automatic backups
Fecha:	martes, 10 de enero de 2006 17:09:13
Archivos adjuntos:	

Hi All,

Our IT department have just setup a network drive on our Pinnacle server, so that we can do an electronic backup to a remote server.....the question now being how to set up a UNIX script to schedule a backup of the X & Y institutions every night to a different sub-directory of the remote server monday to friday.

If anybody out there has done this, your help would be much appreciated.

TIA

Regards

Graham Freestone

Medizin Phyziker Senior,
Institut für Radio-Onkologie,
Kantonsspital Aarau AG,
CH5001 Aarau,
Switzerland

Tel: +41 62 838 9569
Fax: +41 62 838 5223
Email: graham.freestone@ksa.ch

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
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De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Automatic backups
Fecha:	martes, 10 de enero de 2006 17:13:13
Archivos adjuntos:	

I'd be interested in this, as well as some discussion regarding the unattended backups, which lock the DB as soon as you schedule them.

Greg

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com
No trees were killed in the creation of this message.
However, Billions of electrons were terribly inconvenienced.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of graham.freestone@ksa.ch
Sent: Tuesday, January 10, 2006 9:34 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Automatic backups

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De:	Radioonkologie Physiker
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Automatic backups
Fecha:	martes, 10 de enero de 2006 22:14:46
Archivos adjuntos:	

Hi Graham Freestone
We are doing electronic backups from our server to the client. cron starts a small script each night (22.00 except Sa/Su). You have to use crontab (see the man-page how to use it) to enter something like the following line in /var/spool/cron/crontabs/p3rtp
0 22 * * 1-5 /home/p3rtp/tools/patbackup.sh

First we tried to create a zipped tar file, but the file was too big to restore data, so we must divide the backup in several steps.

With the definitions:

```
INSTITUTION=Institution_1
PATDATA=/pinnacle_patient_expansion/NewPatients/$INSTITUTION
SAVEDIR=/PrimaryPatientData/PatientBackup
PATSAVE=$SAVEDIR/$INSTITUTION
TAR="/opt/sfw/bin/gnutar czf"
MOUNT0=Mount_0
```

we first save all data except Mount_0

```
cd $PATDATA
$TAR $PATSAVE/${INSTITUTION}.tar.gz --exclude $MOUNT0 .
```

The next step is to save Mount_0 step by step

```
RESTDATA=`ls $MOUNT0`
for a in $RESTDATA; do
      $TAR $PATSAVE/${a}.tar.gz $MOUNT0/$a
done
```

Then there are compressed (2.5x) data in the $SAVEDIR directory.

Regards
Joerg Mueller

Caritasklinik Saarbrücken
Rheinstr. 2
66113 Saarbrücken
Germany
++49 681 406 1540
j.mueller@caritasklinik.de

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von graham.freestone@ksa.ch
Gesendet: Dienstag, 10. Januar 2006 16:34
An: pinnacle-users@explode.unsw.edu.au
Betreff: Automatic backups

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De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Automatic backups
Fecha:	martes, 10 de enero de 2006 22:51:20
Archivos adjuntos:	

Graham

One of the easier ways is to do a copy of the patient dir

cp -rp /primary_patient_data/NewPatients /remote_drv/NewPatient.bck."date"

This has the advantage that all the files are directly accessible again for restore.

However, check that the backup system fully supports Unix file names. Often Windows systems will allow a nfs mount, but then scramble the longer Unix file names and remove capitalization.

Regards

Nick

At 04:34 PM 10/01/2006 +0100, you wrote:
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account will not be distributed unless that account is also subscribed.
###

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Same Dose, New MU
Fecha:	jueves, 12 de enero de 2006 4:18:54
Archivos adjuntos:	

I don't think that the difference from homo-hetero outside the thorax is as big as the differences between patients response or our knowledge of radiobiology.

Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Saturday, November 19, 2005 1:12 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Same Dose, New MU

"... New paperless modern clinic decided to go all out heterogeneity correction ON. There was no parallel planning (homo/hetero)..."

> There have been many papers which discuss the effects of inhomogeneity corrections for photon beams. Two really good ones regarding the lung are IJROBP 37(5):1163-1170 and IJROBP 56(5):1308-1318. And then there is AAPM Report No 85.

But after reading all these references, it is still not clear how to make the switch from homo to hetero. Yes, it is informative to run parallel plans and see the differences. But in the end, what are the docs to do?

It seems many non-academic centers have simply continued to prescribe the same doses but use the new MU. Some may change the margins they use and some may prescribe to a lower isodose line. But if they prescribed 46 Gy with a 14 Gy boost before they will prescribe the same after switching to hetero plans.

So maybe you should thank your docs for saving you the time it takes to run all those parallel plans. I'm sure you have many other productive things to

do.

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##

De:	Ozard, Siobhan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	removing plan locks
Fecha:	jueves, 12 de enero de 2006 17:05:50
Archivos adjuntos:	

Hi Everyone,

What is the recommended way to remove plan locks?

The "RemoveStaleLocks" option on the desktop does not remove the lock. Killing the underlying process solves the problem, but I am wondering if there is an alternative within Pinnacle to deal with this issue.

I would also be interested in knowing the reasons people see for plan locks being created. We've only started seeing them since using version 7.6c.

Thanks,
Siobhan

Siobhan Ozard, Ph.D., MCCPM
Department of Medical Physics
Windsor Regional Cancer Centre
2220 Kildare Rd.
Windsor, ON
CANADA
N8W 2X3

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Phone: (519) 253-3191 xtn 58718
Fax: (519) 255-8679
Pager: (519) 251-6401

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##

De:	Angela Height
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: removing plan locks
Fecha:	jueves, 12 de enero de 2006 20:46:16
Archivos adjuntos:	

Hello,

We have had that happen a few times also (version 7.6c). I don't know what causes it, it doesn't seem to be from two computers trying to access the file at the same time.

I go to the computer that supposedly has the file open, close all Launchpads, then exit Pinnacle, and log back in. This has cleared the locks for us so far.

I don't know if this simple solution would work in your scenario.

Angie Height, CMD
St. Joseph Mercy Hospital
Ann Arbor, Michigan

De:	DAVID SHEPARD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Transferring Plans between Pinnacle and Eclipse
Fecha:	jueves, 12 de enero de 2006 22:04:29
Archivos adjuntos:	

We recently installed a Varian Trilogy in our cinic. We first commissioned the Trilogy system in Pinnacle, and we are using this clinically. We are now commissioning the same machine in the Eclipse workstation that we received with the purchase.

I am wondering if anyone know of a means to send treatment plans either from Pinnacle to Eclipse or from Eclipse to Pinnacle. This would allow us to compare dose calculations between the two systems.

Thanks for your help.

Dave Shepard

* David Shepard
* Department of Radiation Oncology
* University of Maryland School of Medicine
* 22 South Greene St.
* Baltimore, MD 21201-1595
* ph. 410-328-1831 fax 410-328-5279

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Transferring Plans between Pinnacle and Eclipse
Fecha:	jueves, 12 de enero de 2006 22:44:55
Archivos adjuntos:	

David

Have you tried DICOM-RT ?
Send the CT image set to both systems, then File -> Export -> DICOM-RT -> Plan, from Pinnacle.

Regards

Nick

At 03:39 PM 12/01/2006 -0500, you wrote:

>We recently installed a Varian Trilogy in our cinic. We first
>commissioned the Trilogy system in Pinnacle, and we are using this
>clinically. We are now commissioning the same machine in the Eclipse
>workstation that we received with the purchase.
>
>I am wondering if anyone know of a means to send treatment plans either
>from Pinnacle to Eclipse or from Eclipse to Pinnacle. This would allow us
>to compare dose calculations between the two systems.
>
>Thanks for your help.
>
>Dave Shepard
>
>
>
>* David Shepard
>* Department of Radiation Oncology
>* University of Maryland School of Medicine
>* 22 South Greene St.
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>* ph. 410-328-1831 fax 410-328-5279
>
>
>

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account will not be distributed unless that account is also subscribed.
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De:	Williams, Matthew
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Transferring Plans between Pinnacle and Eclipse
Fecha:	jueves, 12 de enero de 2006 22:45:30
Archivos adjuntos:	

Dave - we have not tried transferring plans with beams in place but have transferred contoured CT datasets using DICOM-RT export from our Pinnacle to another centres Eclipse system.

Only hurdle was that Eclipse required an additional DICOM tag for each structure which defined the structure type (eg EXTERNAL, ORGAN, AVOIDANCE), without it all structures defaulted to type NONE which meant they were non-overlapping and also no dose could be calculated in them. We managed to modify the DICOM file and added this tag for each structure, however if you can DICOM export CT and contours from Eclipse to Pinnacle then you should not need to do this.

Hope this is of some assistance.

Matt

****

Matthew Williams, PhD.
Medical Physicist

Illawarra Cancer Care Centre
The Wollongong Hospital
Private Mail Bag 8808
South Coast Mail Centre NSW 2521

Ph: +61 2 4222 5709
Fax: +61 2 4222 5793

****

are solely those of the individual sender, except where the sender is specifically authorised by South East Sydney & Illawarra Area Health.

De:	Kent Krugh
A:	Pinnacle users list;
Cc:	
Asunto:	P3PC remote planning software
Fecha:	jueves, 12 de enero de 2006 23:47:02
Archivos adjuntos:	

Has anyone experience with (or heard about) the package Philips is marketing called P3PC? It supposedly allows one to do remote planning.

Kent Krugh, M.S.
Medical Radiation Physicist
Intercommunity Cancer Center
2452 Kipling Avenue
Cincinnati, OH 45014
phone: 513-681-7800
fax: 513-853-3045

De:	Mark Phillips
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: P3PC remote planning software
Fecha:	viernes, 13 de enero de 2006 0:23:48
Archivos adjuntos:	

Kent,
I did speak with a Philips rep yesterday and he described it briefly.
It is already a product, I think; if not it soon will be.

It runs on a Sun laptop (he didn't say, but I got the sense that this is not just software you install on your own PC laptop). Although he did not know all the details, he said that to use it, you log into one of the workstations and "take over" (his words) the station, meaning that no one else can use that station while the P3PC program is running. At that point, I believe you have all the functions of the workstation. The computing is all done on the laptop processor.

Some members of the sales group have the system and can demo it at your site. The rep admittedly did not know all the details so take my statements with many grains of salt.

Mark

Kent Krugh wrote:
> Has anyone experience with (or heard about) the package Philips is
> marketing called P3PC? It supposedly allows one to do remote planning.
>
>
> Kent Krugh, M.S.
> Medical Radiation Physicist
> Intercommunity Cancer Center
> 2452 Kipling Avenue
> Cincinnati, OH 45014
> phone: 513-681-7800
> fax: 513-853-3045
>
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>
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Professor, Department of Radiation Oncology
Box 356043
University of Washington
Seattle, WA 98195-6043

(office) 206.598.6219
(fax) 206.598.6218

www.radonc.washington.edu/faculty/mark/

De:	Sotnick, Steven
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: removing plan locks
Fecha:	viernes, 13 de enero de 2006 13:26:24
Archivos adjuntos:	

Trying right mouse clicking on the desktop and "remove stale locks"

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Angela Height
Sent: Thursday, January 12, 2006 1:41 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: removing plan locks

Hello,

We have had that happen a few times also (version 7.6c). I don't know what causes it, it doesn't seem to be from two computers trying to access the file at the same time.

I go to the computer that supposedly has the file open, close all Launchpads, then exit Pinnacle, and log back in. This has cleared the locks for us so far.

I don't know if this simple solution would work in your scenario.

Angie Height, CMD
St. Joseph Mercy Hospital
Ann Arbor, Michigan

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##

De:	Son, dhr. D.C. Van
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: removing plan locks
Fecha:	viernes, 13 de enero de 2006 13:49:52
Archivos adjuntos:	

Hello,

I'm interested in the way of locking plans. I have no idea how to lock a plan, so if someone can explain it, I would be very happy!!

Greets

Dennis
Medical Centre Alkmaar

Van: owner-pinnacle-users@explode.unsw.edu.au namens Sotnick, Steven
Verzonden: vr 13-1-2006 13:04
Aan: pinnacle-users@explode.unsw.edu.au
Onderwerp: RE: removing plan locks

Trying right mouse clicking on the desktop and "remove stale locks"

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Angela Height
Sent: Thursday, January 12, 2006 1:41 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: removing plan locks

Hello,

We have had that happen a few times also (version 7.6c). I don't know what causes it, it doesn't seem to be from two computers trying to access the file at the same time.

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account will not be distributed unless that account is also subscribed.
##

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Transferring Plans between Pinnacle and Eclipse
Fecha:	viernes, 13 de enero de 2006 14:15:42
Archivos adjuntos:	

Can the eclipse import RTOG files?

You might be able to export RTOG from Pinnacle and Import into Eclipse

Greg

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com
No trees were killed in the creation of this message.
However, Billions of electrons were terribly inconvenienced.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of DAVID SHEPARD
Sent: Thursday, January 12, 2006 2:40 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Transferring Plans between Pinnacle and Eclipse

We recently installed a Varian Trilogy in our cinic. We first commissioned the Trilogy system in Pinnacle, and we are using this clinically. We are now commissioning the same machine in the Eclipse workstation that we received with the purchase.

I am wondering if anyone know of a means to send treatment plans either from Pinnacle to Eclipse or from Eclipse to Pinnacle. This would allow

us to compare dose calculations between the two systems.

Thanks for your help.

Dave Shepard

* David Shepard
* Department of Radiation Oncology
* University of Maryland School of Medicine
* 22 South Greene St.
* Baltimore, MD 21201-1595
* ph. 410-328-1831 fax 410-328-5279

De:	John Shakeshaft
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Transferring Plans between Pinnacle and Eclipse
Fecha:	viernes, 13 de enero de 2006 14:17:41
Archivos adjuntos:	

The Pinnacle to Eclipse issue is non-trvial because of the way the different systems implement DICOM. However it should be possible.

You have already found the problem with the DICOM structure type and fixed this. If you are using the version 7.4+ of pinnacle and you export the plan and structures simultaneously you should be OK, as long as you import the plan structures and CT set into Eclipse simultaneously.

If you are using an older version of Pinnacle, you will need to edit the plan geometry (300A,000C) from TREATMENT_DEVICE to PATIENT and then create a reference structure set sequence (300C,0060) containing a reference to the structure set DICOM UID.

This should then work.

We have achieved this with manual editing so that we can use plans prepared on Pinnacle as a reference for Cone-Beam CT on the Varian OBI.

John Shakeshaft
Principal Physicist
Physics Department
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY
UK

Tel: +44 151 334 1155 X4683
Fax: +44 151 482 7860

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Williams, Matthew
Sent: 12 January 2006 21:27
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: Transferring Plans between Pinnacle and Eclipse

Dave - we have not tried transferring plans with beams in place but have transferred contoured CT datasets using DICOM-RT export from our Pinnacle to another centres Eclipse system.

Only hurdle was that Eclipse required an additional DICOM tag for each structure which defined the structure type (eg EXTERNAL, ORGAN, AVOIDANCE), without it all structures defaulted to type NONE which meant they were non-overlapping and also no dose could be calculated in them. We managed to modify the DICOM file and added this tag for each structure, however if you can DICOM export CT and contours from Eclipse to Pinnacle then you should not need to do this.

Hope this is of some assistance.

Matt

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Matthew Williams, PhD.
Medical Physicist

Illawarra Cancer Care Centre
The Wollongong Hospital
Private Mail Bag 8808
South Coast Mail Centre NSW 2521

Ph: +61 2 4222 5709
Fax: +61 2 4222 5793
****

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle 7.4 IMRT and Lantis with Primeview
Fecha:	viernes, 13 de enero de 2006 22:06:40
Archivos adjuntos:	Glacier Bkgrd.jpg

We have recently commissioned or P3 system for IMRT with Pinnacle 7.4. We are sending plans to Lantis 6.10H and using Primeview 2.1 to control the treatment delivery and V&R. Primeview rounds MU's leading to a treatment significantly different than the plan.

The dose distribution changes requiring the Isodose line that we prescribe to having to be modified. When this is done the MU's are not rounded and then we have to repeat the process possibly several times to get a satisfactory plan with rounded MU's.

Has anyone had experience with this? How are you handling it?

Greg

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com

De:	shzjy_list
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	About automodeling
Fecha:	sábado, 14 de enero de 2006 11:51:17
Archivos adjuntos:	

Hi

Is there anyone have some experience aboiut automodeling of the beam?

I need contact with them to discuss which model is a little more perfect than another one, and the standard of the judgement that the model is suit for clinic use.

HI•• • • • • • • • • • • • • • • •.. • • • • • • • • • •.. • • • • ..

De:	Linda Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: P3PC remote planning software
Fecha:	sábado, 14 de enero de 2006 13:20:16
Archivos adjuntos:	

Hello All,

P3PC has been explained to me as an extension of P3MD. That is, it is reflections X running on a PC, but the capabilities are not clipped like they are with P3MD.

It is a fully functional planning system and you CAN continue to plan on the server or host box - although it does use one of the Sun box CPUs.

However, it is not a remote planning tool - it needs to be on the same LAN.

I just spoke to customer support and confirmed this.

L.Smith

----- Original Message -----
From: "Mark Phillips" <markp@u.washington.edu>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Thursday, January 12, 2006 5:56 PM
Subject: Re: P3PC remote planning software

> Kent,
> I did speak with a Philips rep yesterday and he described it briefly. It
> is already a product, I think; if not it soon will be.
>
> It runs on a Sun laptop (he didn't say, but I got the sense that this is
> not just software you install on your own PC laptop). Although he did not
> know all the details, he said that to use it, you log into one of the
> workstations and "take over" (his words) the station, meaning that no one
> else can use that station while the P3PC program is running. At that
> point, I believe you have all the functions of the workstation. The
> computing is all done on the laptop processor.
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> Some members of the sales group have the system and can demo it at your

> site. The rep admittedly did not know all the details so take my
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>
> Mark
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> Kent Krugh wrote:
>> Has anyone experience with (or heard about) the package Philips is
>> marketing called P3PC? It supposedly allows one to do remote planning.
>>
>>
>> Kent Krugh, M.S.
>> Medical Radiation Physicist
>> Intercommunity Cancer Center
>> 2452 Kipling Avenue
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>> phone: 513-681-7800
>> fax: 513-853-3045
>>
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> --
> ----------
>
> Mark H. Phillips, Ph.D.
> Professor, Department of Radiation Oncology
> Box 356043
> University of Washington
> Seattle, WA 98195-6043
>
> (office) 206.598.6219
> (fax)   206.598.6218
>
> www.radonc.washington.edu/faculty/mark/
>
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De:	Jonathan Howe
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Siemens VSIM export to Pinnacle
Fecha:	sábado, 14 de enero de 2006 19:02:29
Archivos adjuntos:	

Pinnacle users,

We have recently installed a new Siemens CT and are using Siemens VSIM software to add beams, contours and blocks. We are experiencing some problems exporting all the data to Pinnacle - we can successfully import images, beams and contours (albeit with warning messages), but not blocks. Has anyone had any success with communication between VSIM and Pinnacle? (We are using VSIM version 2.0; Pinnacle 7.4 and DICOM Image 4.2d).

Thanks,

Jonathan Howe
Medical Physicist
Associates in Medical Physics

De:	Kent Krugh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle 7.4 IMRT and Lantis with Primeview
Fecha:	sábado, 14 de enero de 2006 19:06:22
Archivos adjuntos:	

We have the same set-up as you, have experienced this rounding of mu's, and I must say the difference is very minor. It does not require adjustment of what isodose line we treat to. The change in the total number of monitor units is usually less than 1.5%.

Kent

At 1/13/2006 03:53 PM, you wrote:
>We have recently commissioned or P3 system for IMRT with Pinnacle
>7.4. We are sending plans to Lantis 6.10H and using Primeview 2.1
>to control the treatment delivery and V&R. Primeview rounds MU's
>leading to a treatment significantly different than the plan.
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>The dose distribution changes requiring the Isodose line that we
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>
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>
>Greg
>----------
>Gregory Groess
>Information Systems Support
>Radiation Oncology
>Abbott Northwestern Hospital
>800 28th St.
>Minneapolis, MN55407
>612.863.5544
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><mailto:greg.groess@allina.com>greg.groess@allina.com
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>privileged. Unless you are the addressee (or authorized to receive
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>message or any information contained in the message. If you have
>received the message in error, please advise the sender by reply
>e-mail and delete the message.
>

De:	Kent Krugh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: P3PC remote planning software
Fecha:	sábado, 14 de enero de 2006 19:07:02
Archivos adjuntos:	

At 1/14/2006 06:51 AM, you wrote:
>Hello All,
>
>P3PC has been explained to me as an extension of P3MD. That is, it
>is reflections X running on a PC, but the capabilities are not
>clipped like they are with P3MD.
>
>It is a fully functional planning system and you CAN continue to
>plan on the server or host box - although it does use one of the Sun box CPUs.
>
>However, it is not a remote planning tool - it needs to be on the same LAN.

And if you have PC Anywhere on the same PC where P3PC is on, and PC Anywhere on a remote PC, you CAN do remote planning and review of plans. This is what my rep explained to me this week.

Kent

>I just spoke to customer support and confirmed this.
>
>L.Smith
>
>----- Original Message ----- From: "Mark Phillips" <markp@u.washington.edu>
>To: <pinnacle-users@explode.unsw.edu.au>
>Sent: Thursday, January 12, 2006 5:56 PM
>Subject: Re: P3PC remote planning software
>
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>>Kent,
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>>the functions of the workstation. The computing is all done on the
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>>Mark
>>
>>Kent Krugh wrote:
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>>>marketing called P3PC? It supposedly allows one to do remote planning.
>>>
>>>
>>>Kent Krugh, M.S.
>>>Medical Radiation Physicist
>>>Intercommunity Cancer Center
>>>2452 Kipling Avenue
>>>Cincinnati, OH 45014
>>>phone: 513-681-7800
>>>fax: 513-853-3045
>>>
>>--
>>----------
>>
>>Mark H. Phillips, Ph.D.
>>Professor, Department of Radiation Oncology
>>Box 356043
>>University of Washington
>>Seattle, WA 98195-6043
>>
>>(office) 206.598.6219
>>(fax)   206.598.6218
>>
>>www.radonc.washington.edu/faculty/mark/
>>
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##

De:	Linda Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Siemens VSIM export to Pinnacle
Fecha:	sábado, 14 de enero de 2006 23:40:09
Archivos adjuntos:	

Are you setting the "blocks" as MLC fields on the Siemen's system?

L.Smith

----- Original Message -----
From: "Jonathan Howe" <jonathan.howe@contactoffice.net>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Saturday, January 14, 2006 12:45 PM
Subject: Siemens VSIM export to Pinnacle

> Pinnacle users,
>
> We have recently installed a new Siemens CT and are using Siemens VSIM
> software to add beams, contours and blocks. We are experiencing some
> problems exporting all the data to Pinnacle - we can successfully import
> images, beams and contours (albeit with warning messages), but not blocks.
> Has anyone had any success with communication between VSIM and Pinnacle?
> (We are using VSIM version 2.0; Pinnacle 7.4 and DICOM Image 4.2d).
>
> Thanks,
>
> Jonathan Howe
> Medical Physicist
> Associates in Medical Physics
>
>
>

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##

De: David Djajaputra

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: Pinnacle 7.4 IMRT and Lantis with Primeview

Fecha: domingo, 15 de enero de 2006 1:26:41

Archivos adjuntos:

We have also been using the Pinnacle-Lantis-Primeview-Primus combination and I agree that the difference due to MU rounding is very minor. Some points may be of interest:

1. During optimization, use "MLC and Jaw Transmission" instead of just "MLC Transmission" for Siemens machines. This is specified in the Pinnacle manual.
2. In Beams > Prescription, make sure that the MUs in the Isodose Percentage mode is adjusted to be the same as in the Number of MU mode once you finish the plan. We do this mistake every once in a while: We finish the plan in the MU mode, then somehow export the plan in the Percentage mode, and see different MU and measure different dose than expected.
3. If you are talking about the difference between ion-chamber measurement and Pinnacle calculation, we found that Siemens table attenuation can cause about 3% difference in total point dose especially if you use very slanted LPO/RPO angle (eg. 120 gantry). The difference in beam dose for this specific angle can be as high as 10%.

David

Kent Krugh <kkrugh@goodnews.net>
Sent by: owner-pinnacle-users@explode.unsw.edu.au

To pinnacle-users@explode.unsw.edu.au
cc
Subject Re: Pinnacle 7.4 IMRT and Lantis with Primeview

01/14/2006 11:44 AM

Please respond to pinnacle-users@explode.unsw.edu.au

We have the same set-up as you, have experienced this rounding of mu's, and I must say the difference is very minor. It does not require adjustment of what isodose line we treat to. The change in the total number of monitor units is usually less than 1.5%.

Kent

At 1/13/2006 03:53 PM, you wrote:
>We have recently commissioned or P3 system for IMRT with Pinnacle
>7.4. We are sending plans to Lantis 6.10H and using Primeview 2.1

>to control the treatment delivery and V&R. Primeview rounds MU's
>leading to a treatment significantly different than the plan.
>
>The dose distribution changes requiring the Isodose line that we
>prescribe to having to be modified. When this is done the MU's are
>not rounded and then we have to repeat the process possibly several
>times to get a satisfactory plan with rounded MU's.
>
>Has anyone had experience with this? How are you handling it?
>
>Greg
>---
>Gregory Groess
>Information Systems Support
>Radiation Oncology
>Abbott Northwestern Hospital
>800 28th St.
>Minneapolis, MN55407
>612.863.5544
>612.654.3827 <Pager>
><mailto:greg.groess@allina.com>greg.groess@allina.com
>No trees were killed in the creation of this message.
>However, Billions of electrons were terribly inconvenienced.
>
>
>
>
>
>

>

De:	Jennifer Buskerud
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: P3PC remote planning software
Fecha:	lunes, 16 de enero de 2006 0:18:51
Archivos adjuntos:	

---

i was told that if you had P3 Anywhere that Philips was no longer supporting their product if you had a service agreement with them. Did your rep tell you that information?
Jennifer

Kent Krugh <kkrugh@goodnews.net> wrote:

> At 1/14/2006 06:51 AM, you wrote:
> >Hello All,
> >
> >P3PC has been explained to me as an extension of P3MD. That is, it
> >is reflections X running on a PC, but the capabilities are not
> >clipped like they are with P3MD.
> >
> >It is a fully functional planning system and you CAN continue to
> >plan on the server or host box - although it does use one of the Sun box CPUs.
> >
> >However, it is not a remote planning tool - it needs to be on the same LAN.
>
> And if you have PC Anywhere on the same PC where P3PC is on, and PC Anywhere on a remote PC, you CAN! do remote planning and review of plans. This is what my rep explained to me this week.
>
> Kent
>
>
> >I just spoke to customer support and confirmed this.
> >
> >L.Smith
> >
> >----- Original Message ----- From: "Mark Phillips"
> >To:
> >Sent: Thursday, January 12, 2006 5:56 PM
> >Subject: Re: P3PC remote planning software
> >
> >
> >>Kent,
> >>I did speak with a Philips rep yesterday and he described it
> >>briefly. It is already a product, I think; if not it soon will be.
> >>
> >>It runs on a Sun laptop (he didn't say, but I got the sense that
> >>this is not just software you install on your own PC laptop).
> >>Although he did not know all the details, he said that to use it,

>>you log into one of the workstations and "take over" (his words)
>>the station, meaning that no one else can use t! hat station while
>>the P3PC program is running. At that point, I believe you have all
>>the functions of the workstation. The computing is all done on the
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>>Some members of the sales group have the system and can demo it at
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###

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: removing plan locks
Fecha:	lunes, 16 de enero de 2006 1:11:01
Archivos adjuntos:	

Dennis

A patient is locked when a file .PatientLockFile is created in the Patient_nnn dir (nnn being the number when you first create the patient). Note the . before the name, ie hidden, use ls -a to list it in the dir.

You can manually release patients by removing this file or lock them by creating a file with this name. However do so at your own risk.

Regards

Nick

At 01:32 PM 13/01/2006 +0100, you wrote:
>Hello,
>
>I'm interested in the way of locking plans. I have no idea how to lock a
>plan, so if someone can explain it, I would be very happy!!
>
>Greets
>
>Dennis
>Medical Centre Alkmaar
>
>_____
>
>Van: owner-pinnacle-users@explode.unsw.edu.au namens Sotnick, Steven
>Verzonden: vr 13-1-2006 13:04
>Aan: pinnacle-users@explode.unsw.edu.au
>Onderwerp: RE: removing plan locks
>
>
>
>Trying right mouse clicking on the desktop and "remove stale locks"
>

>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Angela
>Height
>Sent: Thursday, January 12, 2006 1:41 PM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Re: removing plan locks
>
>Hello,
>
>We have had that happen a few times also (version 7.6c). I don't know
>what causes it, it doesn't seem to be from two computers trying to
>access the file at the same time.
>
>I go to the computer that supposedly has the file open, close all
>Launchpads, then exit Pinnacle, and log back in. This has cleared the
>locks for us so far.
>
>I don't know if this simple solution would work in your scenario.
>
>Angie Height, CMD
>St. Joseph Mercy Hospital
>Ann Arbor, Michigan
>
>
>
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De:	Kent Krugh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: P3PC remote planning software
Fecha:	lunes, 16 de enero de 2006 4:11:30
Archivos adjuntos:	

No. In fact, the rep is the one who said you need PC Anywhere or some analogous software to make the P3PC work remotely.

At 1/15/2006 06:06 PM, you wrote:
>i was told that if you had P3 Anywhere that Philips was no longer
>supporting their product if you had a service agreement with them.
>Did your rep tell you that information?
>Jennifer
>
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> >
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> >
> >It is a fully functional planning system and you CAN continue to
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> >However, it is not a remote planning tool - it needs to be on the same LAN.
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>And if you have PC Anywhere on the same PC where P3PC is on, and PC
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>
>Kent
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> >
> >L.Smith
> >

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> >To:
> >Sent: Thursday, January 12, 2006 5:56 PM
> >Subject: Re: P3PC remote planning software
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> >>>
> >>>Kent Krugh, M.S.
> >>>Medical Radiation Physicist
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>
>_____
>Do You Yahoo!?
>Tired of spam? Yahoo! Mail has the best spam protection around
>http://mail.yahoo.com

De:	Jonathan Howe
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Siemens VSIM export to Pinnacle
Fecha:	lunes, 16 de enero de 2006 15:22:51
Archivos adjuntos:	

Linda,

Yes the blocks are MLC fields. A couple of differences in the machine characterization between VSIM and Pinnacle are:
1. VSIM has the parameter "Opp. Adj. Leaf Gap" which is not used on Pinnacle and I cannot locate on our Varian specs.
2. VSIM permits only two leaf widths. We have Millenium 120 leaf MLC with three leaf widths - we have just assumed the end four leaves are 1.0cm on the VSIM characterization.

Thanks,

Jonathan
> ----------
> From: Linda Smith <lsmi80@optonline.net>
> Sent: Sat Jan 14 23:27:17 CET 2006
> To: <pinnacle-users@explode.unsw.edu.au>
> Subject: Re: Siemens VSIM export to Pinnacle
>
>
> Are you setting the "blocks" as MLC fields on the Siemen's system?
>
> L.Smith
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> ----- Original Message -----
> From: "Jonathan Howe" <jonathan.howe@contactoffice.net>
> To: <pinnacle-users@explode.unsw.edu.au>
> Sent: Saturday, January 14, 2006 12:45 PM
> Subject: Siemens VSIM export to Pinnacle
>
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> > Pinnacle users,
> >
> > We have recently installed a new Siemens CT and are using Siemens VSIM

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> > Has anyone had any success with communication between VSIM and Pinnacle?
> > (We are using VSIM version 2.0; Pinnacle 7.4 and DICOM Image 4.2d).
> >
> > Thanks,
> >
> > Jonathan Howe
> > Medical Physicist
> > Associates in Medical Physics
> >
> >
> >

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De:	Royal, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: P3PC remote planning software
Fecha:	lunes, 16 de enero de 2006 15:35:00
Archivos adjuntos:	

There are 2 computer programs with similar names being discussed here.

P3 Anywhere is a new program that is sold by Radiation Oncology Resources. It allows remote "take-over" of the Pinnacle computer.

PC Anywhere is a windows program for remote access, sold by Symantec (the company that sells all those Norton Antivirus/Internet Security products).

Jim Royal

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Kent Krugh
Sent: Sunday, January 15, 2006 8:52 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: P3PC remote planning software

No. In fact, the rep is the one who said you need PC Anywhere or some analogous software to make the P3PC work remotely.

De:	Linda Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: P3PC remote planning software
Fecha:	martes, 17 de enero de 2006 1:24:54
Archivos adjuntos:	

The problem is loading software onto the Pinnacle.

If you use the P3 Anywhere product from ROR, you are loading software on a medical device, and Philips has a problem with that.

If you use P3PC, you are not loading anything "alien" on the system.

This is what I discovered as I was trying to plan on what to do.

L.Smith
----- Original Message -----
From: "Royal, James" <Jim.Royal@nmhs.org>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Monday, January 16, 2006 9:06 AM
Subject: RE: P3PC remote planning software

> There are 2 computer programs with similar names being discussed here.
>
> P3 Anywhere is a new program that is sold by Radiation Oncology
> Resources. It allows remote "take-over" of the Pinnacle computer.
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> Jim Royal
>
>
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> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Kent
> Krugh

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>
>
> This message and any included attachments are from Nebraska Methodist Health System and its affiliates and are intended only for the addressee. The message may contain privileged, confidential and/or proprietary information intended only for the person(s) named. Unauthorized forwarding, printing, copying, distribution, or use of such information is strictly prohibited and may be unlawful. If you are not the addressee, please promptly delete this message and notify the sender of the delivery error by e-mail or you may call Nebraska Methodist Health System and its affiliates in Omaha, Nebraska, U.S.A at (402)354-2280.
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De:	Joe Grant
A:	Pinnacle users (Pinnacle users);
Cc:	
Asunto:	20 MU limit; TG-43 tables
Fecha:	martes, 17 de enero de 2006 18:05:14
Archivos adjuntos:	

I have two totally unrelated issues – any comments on either would be appreciated:

1) I think this came up a while back, so my apologies for bringing it up again– we get a message “MU exceeds machine limit” when the MU calc is 20 or less, even for non-EDW fields. I believe the answer was that this limit was hard-wired into the algorithm by the Philips engineers
and couldn’t be changed. Correct?

2) There are published TG-43 tables for RTR and 3M cesium sources (Med Phys 32, vol. 8, p. 2464-70). In the study, the bin sizes for
the 2D arrays are uneven in both dimensions (i.e. .25, .5, .75, 1, 1.5, 2 etc.) . Entering the values in Pinnacle requires
an evenly-spaced bin size. This would require an enormous number of manual entries. Is there an easy workaround for this?

Thanks for any ideas

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

De:	Joe Grant
A:	Pinnacle users (Pinnacle users);
Cc:	
Asunto:	Electron modeling
Fecha:	martes, 17 de enero de 2006 19:02:17
Archivos adjuntos:	

Is anyone using their electron model to generate treatment MU's? We currently use our model only to
generate dose distributions, and rely on RadCalc for treatment MU's. We would like to take the next step
to generate Pinnacle MU's so we can more accurately account for heterogeneity and oblique incidence.
The manual suggests a huge dataset, so I would like to know if there is a safe middle ground. I would like
to scan / or measure the following (for a Varian 21EX):

1) Output factors measured at 100 and 110 SSD for these cones:
6x6 w/4x4 insert 6x6 10x10 10x10 w/5x5 insert 15x15 20x20
20x20 w/10x10 insert 25x25 25x25 w/5x5 insert 25x25 w/20x20 insert

2) %DD's at 100 SSD for 6 standard cone sizes, 5 energies. Do I need to get PDD's at 110 SSD as well?

3) Cross-beam and in-line profiles at ½ D90, D90, D70, D50 and R_p+2 cm. All at 100 SSD. For tuning OAR's and water scatter

4) In-air profiles at 100, 105, 110, 115 and 120 SSD for 20x20 cone. For VSD and sigma-theta-x calculation

5) Cutout material transmission factor. For x-ray contamination.

I would appreciate the benefit of your experience. If it would truly be to my advantage to get additional data, please let me know-

Thanks!

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

De:	Rice, Roger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Electron modeling
Fecha:	martes, 17 de enero de 2006 19:39:42
Archivos adjuntos:	

Our experience has been that you can do what you suggest, but there will be several instances when you will not get MU's because your eff. field size or SSD is outside the output table and can not be interpolated. At a minimum you need insert measurements for the smallest cutout you plan on using and enough points in between for accurate interpolation below 4x4. This is true for each cone and SSD.

Roger K Rice, PhD
Moores UCSD Cancer Center
Radiation Oncology
3855 Health Sciences Drive #0843
La Jolla, CA 92093-0843
Work: 858-822-6057
Fax: 858-822-6077

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Joe Grant
Sent: Tuesday, January 17, 2006 9:46 AM
To: Pinnacle users (Pinnacle users)
Subject: Electron modeling

Is anyone using their electron model to generate treatment MU's? We currently use our model only to
generate dose distributions, and rely on RadCalc for treatment MU's. We would like to take the next step
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E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

De:	Lederer, Ernst
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Perl scripts and Hotscript buttons
Fecha:	martes, 17 de enero de 2006 21:05:48
Archivos adjuntos:	

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** David Djajaputra
Sent: 2005-Oct-21 12:42
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Perl scripts and Hotscript buttons

Dear Pinnaclers:

1. Is it possible to write a script to run several IMRT plans (with different objectives) as a batch job?
2. For those who have DMPO, would you recommend it?

Thanks in advance for any reply!

David Djajaputra
UNMC, Omaha

De:	Andreas Liebhold
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Electron modeling
Fecha:	miércoles, 18 de enero de 2006 12:06:21
Archivos adjuntos:	

Another important issue is, that you should insert all measured profiles and depth dose curves before you start to adjust the beamprofiles in the cone ratio menu since any additional measurements (e.g. 5x5 or 6x6 in 10x10 applicator) will take effect on the other calculated profiles.
We don't trust the electron model (in combination with grooves and inhomogenities) too much, so we directly insert the MU according to our measurements in water and use the electron model like you have done so far only to get a rough visual idea about the dose distribution.

Best regards,

Andreas Liebhold

Medizinphysiker
Strahlenklinik
Zentralklinikum Augsburg
Stenglinstr.1
86156 Augsburg
Deutschland

> --- Ursprüngliche Nachricht ---
> Von: "Rice, Roger" <rrice@ucsd.edu>
> An: <pinnacle-users@explode.unsw.edu.au>
> Betreff: RE: Electron modeling
> Datum: Tue, 17 Jan 2006 10:19:54 -0800
>
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>
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> La Jolla, CA 92093-0843
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> Fax: 858-822-6077
>
>
>
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>
> _____
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> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Joe Grant
> Sent: Tuesday, January 17, 2006 9:46 AM
> To: Pinnacle users (Pinnacle users)
> Subject: Electron modeling
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> E. Joseph (Joe) Grant, M.S., D.A.B.R
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> Medical Physicist
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> C.A.R.T.I., Inc.
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> Little Rock, AR
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> (501) 296-3269
>
>
>
>

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De:	Sean White
A:	pinnacle-users@explode.unsw.edu.au; graham.freestone@ksa.ch;
Cc:	
Asunto:	Re: Automatic backups
Fecha:	domingo, 22 de enero de 2006 23:43:01
Archivos adjuntos:	

Hi Graham,

We backup all our institution data to our VARiS server each night using a FTP scheduling prgram called FTP voyager. It's simple to use and very easy to set up.

The program runs on the VARiS server, so is used in a Windows environment with no need to touch your Pinnacle Workstations at all.

Hope this helps

Sean White
Medical Physicist Ph: +612 47341401
Nepean Cancer Care Centre Fax: +612 47343570
PO BOX 63 whites@wahs.nsw.gov.au
Penrith NSW 2751

>>> graham.freestone@ksa.ch 01/11/06 02:34am >>>
Hi All,

Our IT department have just setup a network drive on our Pinnacle server, so that we can do an electronic backup to a remote server.....the question now being how to set up a UNIX script to schedule a backup of the X & Y institutions every night to a different sub-directory of the remote server monday to friday.

If anybody out there has done this, your help would be much appreciated.

TIA

Regards

Graham Freestone

Medizin Phyziker Senior,
Institut für Radio-Onkologie,
Kantonsspital Aarau AG,
CH5001 Aarau,
Switzerland

Tel: +41 62 838 9569
Fax: +41 62 838 5223
Email: graham.freestone@ksa.ch

##
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##

De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Automatic backups
Fecha:	lunes, 23 de enero de 2006 9:37:32
Archivos adjuntos:	

Hello Sean

FTP voyager looks great but when you do a restore are all the file permissions correct?

I tried a restore using a generic login (p3rtp), and group and global write permissions were not present. This means that other users (i.e. P3MD) would not have write access to the restored files. This could of course be fixed after restore with a few unix commandos.

It backs-up and restores files with capitalisation, and is easy to use. The scheduler also has a very nice syncro function. I haven't tested it yet, but it should cut down the time of a backup significantly. The software is cheap as dirt, and comes as a 30 day trial version with full functionality.

Thanks very much for the tip!

Kind regards

Ian Norton
Clinic for Radiation Oncology
University Hospital Zurich
8091 Zurich
Switzerland
+41 1 255 3251
ian.norton@usz.ch

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Sean White
Gesendet: Sonntag, 22. Januar 2006 23:26
An: pinnacle-users@explode.unsw.edu.au; graham.freestone@ksa.ch
Betreff: Re: Automatic backups

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Hope this helps

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Graham Freestone

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Institut für Radio-Onkologie,
Kantonsspital Aarau AG,
CH5001 Aarau,
Switzerland

Tel: +41 62 838 9569
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##########

De:	Sean White
A:	pinnacle-users@explode.unsw.edu.au; Ian.Norton@usz.ch;
Cc:	
Asunto:	Re: AW: Automatic backups
Fecha:	martes, 24 de enero de 2006 0:46:22
Archivos adjuntos:	

Hi Ian,

When we restore we just do a direct FTP transfer using Voyager to the Pinnacle server logging in under our generic p3rtp login.

Write permissions have never been an issue, although we do only tend to use the p3rtp or root logins in our centre.

We also archive patients in a similar way. The only problem is associating the patient name with the folder number. We have plans to write a program that will automatically extract the patient details from the folder and compile a spreadsheet for us. Until then we have been recording an Excel spreadsheet with information we collect manually.

Regards

Sean White
Medical Physicist Ph: +612 47341401
Nepean Cancer Care Centre Fax: +612 47343570
PO BOX 63 whites@wahs.nsw.gov.au
Penrith NSW 2751

>>> Ian.Norton@usz.ch 01/23/06 07:08pm >>>
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Regards

Graham Freestone

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##

De:	Pamela Akazawa
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	LaunchPad 3.4D
Fecha:	jueves, 26 de enero de 2006 1:57:26
Archivos adjuntos:	

Does anyone have experience using the new Launch Pad 3.4d? I just got it in the mail; I may install it this weekend. Please let me know your thoughts

Pam

Pamela F. Akazawa
Clinical Project Manager
UCSF Radiation Oncology
1600 Divisadero St H-1031
San Francisco, CA 94115
415-353-7198
415-719-3504 (pager)
415-353-9883 (fax)

De:	Rice, Roger
A:	MEDPHYS@LISTS.WAYNE.EDU; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Shared folder on Pinnacle
Fecha:	martes, 31 de enero de 2006 0:16:38
Archivos adjuntos:	

Can anyone tell me how to setup a shared NFS folder on Pinnacle to be used to pull files to a PC?

Thanks,

Roger K Rice, PhD
Moores UCSD Cancer Center
Radiation Oncology
3855 Health Sciences Drive #0843
La Jolla, CA 92093-0843
Work: 858-822-6057
Fax: 858-822-6077

De:	Al Aqualino
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Shared folder on Pinnacle
Fecha:	martes, 31 de enero de 2006 0:17:48
Archivos adjuntos:	

At 05:29 PM 1/30/2006, Roger Rice wrote:

> Can anyone tell me how to setup a shared NFS folder on Pinnacle to be used to pull files to a PC?

You might install Samba (shareware) on the Pinnacle Server. (But watch security.)
- Al

~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Al Aqualino
U.Va. Radiological Physics
voice: 434-982-0781
fax: 434-982-0792
~~~~~~~~~~~~~~~~~~~~~~~~~~~~

De:	Scott Neal
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Shared folder on Pinnacle
Fecha:	martes, 31 de enero de 2006 0:23:15
Archivos adjuntos:	

Roger:

Setting up the shared folder in Pinnacle is the easy part, you just need to edit the /etc/dfs/dfstab file and add the following line:

share –F nfs –o rw “shared directory”

This will share the “shared directory” to any user that can see the Pinnacle at boot time. You can set it so only certain computers can access the share by setting the rw=”Computer Name” if you desire more security. You can also run this from the command line with root privileges to see if it works. The main issue is that you will need to have some sort of nfs client on the Windows box in order to mount the directory. I would make a backup of the dfstab file in case the system won’t boot after the changes, but this would be a rarity.

I hope this helps.

Scott Neal
Radiation Oncology Resources
533 NE Davis Street
McMinnville, OR 97128
Phone: 503-883-4111
sneal@roresources.com

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Rice, Roger
Sent: Monday, January 30, 2006 2:30 PM
To: MEDPHYS@LISTS.WAYNE.EDU; pinnacle-users@explode.unsw.edu.au
Subject: Shared folder on Pinnacle

Can anyone tell me how to setup a shared NFS folder on Pinnacle to be used to pull files to a PC?

Thanks,

Roger K Rice, PhD
Moores UCSD Cancer Center
Radiation Oncology
3855 Health Sciences Drive #0843
La Jolla, CA 92093-0843
Work: 858-822-6057
Fax: 858-822-6077

De:	Wamala, Muhamudu
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Shared folder on Pinnacle
Fecha:	martes, 31 de enero de 2006 2:15:36
Archivos adjuntos:	

You can use Window services for unix (http://www.microsoft.com/windowsserversystem/sfu/default.mspx), if you want a nfs client on Windows.

From: Scott Neal [mailto:sneal@roresources.com]
Sent: Monday, January 30, 2006 6:12 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Shared folder on Pinnacle

Roger:

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Sent: Monday, January 30, 2006 2:30 PM
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Work: 858-822-6057
Fax: 858-822-6077

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Unit of EC?
Fecha:	martes, 31 de enero de 2006 22:00:41
Archivos adjuntos:	

Dear all,

Are there someone how know the unit of "EC Surf Dose [ECD 10x10] (D/Flu)" used in the modelling of the builup region. I find it difficult to understand based on calculated (without buildup) and measured profiles to "calculate" the needed value of EC. I do know that it is the overall amplitude of the buildup component but I would like to understand the actual value of it.
Currently we are modelling the buildup region in a separate program. Thus it would be helpful to be able to transform our value of EC to the units used by pinnacle.

All the best,
Carsten

==========
Carsten Brink, Ph.D.
Stedfortræder for cheffysiker/Assistant Head of Laboratory of Radiation Physics
Radiofysisk laboratorium / Laboratory of Radiation Physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

account will not be distributed unless that account is also subscribed.
##

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Unit of EC?
Fecha:	martes, 31 de enero de 2006 23:58:29
Archivos adjuntos:	

Carsten,
I don't know if it will answer your specific question, but a very good starting point is Starkschall's, et al article in JOCMP Winter 2000 issue,
in which all the modeling parameters are described in some detail.
Although it applies to a much older version of Pinnacle, I don't think
the EC calculation has changed that much.
I'm not sure you can actually "calculate" EC(10x10), but the automodeling
function does a good job for you, then you can manually tweak it for fine-tuning.
For reference, our values for 6 MV photons are:
ECD(10x10)=.5386
K=2.4713
DF=.0574
SF=.9929

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Carsten Brink
Sent: Tuesday, January 31, 2006 2:29 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Unit of EC?

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De:	Wichman, Brian D
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: TBI"s on Pinnacle
Fecha:	miércoles, 01 de febrero de 2006 16:30:40
Archivos adjuntos:	

Hobie,

I saved this posting from last year about TBI, as I knew we were getting into the business eventually ourselves. I was wondering if you could forward on the Med Dosimetry paper you reference below. There's another paper of interest in Med Dosimetry, "Polarity effects of ionization chambers used in tbi dosimetry due to cable irradiation", 25 (3); 121-6.

Thank you,
Brian Wichman, MS, DABR
Chief Medical Physicist, RSO
Kansas City Cancer Centers

-----Original Message-----
From: Shackford, Hobart W [mailto:hshackford@rwmc.org]
Sent: Wednesday, March 09, 2005 11:42 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: TBI's on Pinnacle

Nigel:

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If you want any further details feel free to contact me.

Hobie Shackford
Chief Medical Physicist
Roger Williams Medical Center
Providence, RI 02908
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Fax: (401) 456-6540
hshackford@rwmc.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Deshpande, Nigel
Sent: Tuesday, March 08, 2005 10:45 AM

To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: TBI's on Pinnacle

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A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: TBI"s on Pinnacle
Fecha:	miércoles, 01 de febrero de 2006 17:26:31
Archivos adjuntos:	

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From: Wichman, Brian D [mailto:Brian.Wichman@USONCOLOGY.COM]
Sent: 01 February 2006 14:52
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: TBI's on Pinnacle

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Deshpande, Nigel
Sent: Tuesday, March 08, 2005 10:45 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: TBI's on Pinnacle

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De:	Jo Vanregemorter
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: TBI"s on Pinnacle
Fecha:	jueves, 02 de febrero de 2006 9:11:31
Archivos adjuntos:	

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the results we surprisingly good.
we treat standing-up appa in a specially designed treatment cabine
i can send you a poster and a presentation if you're interested in this appa treatment

jo

_____
J. Vanregemorter
Deskundige Medische Stralingsfysica ZNA
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Tel +32 3 2804134 Fax +32 3 2810719
Mobile +32 486539070

jo.vanregemorter@zna.be
www.zna.be
_____

-----Oorspronkelijk bericht-----
Van: Deshpande, Nigel [mailto:Nigel.Deshpande@royalfree.nhs.uk]
Verzonden: woensdag 1 februari 2006 16:55
Aan: 'pinnacle-users@explode.unsw.edu.au'
Onderwerp: RE: TBI's on Pinnacle

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From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Deshpande, Nigel
Sent: Tuesday, March 08, 2005 10:45 AM
To: 'pinnacle-users@explode.unsw.edu.au'
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De:	Sotnick, Steven
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: TBI"s on Pinnacle
Fecha:	jueves, 02 de febrero de 2006 14:03:05
Archivos adjuntos:	

For TBI, we treat with the patient supine in a plexiglass box; filling up the empty spaces with warm 1000cc saline bags. We design a lung compensator from a lateral cxr and mount it on an indexed support. TLD data was good.
Essentially, we make the pt a water phantom. The box has movable sides, to adjust width according to pt size. It is mounted on an industrial table lift to bring it into the beam. We treat at 500cm SSD.

Steve Sotnick, CMD

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Jo Vanregemorter
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Mobile +32 486539070

jo.vanregemorter@zna.be
www.zna.be
_____

-----Oorspronkelijk bericht-----
Van: Deshpande, Nigel [mailto:Nigel.Deshpande@royalfree.nhs.uk]
Verzonden: woensdag 1 februari 2006 16:55
Aan: 'pinnacle-users@explode.unsw.edu.au'
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De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DVH Data Question
Fecha:	jueves, 02 de febrero de 2006 21:05:29
Archivos adjuntos:	

I want to export the tabular DVH data to a text file and many people have suggested that I use a script like this (***DVHList.Save = "some file path"***). However, this doesn't give me hard numbers to imput into a program like Excel it just outputs the DVH settings for each ROI in the DVHList object. When I save the DVH data to a file using a script line like (***DVHList.Current.Data.Save = "some file path";***) it outputs the DVH data for the current structure in the two dimensional CurveND format with the first dimension being the bin number and the second dimension being what I want to say is the volume for that bin but when I run the script I wrote the second number doesn't match up to what I'm seeing in the Tabular DVH. Am I incorrect in what I assume this data to be? How should I be interpreting this data?

Example Output File "*Data.out*":

NumberOfDimensions = 2;
NumberOfPoints = 4212; ***<- Assumed to be bins reading across a row***
Points[] ={
0, 118.232,
1, 360.674,
2, 494.266,
3, 413.26,
4, 265.456,
5, 171.949,
….
}

Tabular DVH from plan:
Number of bins = 4212
Bin size = 1
Number of Columns = 10

	0.0	**1.0**	**2.0**	**3.0**	**4.0**	**5.0**	**…**
0	2266.11	2147.88	1787.2	1292.94	879.68	614.22	…
10							
…							

Any help would be apreciated.

Regards,
Michael Tallhamer M.S.
Medical Physicist
Rocky Mountain Cancer Centers

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DVH Data Question
Fecha:	jueves, 02 de febrero de 2006 21:46:48
Archivos adjuntos:	

The command exports a differential DVH, not a cumulative DVH. Add them up with some simple C code or Excel. To that end, I find it helpful to fix the size and number of DVH bins. So to get 451 20cGy bins, e.g., put in your script file
DVHList .Current .BinSize = " 20";
DVHList .Current .NumberOfBins = " 451";

Have fun - Dave

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> Mike.Tallhamer@USONCOLOGY.COM 2/2/2006 2:40 PM >>>
I want to export the tabular DVH data to a text file and many people have suggested that I use a script like this (***DVHList.Save = "some file path"***). However, this doesn't give me hard numbers to imput into a program like Excel it just outputs the DVH settings for each ROI in the DVHList object. When I save the DVH data to a file using a script line like (***DVHList.Current.Data.Save = "some file path";***) it outputs the DVH data for the current structure in the two dimensional CurveND format with the first dimension being the bin number and the second dimension being what I want to say is the volume for that bin but when I run the script I wrote the second number doesn't match up to what I'm seeing in the Tabular DVH. Am I incorrect in what I assume this data to be? How should I be interpreting this data?

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10							
…							

Any help would be apreciated.

Regards,
Michael Tallhamer M.S.
Medical Physicist
Rocky Mountain Cancer Centers

De:	Chris Hawkins
A:	<;
Cc:	
Asunto:	Modeling Question
Fecha:	viernes, 03 de febrero de 2006 21:33:06
Archivos adjuntos:	

Does running the same Auto Model sequence twice in a row improve the model from the first result to the second ??

Thanks.

^^^^^^^^^^^^^^^^^^^^^^^^^^
Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

De:	Colliander, Sandra
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Width of tongue and groove on Varian 80 Millenium MLC
Fecha:	martes, 07 de febrero de 2006 0:53:59
Archivos adjuntos:	

Help!!
I am trying to recommission my beams for 7.4 and cannot find the physical width of the tongue and groove on the Varian Millenium 80 MLC leaf. It does not show up on the schematics. I called the Varian service engineer, and he couldn't find it, either. He put in a call to Varian product support, and they told him that they do not give that information out. They stated that if I was using their planning system, that the number would already be in there. I'm a bit shocked that this information should be such a big secret. If anyone has managed to get this "very secret" dimension, would you mind sharing it with me?

Thanks Much,
Sandra K. Colliander
Medical Physicist, Radiation Oncology
SW Washington Medical Center

De:	Hellman, Joe
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Width of tongue and groove on Varian 80 Millenium MLC
Fecha:	martes, 07 de febrero de 2006 1:07:22
Archivos adjuntos:	MLC Data 6-02.pdf

Try this attached info.

Joe Hellman, MS, MBA
Medical Physicist
Providence Medford Cancer Center
940 Royal Avenue, Suite 110
Medford, OR 97504
(541) 732-7019
fax: (541) 732-7030

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Colliander, Sandra
> **Sent:** Monday, February 06, 2006 3:33 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Width of tongue and groove on Varian 80 Millenium MLC
>
> Help!!
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Thanks Much,
Sandra K. Colliander
Medical Physicist, Radiation Oncology
SW Washington Medical Center

De:	Erik Korevaar
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Width of tongue and groove on Varian 80 Millenium MLC
Fecha:	martes, 07 de febrero de 2006 10:13:43
Archivos adjuntos:	

A recent paper in PMB (see below) describes the commissioning of the MLC model in Pinnacle 7.4. For a 120 millennium MLC the authors found a tongue width of 0.1cm, this is perhaps a good starting point for the 80 millennium mlc model as well?

Best regards,

Erik.

Erik Korevaar, Ph.D.
RaySearch Laboratories AB
Sveavägen 25, SE-111 34 Stockholm, Sweden
Phone: +46 8 545 061 46
Fax: +46 8 545 061 39
Mail: erik.korevaar@raysearchlabs.com
Web: www.raysearchlabs.com

Verification of a rounded leaf-end MLC model used in a radiotherapy treatment planning system M J Williams and P Metcalfe

Physics in Medicine and Biology (ISSN: 0031-9155) Volume 51No 4, pages N65-N78

Abstract:

A new multileaf collimator (MLC) model has been incorporated into version 7.4 of the Pinnacle radiotherapy treatment planning system (Philips Radiation Oncology Systems, Milpitas, CA). The MLC model allows for rounded MLC leaf-ends and provides separate parameters for inter-leaf transmission, intra-leaf transmission and the tongue width of the MLC leaf. In this report we detail the method followed to commission the MLC model for a Varian 120-leaf Millennium MLC (Varian Medical Systems, Palo Alto, CA, USA) for both 6 and 10 MV photons, and test the validity of the model for an IMRT field. Dose profiles in water were measured for a range of square MLC field sizes and compared to the Pinnacle computed dose profiles; in addition, the dose

distribution for a series of adjacent MLC fields was measured to observe the model's behaviour along match-lines. Based on these results intra-leaf transmissions of 1.5% for 6 MV and 1.8% for 10 MV, leaf-tip radius of 12.0 cm, an inter-leaf tra!
nsmission of 0.5%, and a tongue width of 0.1 cm were chosen. Using these values to compute the planar dose distribution for a 6 MV IMRT field, the new version of Pinnacle displayed improved dosimetric agreement with the dose-to-water EPID image and ion chamber measurements when compared to the old version of Pinnacle, particularly along the MLC tongue edge and across match-lines. Discrepancies of up to 5% were observed between calculated and measured doses along match-lines for both 6 MV and 10 MV photons; however, the new MLC model did predict the presence of match-lines and was a significant improvement on the previous model.

The article can be found online at:

<http://www.iop.org/EJ/abstract/0031-9155/51/4/N03>

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Colliander, Sandra
Sent: Tuesday, February 07, 2006 0:33
To: pinnacle-users@explode.unsw.edu.au
Subject: Width of tongue and groove on Varian 80 Millenium MLC

Help!!
I am trying to recommission my beams for 7.4 and cannot find the physical width of the tongue and groove on the Varian Millenium 80 MLC leaf. It does not show up on the schematics. I called the Varian service engineer, and he couldn't find it, either. He put in a call to Varian product support, and they told him that they do not give that information out. They stated that if I was using their planning system, that the number would already be in there. I'm a bit shocked that this information should be such a big secret. If anyone has managed to get this "very secret" dimension, would you mind sharing it with me?

Thanks Much,
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SW Washington Medical Center

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account will not be distributed unless that account is also subscribed.
##

De:	Ozard, Siobhan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Sim film import into Pinnacle?
Fecha:	martes, 07 de febrero de 2006 15:00:34
Archivos adjuntos:	

Hi Everyone,

Has anyone found a way to import Sim films into Pinnacle? For example a digitized Sim film or CR Sim file?? We are switching to an electronic treatment record and are interested in seeing if we can import electronic Sim films if needed.

Thanks,
Siobhan

Siobhan Ozard, Ph.D., MCCPM
Department of Medical Physics
Windsor Regional Cancer Centre
2220 Kildare Rd.
Windsor, ON
CANADA
N8W 2X3

Siobhan_Ozard@wrh.on.ca
Phone: (519) 253-3191 xtn 58718
Fax: (519) 255-8679
Pager: (519) 251-6401

##

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Width of tongue and groove on Varian 80 Millenium MLC
Fecha:	martes, 07 de febrero de 2006 15:04:05
Archivos adjuntos:	

Dear Sandra

If I am not mistaken the value pinnacle needs for the tongue and groove effect is just the physical dimension of the step on the individual leaf. If this is so you should be able to actual measure the value on one of the leaf.

All the best,
Carsten

==========

Carsten Brink, Ph.D.
Stedfortræder for cheffysiker/Assistant Head of Laboratory of Radiation Physics
Radiofysisk laboratorium / Laboratory of Radiation Physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk
>>> Scollian@swmedicalcenter.com 07-02-06 0:32 >>>
Help!!
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Thanks Much,
Sandra K. Colliander
Medical Physicist, Radiation Oncology
SW Washington Medical Center

De:	jfwochos@gundluth.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Sim film import into Pinnacle?
Fecha:	martes, 07 de febrero de 2006 15:43:52
Archivos adjuntos:	

We have the IMPAC system and we do digitize the few films we take (conventional sim or ports) into IMPAC.

john

John F Wochos, MS, DABR
Radiation Oncology Dept (EB1-001)
Gundersen Lutheran Medical Center
1900 South Ave.
La Crosse, WI 54601
(608)775-2593
FAX (608)775-5578
jfwochos@gundluth.org

"Ozard, Siobhan" <Siobhan_Ozard@wrh.on.ca>
Sent by: owner-pinnacle-users@explode.unsw.edu.au
02/07/2006 07:46 AM

To: pinnacle-users@explode.unsw.edu.au
cc:
Subject: Sim film import into Pinnacle?

Please respond to pinnacle-users@explode.unsw.edu.au

Hi Everyone,

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De: Spicer, Terry
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: Sim film import into Pinnacle?
Fecha: martes, 07 de febrero de 2006 15:56:27
Archivos adjuntos:

Are we talking about getting sim films into pinnacle or impac?

If it is impac, we used a vidar scanner and we scanned in all of our sim films when we had a simulator.

From: jfwochos@gundluth.org
Sent: Tue 2/7/2006 9:25 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Sim film import into Pinnacle?

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De: Ozard, Siobhan

A: "pinnacle-users@explode.unsw.edu.au";

Cc:

Asunto: RE: Sim film import into Pinnacle?

Fecha: martes, 07 de febrero de 2006 17:16:13

Archivos adjuntos:

---

sim films into Pinnacle

-----Original Message-----
From: Spicer, Terry [mailto:terry.spicer@mjh.org]
Sent: Tuesday, February 07, 2006 9:46 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Sim film import into Pinnacle?

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"Ozard, Siobhan" <Siobhan_Ozard@wrh.on.ca> Sent by: owner-pinnacle-users@explode.unsw.edu.au
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Please respond to pinnacle-users@explode.unsw.edu.au

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Subject: Sim film import into Pinnacle?

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##

De: Brodeur, Marylene

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Sim film import into Pinnacle?

Fecha: martes, 07 de febrero de 2006 17:19:21

Archivos adjuntos:

For irregular fields, (like a bilat whole brain planned from sim image only), we create a field in Impac (with correct field size and checkmarking MLC), associate the sim image and make it visible for treatment, open the field, open the BEV, right-click and select digitize, and use the mouse to click and define the open port. You can then fit the MLCs to this shape.

For calcs, right-click and select "Areas..." in the BEV window. We take the square root of "Treatment field area = xxx cm2" for our equivalent square. It's not perfect, but works when your blocked field is somewhat square. Anything too odd, we'll visually get the width and length and use our rectangular field tables. It sure would be nice if Impac would give a "Clarkson" equivalent square, but not yet. We use our 2nd calc software as our primary calc, and do a hand calc using the good old binders for the secondary calc. Since our non-CT irregular fields are very simple, we now use this method on all irreg fields, and completely bypass Pinnacle and digitizing contours. Yes, a hand calc takes time, but it's overall less time intensive for the dosimetrist who can concentrate on CT plans.

Marylene Brodeur, MS
Medical physicist
St. Marys's Medical Center
Huntington, WV

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Ozard, Siobhan
> **Sent:** Tuesday, February 07, 2006 10:53 AM
> **To:** 'pinnacle-users@explode.unsw.edu.au'
> **Subject:** RE: Sim film import into Pinnacle?
>
> ## sim films into Pinnacle
>
> > -----Original Message-----
> > **From:** Spicer, Terry [mailto:terry.spicer@mjh.org]
> > **Sent:** Tuesday, February 07, 2006 9:46 AM
> > **To:** pinnacle-users@explode.unsw.edu.au
> > **Subject:** RE: Sim film import into Pinnacle?
> >
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>
> john
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> John F Wochos, MS, DABR
> Radiation Oncology Dept (EB1-001)
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> 1900 South Ave.
> La Crosse, WI 54601
> (608)775-2593
> FAX (608)775-5578
> jfwochos@gundluth.org

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02/07/2006 07:46 AM

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##########

De:	Julius_Turian@rush.edu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Copying fields from one plan to another (not one trial to another)
Fecha:	martes, 07 de febrero de 2006 22:48:05
Archivos adjuntos:	

Greetings to all
Is there a simple way to transfer fields from one plan to another plan (different CT data sets).
Thanks
Julius V. Turian PhD DABMP
Assistant Professor / Medical Physicist
Rush University Medical Center
Department of Radiation Oncology / Medical Physics
1653 W. Congress Pkwy
Chicago IL 60612
phone 312.942.6086
email Julius_Turian@rush.edu

De:	William H. Hinson
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	7.4f IMRT conversions
Fecha:	martes, 07 de febrero de 2006 23:18:08
Archivos adjuntos:	

We have just switched over to 7.4f from 6.2b. When we now go to convert IMRT plans, the jaws do not close to the optimal position. In 6.2b, there was a choice allowing the jaws to "Conform to the ODM". That button is missing in 7.4f. Does anyone else have this problem, or a fix?

William H. Hinson, Ph.D., DABR
Assistant Professor
Department of Radiation Oncology
Wake Forest University School of Medicine
Winston-Salem, North Carolina 27157

De:	Ohm, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Copying fields from one plan to another (not one trial to another)
Fecha:	martes, 07 de febrero de 2006 23:26:31
Archivos adjuntos:	

We use RadCalc (Lifeline software). An option for each plan on RadCalc is to "Export to Pinnacle". A HotScript is then run within the new Pinnacle dataset/plan to import that file. I've got it set up on shared directories and via an FTP server (same way to export Pinnacle plan data to RadCalc) so it literally takes two mouse clicks to have one plans' beams put onto another. I suppose this would also work in transferring beams between Trials, although I haven't tried that. Works with segmented (IMRT) plans as well, which is a huge benefit.

I don't know of a method to do this solely within Pinnacle itself.

Michael J. Ohm, M.S.
The Cleveland Clinic Cancer Center
Fairview Hospital / Moll Pavilion
18200 Lorain Ave.
Cleveland, OH 44111

(216/476.7054
" 330/487.0169 Alpha-Pager (& text message thru arch.com)
4 216/476.2777
: ohmm@ccf.org

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Julius_Turian@rush.edu
Sent: Tuesday, February 07, 2006 4:26 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Copying fields from one plan to another (not one trial to another)

Is there a simple way to transfer fields from one plan to another plan (different CT data sets).

Julius V. Turian PhD DABMP

De:	Carl Rowbottom
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 7.4f IMRT conversions
Fecha:	miércoles, 08 de febrero de 2006 10:24:27
Archivos adjuntos:	

With the remodelling of the beams for version 7.4f there is a flag in the machine parameters to sort out the jaw behaviour for IMRT.
If you go to the MLC options window, near the bottom it says 'Default jaws behaviour:', and you can set static or variable. If it is set to variable then this re-creates the 'conform to segment option' in the IMRT module (static re-creates the 'conform to ODM' flag).

On the plus side, once it's working it's an improvement on before as you can't forget to choose the right option!

Hope this helps,
Carl.

Dr Carl Rowbottom
Head of Clinical Planning
North Western Medical Physics
Christie Hospital NHS Trust
Wilmslow Road, Manchester. M20 4BX

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** William H. Hinson
> **Sent:** 07 February 2006 21:56
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** 7.4f IMRT conversions
>
> We have just switched over to 7.4f from 6.2b. When we now go to convert IMRT plans, the jaws do not close to the optimal position. In 6.2b, there was a choice allowing the jaws to "Conform to the ODM". That button is missing in 7.4f. Does anyone else have this problem, or a fix?
>
> William H. Hinson, Ph.D., DABR
> Assistant Professor

Department of Radiation Oncology
Wake Forest University School of Medicine
Winston-Salem, North Carolina 27157

De:	Colliander, Sandra
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Width of tongue and groove on Varian 80 Millenium MLC
Fecha:	miércoles, 08 de febrero de 2006 16:37:53
Archivos adjuntos:	

Thanks. I was going to try that this evening if I had not found any other documentation. The only problem is that it is so small, I might not have a device that can measure it very precisely.
Sandra

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Carsten Brink
Sent: Tuesday, February 07, 2006 5:50 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Width of tongue and groove on Varian 80 Millenium MLC

Dear Sandra

If I am not mistaken the value pinnacle needs for the tongue and groove effect is just the physical dimension of the step on the individual leaf. If this is so you should be able to actual measure the value on one of the leaf.

All the best,
Carsten

==========
Carsten Brink, Ph.D.
Stedfortræder for cheffysiker/Assistant Head of Laboratory of Radiation Physics
Radiofysisk laboratorium / Laboratory of Radiation Physics Odense Universitetshospital / Odense University Hospital DK-5000 Odense C Denmark Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk
>>> Scollian@swmedicalcenter.com 07-02-06 0:32 >>>
Help!!
I am trying to recommission my beams for 7.4 and cannot find the physical width of the tongue and groove on the Varian Millenium 80 MLC leaf. It does not show up on the schematics. I called the Varian service engineer, and he couldn't find it, either. He put

in a call to Varian product support, and they told him that they do not give that information out. They stated that if I was using their planning system, that the number would already be in there. I'm a bit shocked that this information should be such a big secret. If anyone has managed to get this "very secret" dimension, would you mind sharing it with me? Thanks Much, Sandra K. Colliander Medical Physicist, Radiation Oncology SW Washington Medical Center

De:	Lee Zarger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Width of tongue and groove on Varian 80 Millenium MLC
Fecha:	miércoles, 08 de febrero de 2006 17:55:50
Archivos adjuntos:	

I think you should insist Varian give the value to you- after all you paid a lot of money for that linac- go above
the support person's head if you need to and/or call your sales rep to see if he/she can help you find the
right person.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of
Colliander, Sandra
Sent: Wednesday, February 08, 2006 10:03 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Width of tongue and groove on Varian 80 Millenium MLC

Thanks. I was going to try that this evening if I had not found any other documentation. The only problem is that it is so small, I might not have a device that can measure it very precisely.
Sandra

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Carsten Brink
Sent: Tuesday, February 07, 2006 5:50 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Width of tongue and groove on Varian 80 Millenium MLC

Dear Sandra

If I am not mistaken the value pinnacle needs for the tongue and groove effect is just the physical dimension of the step on the individual leaf. If this is so you should be able to actual measure the value on one of the leaf.

All the best,

Carsten

==========

Carsten Brink, Ph.D.
Stedfortræder for cheffysiker/Assistant Head of Laboratory of Radiation Physics
Radiofysisk laboratorium / Laboratory of Radiation Physics Odense Universitetshospital / Odense University Hospital DK-5000 Odense C Denmark Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk
>>> Scollian@swmedicalcenter.com 07-02-06 0:32 >>>
Help!!
I am trying to recommission my beams for 7.4 and cannot find the physical width of the tongue and groove on the Varian Millenium 80 MLC leaf. It does not show up on the schematics. I called the Varian service engineer, and he couldn't find it, either. He put in a call to Varian product support, and they told him that they do not give that information out. They stated that if I was using their planning system, that the number would already be in there. I'm a bit shocked that this information should be such a big secret. If anyone has managed to get this "very secret" dimension, would you mind sharing it with me? Thanks Much, Sandra K. Colliander Medical Physicist, Radiation Oncology SW Washington Medical Center

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##

De:	Barrett Marc
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Width of tongue and groove on Varian 80 Millenium MLC
Fecha:	miércoles, 08 de febrero de 2006 23:39:15
Archivos adjuntos:	

Dear Sandra,

If you have a copy of the MLC User Guide, on pp A-2 and A-3, the physical specs for the Millenium MLC leaves are given. Even thought it says MLC120 Physics Specs, it gives the dimensions for the 1cm and 0.5cm leaves.

The step as indicated on the sheet is 0.4mm for a Full 1cm leaf.

Hope this helps,

Marc R. Barrett
Radiation Safety Officer, Director
Radiation Physicist
Rapides Cancer Center

"Remember, no matter where you go...there you are"

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Sim film import into Pinnacle?
Fecha:	jueves, 09 de febrero de 2006 1:43:45
Archivos adjuntos:	

Siobhan

Pinnacle will only import DICOM files of certain format, SIM films would normally be classed as CR or SC which are not allowed. You could use a DICOM utility program to change the the type to CT (tell Pinnacle it is a single slice CT). But, I can't remember if Pinnacle will import a single CT slice. So you might need to save it in Pinnacle format, ie block of data with a Pinnacle style header.

Good luck

Nick

At 10:53 AM 7/02/2006 -0500, you wrote:

> **sim films into Pinnacle**
>
> -----Original Message-----
> From: Spicer, Terry [mailto:terry.spicer@mjh.org]
> Sent: Tuesday, February 07, 2006 9:46 AM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: Sim film import into Pinnacle?
>
> Are we talking about getting sim films into pinnacle or impac?
>
> If it is impac, we used a vidar scanner and we scanned in all of our sim films when we had a simulator.
>
> ---
>
> From: jfwochos@gundluth.org
> Sent: Tue 2/7/2006 9:25 AM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Re: Sim film import into Pinnacle?
>
> We have the IMPAC system and we do digitize the few films we take
> (conventional sim or ports) into IMPAC.
> john
> John F Wochos, MS, DABR
> Radiation Oncology Dept (EB1-001)
> Gundersen Lutheran Medical Center
> 1900 South Ave.
> La Crosse, WI 54601
> (608)775-2593
> FAX (608)775-5578
> jfwochos@gundluth.org

"Ozard, Siobhan"
<Siobhan_Ozard@wr
h.on.ca> To
Sent by: pinnacle-users@explode.unsw.edu.au
owner-pinnacle-us cc
ers@explode.unsw.
edu.au Subject
Sim film import into Pinnacle?

02/07/2006 07:46
AM

Please respond to
pinnacle-users@ex
plode.unsw.edu.au

Hi Everyone,
Has anyone found a way to import Sim films into Pinnacle? For example a digitized Sim film or CR Sim file?? We are switching to an electronic treatment record and are interested in seeing if we can import electronic Sim films if needed.
Thanks,
Siobhan
Siobhan Ozard, Ph.D., MCCPM
Department of Medical Physics
Windsor Regional Cancer Centre
2220 Kildare Rd.
Windsor, ON
CANADA
N8W 2X3
Siobhan_Ozard@wrh.on.ca
Phone: (519) 253-3191 xtn 58718
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Pager: (519) 251-6401

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De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Sim film import into Pinnacle?
Fecha:	jueves, 09 de febrero de 2006 15:51:06
Archivos adjuntos:	

This threads begs the question, yet again, "why isn't Philips working on this feature within Pinnacle?" With the trend going towards CR I just don't understand why Philips is not moving in that direction.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Lee Zarger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Sim film import into Pinnacle?
Fecha:	jueves, 09 de febrero de 2006 17:27:36
Archivos adjuntos:	

Maybe they think everyone has CT sim?

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of
JGarrett@mbhs.org
Sent: Thursday, February 09, 2006 9:22 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Sim film import into Pinnacle?

This threads begs the question, yet again, "why isn't Philips working on this feature within Pinnacle?" With the trend going towards CR I just don't understand why Philips is not moving in that direction.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
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De:	Sample, James S
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	TPS QA Summary of Results
Fecha:	jueves, 09 de febrero de 2006 23:03:10
Archivos adjuntos:	

Hi All,

I've received a number of responses to the question of Treatment Planning System QA which I posted early last month. Most responses were general statements or summaries (similar to those listed below), although two facilities sent a copy of their procedure/ data sheets. Here is a summary of the results (please note that the nature of the request lends itself to highly biased and unscientific results):

Of the 21 responses:

Fourteen facilities indicated they rely on their regular physics plan checks (MU Calcs or RadCalc, and/or IMRT QA phantom measurements) as confidence that their TPS is operating properly.

Two facilities perform bimonthly or quarterly QA by verifying the CT phantom measurements match the dimensions imported to Pinnacle

Three facilities performed monthly or quarterly QA by verifying CT phantom geometry and electron density, and by conducting dosimetric measurements. The dosimetric measurements were performed by creating a phantom plan and measuring a point with ion chamber and/or fluence with film and comparing with calculated dose.

Two other facilities posted a summary of their TPS QA on the Pinnacle Owners/Users List Serv dated 1-4-06.

Thanks so much for your responses and interest. I had mentioned sending out a questionnaire, but upon further discussion we know that the results would also be biased and probably would not improve on the information gained here. A more rigorous project may be to develop a questionnaire and send it to a random sampling of all radiation therapy departments. This sounds like a great project but is an undertaking beyond my current meager time allotment.

Jim Sample
Medical Physics Resident II
University of Iowa

Iowa City, IA

PS Link to the article by Able and Thomas (Charles Able posted comments on the List Serv 1-6-06): http://www.jacmp.org/cJournal/archive.php?op=read&mode=html&articleid=25345

Other good articles are:

Gifford KA, Followill DS, Liu HH, "Verification of the accuracy of a photon dose-calculation algorithm," J of Applied Clinical Med Phy. 3, 26-46 (Winter 2002).

Chan J, Russell D, Peters VG, Farrell TJ, "Comparison of monitor unit calculations performed with a 3D computerized planning system and independent "hand" calculations: Results of three years clinical experience," J of Applied Clinical Med Phy. 3, 293-301 (Fall 2002).

Klein EE, Drzymala RE, Purdy JA, Michalski J, "Errors in radiation oncology: A study in pathways and dosimetric impact," J of Applied Clinical Med Phy. 6, 81-94 (Summer 2005).

Bencomo JA, Chu C, Tello VM, Cho SH, Ibbott GS, "Anthropomorphic breast phantoms for quality assurance and dose verification," J of Applied Clinical Med Phy. 5, 36-49 (Winter 2004).

De:	David Biggs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Annoying problems with v7.6 and previous version
Fecha:	martes, 14 de febrero de 2006 2:29:04
Archivos adjuntos:	

Dear all

Since installing v7.6 (which we're currently commissioning) and continuing to use v6.2b clinically, we have been seeing all sorts of problems – fatal system errors, plan names changing, database locking up to name a few.

Has anyone else seen similar problems?
If so
Are they just because we have both versions installed at the same time?
Do they continue when 7.6 is clinical?

Interested to hear any experiences.

Kind regards

David

David S Biggs, DCRT, MSC, MIPEM, MACPSEM
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
m +61 425 293486
t +61 2 9487 9316
f +61 2 9487 9303
dsbiggs@smartchat.net.au

De:	graham.freestone@ksa.ch
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Annoying problems with v7.6 and previous version
Fecha:	martes, 14 de febrero de 2006 7:13:20
Archivos adjuntos:	

Hi David,

my current system came with v7.4f installed, and I did the upgrade to v7.6c: apart from some problems with Syntegra screwing up the version of launchpad being used, I have had very few problems. I can't remember if we had problems in Adelaide when running v6.2b and 7.4f, so I would do a backup of data, and do a re-install, as that is pretty easy to do.

Have a beer for me at the Pinnacle Users Group in Canberra!

Freundliche Grüsse

Graham Freestone

Medizin Phyziker Senior,
Institut für Radio-Onkologie,
Kantonsspital Aarau AG,
CH5001 Aarau,
Switzerland

Tel: +41 62 838 9569
Fax: +41 62 838 5223
Email: graham.freestone@ksa.ch

> -----Ursprüngliche Nachricht-----
> Von: David Biggs [SMTP:dsbiggs@smartchat.net.au]
> Gesendet am: Dienstag, 14. Februar 2006 02:00
> An: pinnacle-users@explode.unsw.edu.au
> Betreff: Annoying problems with v7.6 and previous version
>
> Dear all
>
>
>
> Since installing v7.6 (which we're currently commissioning) and continuing

> to use v6.2b clinically, we have been seeing all sorts of problems - fatal
> system errors, plan names changing, database locking up to name a few.
>
>
>
> Has anyone else seen similar problems?
>
> If so
>
> Are they just because we have both versions installed at the same time?
>
> Do they continue when 7.6 is clinical?
>
>
>
> Interested to hear any experiences.
>
>
>
> Kind regards
>
>
>
> David
>
>
>
> David S Biggs, DCRT, MSC, MIPEM, MACPSEM
> Chief Medical Physicist
> East Coast Medical Physics
> Sydney Radiotherapy & Oncology Centre
> m +61 425 293486
> t +61 2 9487 9316
> f +61 2 9487 9303
> dsbiggs@smartchat.net.au <mailto:dsbiggs@smartchat.net.au>
>
>
>

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De:	Jo Vanregemorter
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Annoying problems with v7.6 and previous version
Fecha:	martes, 14 de febrero de 2006 10:01:43
Archivos adjuntos:	

---

ditto! we lost several plans completely!

jo

J. Vanregemorter
Deskundige Medische Stralingsfysica ZNA
p/a Lindendreef 1-B2020 Antwerpen-Belgium

Tel +32 3 2804134 Fax +32 3 2810719
Mobile +32 486539070

jo.vanregemorter@zna.be
www.zna.be

-----Oorspronkelijk bericht-----
Van: David Biggs [mailto:dsbiggs@smartchat.net.au]
Verzonden: dinsdag 14 februari 2006 02:00
Aan: pinnacle-users@explode.unsw.edu.au
Onderwerp: Annoying problems with v7.6 and previous version

Dear all

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David

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Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
m +61 425 293486
t +61 2 9487 9316
f +61 2 9487 9303
dsbiggs@smartchat.net.au

De:	Wichman, Brian D
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Annoying problems with v7.6 and previous version
Fecha:	martes, 14 de febrero de 2006 14:54:15
Archivos adjuntos:	

I spoke with Philips support, who said this is due to a bug in the 7.6 LauchPad. They have a LaunchPad patch you can install quite easily. The patch seems to have fixed these problems for us. Tech support can e-mail you the patch.

-----Original Message-----
From: Jo Vanregemorter [mailto:joris.vanregemorter@zna.be]
Sent: Tuesday, February 14, 2006 2:46 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: Annoying problems with v7.6 and previous version

> ditto! we lost several plans completely!
>
> jo
>
> ---
> J. Vanregemorter
> Deskundige Medische Stralingsfysica ZNA
> p/a Lindendreef 1-B2020 Antwerpen-Belgium
>
> Tel +32 3 2804134 Fax +32 3 2810719
> Mobile +32 486539070
>
> jo.vanregemorter@zna.be
> www.zna.be
>
> ---
>
> -----Oorspronkelijk bericht-----
> **Van:** David Biggs [mailto:dsbiggs@smartchat.net.au]
> **Verzonden:** dinsdag 14 februari 2006 02:00
> **Aan:** pinnacle-users@explode.unsw.edu.au
> **Onderwerp:** Annoying problems with v7.6 and previous version

Dear all

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Kind regards

David

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Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
m +61 425 293486
t +61 2 9487 9316
f +61 2 9487 9303
dsbiggs@smartchat.net.au

De:	Kent Krugh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Annoying problems with v7.6 and previous version
Fecha:	martes, 14 de febrero de 2006 15:15:17
Archivos adjuntos:	

We've had very similar problems when we went from 6.2b to 7.4. Including a message that tape backup fails...every time. It turns out that the tape backup does not fail: data is properly backed up. We installed 7.6 a couple weeks ago, a patch to fix a launchpad problem, and after many calls to support we are operating ok. Still the weird failed backup message. Our patient database lock up problem was apparently caused by the procedure we used to close down the launchpad and desktop after tape backup. If we dismiss the backup screen (after a failed backup message which we always get) AND close down the launchpad BEFORE opening other desktops/launchpads, we don't have a database lock up. Apparently a known problem in 7.6. I'm hoping vs. 8 is more stable with fewer problems.

Kent Krugh
ICC
Cincinnati

At 08:00 PM 2/13/2006, you wrote:

> Dear all
>
> Since installing v7.6 (which we're currently commissioning) and continuing to use v6.2b clinically, we have been seeing all sorts of problems – fatal system errors, plan names changing, database locking up to name a few.
>
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Chief Medical Physicist
East Coast Medical Physics
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m +61 425 293486
t +61 2 9487 9316
f +61 2 9487 9303
dsbiggs@smartchat.net.au

De:	Marshall, Mark
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Annoying problems with v7.6 and previous version
Fecha:	martes, 14 de febrero de 2006 17:15:38
Archivos adjuntos:	

Your problems are not unique. Mine is a brand new system (Sunfire V250s) and I've had a few lockups, system errors and system slowdowns.
I've reported the errors- one where I accidentally doubleclicked the Computeallelectronprofiles hotscript. The system does NOT like that BTW.
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Hope this helps.
Mark

Mark Marshall, M.S.
St Patrick Hospital
500 W. Broadway
Missoula, MT 59802
(406) 329-5655

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** David Biggs
Sent: Monday, February 13, 2006 6:00 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Annoying problems with v7.6 and previous version

Dear all

Since installing v7.6 (which we're currently commissioning) and continuing to use v6.2b clinically, we have been seeing all sorts of problems – fatal system errors, plan names changing, database locking up to name a few.

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Do they continue when 7.6 is clinical?

Interested to hear any experiences.

Kind regards

David

David S Biggs, DCRT, MSC, MIPEM, MACPSEM
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East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
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t +61 2 9487 9316
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dsbiggs@smartchat.net.au

De:	Chris Deibel
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Annoying problems with v7.6 and previous version
Fecha:	martes, 14 de febrero de 2006 23:26:38
Archivos adjuntos:	

I'm trying to recall what we did to get this error to go away... I think that the backup index that v7.6 makes is a different format from that of v7.4. I think that the solution was to delete the old index. Go into "restore" and choose the Maintenance tab. Clear entire backup index. Then future backups should work correctly.

Do this at your own risk, as I may not be remembering it correctly. Do the release notes discuss this?

Good Luck!

Chris Deibel
CCF

On 2/14/06 9:00 AM, "Kent Krugh" <kkrugh@goodnews.net> wrote:

> We've had very similar problems when we went from 6.2b to 7.4. Including a message that tape backup fails... every time. It turns out that the tape backup does not fail: data is properly backed up. We installed 7.6 a couple weeks ago, a patch to fix a launchpad problem, and after many calls to support we are operating ok. Still the weird failed backup message. Our patient database lock up problem was apparently caused by the procedure we used to close down the launchpad and desktop after tape backup. If we dismiss the backup screen (after a failed backup message which we always get) AND close down the launchpad BEFORE opening other desktops/ launchpads, we don't have a database lock up.
> Apparently a known problem in 7.6. I'm hoping vs. 8 is more stable with fewer problems.
>
> Kent Krugh
> ICC
> Cincinnati
>
> At 08:00 PM 2/13/2006, you wrote:
>
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dsbiggs@smartchat.net.au

De: Jenny Lydon

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: Annoying problems with v7.6 and previous version

Fecha: miércoles, 15 de febrero de 2006 0:50:14

Archivos adjuntos:

We have also had error messages since installing LP 3.4d (with patch) - running V7.6c.

Messages about the database being locked and failure of rsh commands will now occur if a new LaunchPad is started whilst a backup or restore is in progress. LaunchPads and patients already open will be okay. The patient listing may be blank until the backup/restore is complete. To avoid any problems we exit any LaunchPads from which a backup or restore has been done before continuing with planning.

Jenn

At 05:04 PM 2/14/06 -0500, Chris Deibel wrote:

> I m trying to recall what we did to get this error to go away... I think that the backup index that v7.6 makes is a different format from that of v7.4. I think that the solution was to delete the old index. Go into restore and choose the Maintenance tab. Clear entire backup index. Then future backups should work correctly.
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>
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> CCF
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dsbiggs@smartchat.net.au

De:	Bawa, Walter
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Restore Patient from DVD
Fecha:	miércoles, 15 de febrero de 2006 20:33:28
Archivos adjuntos:	

Hi All,
We are experiencing some problems with restoring patients from DVD.
The following process was used to backup the patients.

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I manually decompress one of the backup file and run the pinnacle restore from the launchpad, and this time it was able to read the header information.
Selected a testpatient to restore and it came back with error :restore failed, cannot find file.

Has any one seen this problem before??
Thanks

Walter Bawa
Grand River Regional Cancer Centre
Kitchener,ON

> -----Original Message-----
> **From:** Marshall, Mark [mailto:MMarshall@saintpatrick.org]
> **Sent:** Tuesday, February 14, 2006 7:22 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Annoying problems with v7.6 and previous version
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> Your problems are not unique. Mine is a brand new system (Sunfire V250s) and I've had a few lockups, system errors and system slowdowns.
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De:	David Biggs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Restore Patient from DVD
Fecha:	miércoles, 15 de febrero de 2006 21:19:38
Archivos adjuntos:	

We've seen it once but it wasn't reproducible and only with the new LaunchPad v3.4, not with the previous one.
Our process is to backup to file, transfer to PC, write to DVD, copy file back to Pinnacle and test restore.

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bawa, Walter
Sent: Thursday, 16 February 2006 6:19 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: Restore Patient from DVD

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dsbiggs@smartchat.net.au

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Hetero correction for IMRT plans
Fecha:	miércoles, 15 de febrero de 2006 22:11:32
Archivos adjuntos:	

We have been running our IMRT plans for head/neck and pelvis in homogeneous mode. Now we are ready to turn on the heterogeneity correction like the rest of you. So we are wondering how you handle:

1. Pelvis cases with considerable air and/or contrast in the rectum

2. Pelvis cases with streaking off a hip prosthesis

3. Head/neck cases with streaking off the dental fillings

4. Any other situations which are troublesome

Thanks for your help.

De:	Alfred Roth
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Restore Patient from DVD
Fecha:	jueves, 16 de febrero de 2006 2:12:12
Archivos adjuntos:	

Had similar problem on another system. When going between PC's and UNIX boxes, CASE becomes important. Whatever tools are used be sure that the case of the characters remains the same. As we have learned, PC's do not care about case, Unix does.

Al

David Biggs <dsbiggs@smartchat.net.au> wrote:

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>
> ---
>
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bawa, Walter
> **Sent:** Thursday, 16 February 2006 6:19 AM
> **To:** 'pinnacle-users@explode.unsw.edu.au'
> **Subject:** Restore Patient from DVD
>
> Hi All,
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Thanks

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Kitchener,ON

> -----Original Message-----
> **From:** Marshall, Mark [mailto:MMarshall@saintpatrick.org]
> **Sent:** Tuesday, February 14, 2006 7:22 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Annoying problems with v7.6 and previous version
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dsbiggs@smartchat.net.au

De:	Jo Vanregemorter
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Hetero correction for IMRT plans
Fecha:	jueves, 16 de febrero de 2006 8:13:20
Archivos adjuntos:	

---

1. Pelvis cases with considerable air and/or contrast in the rectum
-->we use daily preparation hence assuming the air/filling will be reproducible

2. Pelvis cases with streaking off a hip prosthesis
-->we "reconstruct" de outlines and override the densities

3. Head/neck cases with streaking off the dental fillings
-->leave out the slices involved or outline and override

4. Any other situations which are troublesome
-->in H&N we outline all the air inside/outside the patient and subtract this with eventually a margin from all VOI's used for constraints

_____
J. Vanregemorter
Deskundige Medische Stralingsfysica ZNA
p/a Lindendreef 1-B2020 Antwerpen-Belgium

Tel +32 3 2804134 Fax +32 3 2810719
Mobile +32 486539070

jo.vanregemorter@zna.be
www.zna.be
_____

-----Oorspronkelijk bericht-----
Van: Scott DUBE [mailto:sdube@queens.org]
Verzonden: woensdag 15 februari 2006 21:47
Aan: pinnacle-users@explode.unsw.edu.au
Onderwerp: Hetero correction for IMRT plans

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Thanks for your help.

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Krieger_T@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Restore Patient from DVD
Fecha:	jueves, 16 de febrero de 2006 8:27:23
Archivos adjuntos:	

Another problem could be the file-format while transferring between different system. Always be sure to do it in binary mode, not in ascii.

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Bawa, Walter
Gesendet: Mittwoch, 15. Februar 2006 20:19
An: 'pinnacle-users@explode.unsw.edu.au'
Betreff: Restore Patient from DVD

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De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Restore Patient from DVD
Fecha:	jueves, 16 de febrero de 2006 9:32:52
Archivos adjuntos:	

Hi Walter

We test every archive dvd we burn before we delete patient data from Pinnacle. It is time consuming, but assures that no transfer or write error has occured.

We archive using the "Backup" system built into pinnacle with NO compression. When you archive without compression, the restore is much quicker. DVD's are cheap here in Switzerland.

Make sure to transfer date in binary mode and make sure the backup filename is 8 characters or less.

Our ftp command line looks like this:

ftp
open <pinnacle server>
p3rtp
p3rtp
lcd C:\Backup
bin
get <backup filename>
quit

We then compare file sizes before we burn. Also, make sure your pc hard drive has lots of space, and don't run any other jobs during the burn.

So far we have had no loss or problems restoring.

Best regards
Ian

Ian Norton
Klinik für RadioOnkologie
UniversitätsSpital Zürich
Rämistrasse 100
8091 Zürich
+41 1 255 3251
ian.norton@usz.ch

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Subject: Annoying problems with v7.6 and previous version

Dear all

Since installing v7.6 (which we're currently commissioning) and continuing to use v6.2b clinically, we have been seeing all sorts of problems - fatal system errors, plan names changing, database locking up to name a few.

Has anyone else seen similar problems?
If so
Are they just because we have both versions installed at the same time?
Do they continue when 7.6 is clinical?

Interested to hear any experiences.

Kind regards

David

David S Biggs, DCRT, MSC, MIPEM, MACPSEM
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
m +61 425 293486
t +61 2 9487 9316
f +61 2 9487 9303
dsbiggs@smartchat.net.au

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Restore Patient from DVD
Fecha:	jueves, 16 de febrero de 2006 15:43:47
Archivos adjuntos:	

I archive our patients in the following manner:

1) I use the backup utility in Pinnacle to create the files without compression, I make sure to have the physics attached to the files in case we need to restore two years from now and the physics may have changed.
2) I use a freeware windows FTP program that transfers the files to a network server hard drive. It is drag and drop and can handle as many files as you want as a group. It allows me to set the BIN mode with a mouse click. We are limited only by the disk space assigned to the \p3rtp\home directory. Typically I can get 3 GB of data written before I need to FTP it off.
3) I write the CD / DVD using Roxio Easy CD Creator 7.0, I set the default format to be ISO9960 format and force 8.3 file names. That way I know the CD / DVD can be read by any UNIX system.
4) I leave the files on the network server for a few days so that the corporate backup process has written multiple copies of the files for me.

I have restored multiple plans to the system in this manner and have not had any issues over the last 3 years. I create these CDs weekly as patients finish. The entire process takes me about 1 hour from file creation to Finished CD's <usually 6 - 12 per week>

Hope this helps.
Greg

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN55407
612.863.5544

612.654.3827 <Pager>
greg.groess@allina.com
No trees were killed in the creation of this message.
However, Billions of electrons were terribly inconvenienced.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Norton Ian
Sent: Thursday, February 16, 2006 2:07 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: AW: Restore Patient from DVD

Hi Walter

We test every archive dvd we burn before we delete patient data from Pinnacle. It is time consuming, but assures that no transfer or write error has occured.

We archive using the "Backup" system built into pinnacle with NO compression. When you archive without compression, the restore is much quicker. DVD's are cheap here in Switzerland.

Make sure to transfer date in binary mode and make sure the backup filename is 8 characters or less.

Our ftp command line looks like this:

ftp
open <pinnacle server>
p3rtp
p3rtp
lcd C:\Backup
bin
get <backup filename>
quit

We then compare file sizes before we burn. Also, make sure your pc hard drive has lots of space, and don't run any other jobs during the burn.

So far we have had no loss or problems restoring.

Best regards
Ian

Ian Norton
Klinik für RadioOnkologie
UniversitätsSpital Zürich
Rämistrasse 100
8091 Zürich
+41 1 255 3251
ian.norton@usz.ch

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Bawa, Walter
Gesendet: Mittwoch, 15. Februar 2006 20:19
An: 'pinnacle-users@explode.unsw.edu.au'
Betreff: Restore Patient from DVD

Hi All,
We are experiencing some problems with restoring patients from DVD.
The following process was used to backup the patients.

Different institutions was back up as a unix file as compressed tar files using pinnacle launchpad onto the harddrive.
These files were later written onto a DVD for storage.
I have tested restoring some patients.
The problem is, it cannot read the patient header information from the backup file.
These file are compress and on thinking about it, the restore program should first of all decompress it using gunzip.This apparently is not being done.
I manually decompress one of the backup file and run the pinnacle restore from the launchpad, and this time it was able to read the header information.
Selected a testpatient to restore and it came back with error :restore failed, cannot find file.

Has any one seen this problem before??
Thanks

Walter Bawa
Grand River Regional Cancer Centre

Kitchener,ON

-----Original Message-----
From: Marshall, Mark [mailto:MMarshall@saintpatrick.org]
Sent: Tuesday, February 14, 2006 7:22 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Annoying problems with v7.6 and previous version

Your problems are not unique. Mine is a brand new system (Sunfire V250s) and I've had a few lockups, system errors and system slowdowns.
I've reported the errors- one where I accidentally doubleclicked the Computeallelectronprofiles hotscript. The system does NOT like that BTW.
And as to system slowdowns, the help desk suggested I open a decterm window and type "top" to see what programs are running in the background and what the CPU idle % is (it should be high). Unfamiliar processes can be terminated and the system restored.
Hope this helps.
Mark

Mark Marshall, M.S.
St Patrick Hospital
500 W. Broadway
Missoula, MT 59802
(406) 329-5655

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** David Biggs
Sent: Monday, February 13, 2006 6:00 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Annoying problems with v7.6 and previous version

Dear all

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Do they continue when 7.6 is clinical?

Interested to hear any experiences.

Kind regards

David

David S Biggs, DCRT, MSC, MIPEM, MACPSEM
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
m +61 425 293486
t +61 2 9487 9316
f +61 2 9487 9303
dsbiggs@smartchat.net.au

De:	RaceDesign
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hetero correction for IMRT plans
Fecha:	viernes, 17 de febrero de 2006 6:53:19
Archivos adjuntos:	

Scott,

Where I've been, we

1. Scan without contrast. If there is excessive air, we rescan later.

2. 3. We contour the artifacts and assign a density of 1. The source of the artifacts we leave at the actual density.

4. Trouble? No trouble.

Hope this helps. Alohas to everyone,

doc

At 12:47 PM 2/15/2006, you wrote:
>We have been running our IMRT plans for head/neck and pelvis in
>homogeneous mode. Now we are ready to turn on the heterogeneity
>correction like the rest of you. So we are wondering how you handle:
>
>1. Pelvis cases with considerable air and/or contrast in the rectum
>
>2. Pelvis cases with streaking off a hip prosthesis
>
>3. Head/neck cases with streaking off the dental fillings
>
>4. Any other situations which are troublesome
>
>Thanks for your help.
>
>
>
>
>

>
>###
>To unsubscribe (yourself or other account) from the pinnacle-users mailing
>list, send the message
>unsubscribe pinnacle-users <e-mail address>
>to majordomo@explode.unsw.edu.au.
>
>Note: To avoid non-delivery error messages being sent to all list
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>###

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###

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hetero correction for IMRT plans
Fecha:	viernes, 17 de febrero de 2006 7:37:29
Archivos adjuntos:	

Thanks Doc. At this point, I'm thinking we will use hetero correction in the thorax but not in the pelvis or head/neck where it does not make a substantial difference.

>>> rkover1@comcast.net 02/16/06 7:44 PM >>>
Scott,

Where I've been, we

1. Scan without contrast. If there is excessive air, we rescan later.

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Hope this helps. Alohas to everyone,

doc

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hetero correction for IMRT plans
Fecha:	viernes, 17 de febrero de 2006 15:14:34
Archivos adjuntos:	

I agree with ditching the contrast, but what if excessive air is the rule and not the exception? Some patients are just that way. In this case, I'd say rescanning until the air reduces amounts to pursuit of a pleasant bias.

MHO - Dave

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> rkover1@comcast.net 2/17/2006 12:34 AM >>>
Scott,

Where I've been, we

1. Scan without contrast. If there is excessive air, we rescan later.

De: Linda Miller

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: Hetero correction for IMRT plans

Fecha: viernes, 17 de febrero de 2006 16:36:12

Archivos adjuntos:

East Texas Medical Center Regional Healthcare System

Secure Message Delivery

FROM: Linda Miller

SUBJECT: Re: Hetero correction for IMRT plans

VIEW MESSAGE

Note: This message will be available online until 03/19/2006.

Click Here to Read How and Why This Message Has Been Delivered Securely

De:	Charland, Paule
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Archiving patients
Fecha:	viernes, 17 de febrero de 2006 22:23:30
Archivos adjuntos:	

Pinnaclers,

Our head of radiation oncology has just asked us to restore all the patients from the previous year. The reason being that they want to be able to consult old plans e.g. if had to treat emergency in the weekend.
Currently couldn't come up with better solution than restoring. It's taking lots of space. Other suggestions would be appreciated.

Thanks

Paule

Paule Madeleine Charland, PhD DABR
Medical Physics/Radiation Treatment Program
Grand River Hospital
P.O. Box 9056
835 King Street West
Kitchener, Ontario
N2G 1G3
Canada

paule.charland@grhosp.on.ca
PHONE: 519-749-4300 ext 5758
FAX 519-749-4394

recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Archiving patients
Fecha:	viernes, 17 de febrero de 2006 22:47:02
Archivos adjuntos:	

I suggest you get a new head of radiation oncology. That is not a reasonable request. What is the likelihood that you will have a patient return on the weekend that needs retreatment in the vicinity of a previously irradiated area that cannot wait until Monday?

>>> paule.charland@grhosp.on.ca 02/17/06 10:54AM >>>
Pinnaclers,

Our head of radiation oncology has just asked us to restore all the patients from the previous year. The reason being that they want to be able to consult old plans e.g. if had to treat emergency in the weekend. Currently couldn't come up with better solution than restoring. It's taking lots of space. Other suggestions would be appreciated.

Thanks

Paule

Paule Madeleine Charland, PhD DABR
Medical Physics/Radiation Treatment Program
Grand River Hospital
P.O. Box 9056
835 King Street West
Kitchener, Ontario
N2G 1G3
Canada

paule.charland@grhosp.on.ca
PHONE: 519-749-4300 ext 5758
FAX 519-749-4394

and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Archiving patients
Fecha:	viernes, 17 de febrero de 2006 22:47:23
Archivos adjuntos:	

You will need lots of storage. Beg for Raid and maybe you will get it.

Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Charland, Paule
Sent: Friday, February 17, 2006 1:55 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: Archiving patients

Pinnaclers,

Our head of radiation oncology has just asked us to restore all the patients from the previous year. The reason being that they want to be able to consult old plans e.g. if had to treat emergency in the weekend. Currently couldn't come up with better solution than restoring. It's taking lots of space. Other suggestions would be appreciated.

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P.O. Box 9056
835 King Street West
Kitchener, Ontario
N2G 1G3
Canada

paule.charland@grhosp.on.ca

PHONE: 519-749-4300 ext 5758
FAX 519-749-4394

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Archiving patients
Fecha:	viernes, 17 de febrero de 2006 22:56:35
Archivos adjuntos:	

As Scott pointed out the request is unreasonable. If you have an emergency treatment that needs to be planned against previous treatment AND the data can not found in the chart like it should be, the doc will probably need a Physics consult in which case you could load the patient at that time. The only way I could even begin to agree to something like that is to have a big ole fat server dedicated to ADAC backups. But why stop at one year? Why not two years or three years etc...?

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Archiving patients
Fecha:	viernes, 17 de febrero de 2006 23:07:06
Archivos adjuntos:	

You can also let the nice man know that he needs to pony up for a big RAID stack to handle all this extra data that you probably don't really have room for. There may also be an impact on database performance with a large number of patients, even if you don't max out the disk - I've experienced this in the past. Does he want productivity to tank - even more than it already did when you wasted a few days doing the restores?

Dave

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> sdube@queens.org 2/17/2006 4:09 PM >>>
I suggest you get a new head of radiation oncology. That is not a reasonable request. What is the likelihood that you will have a patient return on the weekend that needs retreatment in the vicinity of a previously irradiated area that cannot wait until Monday?

>>> paule.charland@grhosp.on.ca 02/17/06 10:54AM >>>
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##

De:	Bruce Curran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Archiving patients
Fecha:	viernes, 17 de febrero de 2006 23:26:42
Archivos adjuntos:	

Or you could just do it the UM way and keep all patients for the last 20 years available!

:-)

Bruce

Bruce Curran
Radiation Oncology
Univ Michigan Medical Center (734) 936-4309
1500 E Medical Center Drive (734) 936-7859 (fax)
Ann Arbor, MI 48109-0010
bcurran@umich.edu

>>> paule.charland@grhosp.on.ca 02/17/2006 15:54 >>>
Pinnaclers,

Our head of radiation oncology has just asked us to restore all the patients from the previous year. The reason being that they want to be able to consult old plans e.g. if had to treat emergency in the weekend. Currently couldn't come up with better solution than restoring. It's taking lots of space. Other suggestions would be appreciated.

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paule.charland@grhosp.on.ca
PHONE: 519-749-4300 ext 5758
FAX 519-749-4394

De:	rkover1@comcast.net
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hetero correction for IMRT plans
Fecha:	viernes, 17 de febrero de 2006 23:36:08
Archivos adjuntos:	

If it's consistent, then it is what it is.

doc

> ---------- Original message ----------
> From: "Dave Lockman" <Dave.Lockman@sparrow.org>
> I agree with ditching the contrast, but what if excessive air is the rule
> and not the exception? Some patients are just that way. In this case,
> I'd say rescanning until the air reduces amounts to pursuit of a
> pleasant bias.
>
> MHO - Dave
>
> David Lockman, D.Sc.
> Medical Physicist
> Sparrow Hospital
> 1215 E Michigan Ave
> Lansing, MI 48912
> 517-364-2163
> dave.lockman@sparrow.org
>
> >>> rkover1@comcast.net 2/17/2006 12:34 AM >>>
> Scott,
>
> Where I've been, we
>
> 1. Scan without contrast. If there is excessive air, we rescan later.

De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Archiving patients
Fecha:	sábado, 18 de febrero de 2006 0:26:27
Archivos adjuntos:	

Unreasonable.

I must say though that Philips/Pinnacle really hasn't addressed the issue of databases and storage with any real rigor, particularly for larger clinics. It would seem likely that there folks who have developed schemes to back-up and archive their patient data outside the scope of the tools available in Pinnacle.

Has anyone considered integrating this database with a *real* PACS system? Or come up with ingenious means of archiving copious amounts of data, rather than simply by time-period=Institution ?

PS Basran
Toronto-Sunnybrook Regional Cancer Centre

--- JGarrett@mbhs.org wrote:

> As Scott pointed out the request is unreasonable.

sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Ed Mok
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Archiving patients
Fecha:	sábado, 18 de febrero de 2006 7:23:16
Archivos adjuntos:	

Actually it is not impossible to keep several years of data (may not be 20 years, Bruce :-)) on line.

At our hospital we do not use tapes or DVDs for archiving Pinnacle data. Before v7.4, I archived each patient on a Unix file. Since v7.4, archive was done on a monthly file. The archive files are placed on our IMPAC server. Since the year of 2000, it takes up about 40+ Gbytes. If we need any patient since 2000, it is just a matter of finding that patient's tar file, move it back to Pinnacle and restore it. Takes a matter of minutes.
The price of storage ($ per Gbyte) is so inexpensive now. You can easily get a NAS disk with a few hundred gigabytes and use it to store the data online.

Ed Mok

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Bruce Curran
Sent: Friday, February 17, 2006 2:19 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Archiving patients

Or you could just do it the UM way and keep all patients for the last 20 years available!

:-)

Bruce

Bruce Curran
Radiation Oncology
Univ Michigan Medical Center (734) 936-4309
1500 E Medical Center Drive (734) 936-7859 (fax)
Ann Arbor, MI 48109-0010

bcurran@umich.edu

>>> paule.charland@grhosp.on.ca 02/17/2006 15:54 >>>
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##

De:	David Djajaputra
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	automatic bone fusion
Fecha:	sábado, 18 de febrero de 2006 14:42:07
Archivos adjuntos:	

We had a patient the other day with CT and MR scans of the left thigh. The shape of the thigh looks completely different in CT and MR so the doc asked me to fuse the sets using on the thigh bone. Mutual information didn't work well because it looks at the whole thigh, so I contoured the bone on the CT to make it easy to see on the MR and did manual fusion. Wasn't extraordinarily hard, but just wondering if there is any trick in Pinnacle to do this automatically.

Thanks,

David

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Archiving patients
Fecha:	domingo, 19 de febrero de 2006 12:02:18
Archivos adjuntos:	

Paule

What Sun box do you have for the server? The SunFire v250s could be configured as RAID.

Other than that, buy one of those instant storage units you plug into the network. You should be able to do quick calc, but about 200Gb should be enough for a year in a 2 machine clinic. Make sure the box has nfs, mount it from the Pinnacle, then create a new institution and point it into the mounted drive. Then restore all those patients into it (rather you than me).
Note you won't be able to transfer patients from your main clinical institution direct into the mount partition, you will need to archive then restore them.

Regards

Nick

At 03:54 PM 17/02/2006 -0500, you wrote:

> Pinnaclers,
>
> Our head of radiation oncology has just asked us to restore all the patients from the previous year. The reason being that they want to be able to consult old plans e.g. if had to treat emergency in the weekend.
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> It's taking lots of space. Other suggestions would be appreciated.
>
> Thanks
>
> Paule

Paule Madeleine Charland, PhD DABR
Medical Physics/Radiation Treatment Program
Grand River Hospital
P.O. Box 9056
835 King Street West
Kitchener, Ontario
N2G 1G3
Canada

paule.charland@grhosp.on.ca
PHONE: 519-749-4300 ext 5758
FAX 519-749-4394

De:	Bawa, Walter
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Archiving patients
Fecha:	lunes, 20 de febrero de 2006 5:13:52
Archivos adjuntos:	

On behalf of Paule,

We have a sunfire 280R configure for raid 0.
We also have external storage for the patient institutions (200GB) from the IBM SAN mounted on the SUNfire 280R
But this is running out of space.i have restored all the last year patients and we are almost 80% full. I will let it run full without doing any archive and let the bomb go off.

Walter

From: Nick Bennie [mailto:nbennie@tpg.com.au]
Sent: February 19, 2006 5:29 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Archiving patients

Paule

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Regards

Nick

At 03:54 PM 17/02/2006 -0500, you wrote:

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Thanks

Paule

Paule Madeleine Charland, PhD DABR
Medical Physics/Radiation Treatment Program
Grand River Hospital
P.O. Box 9056
835 King Street West
Kitchener, Ontario
N2G 1G3
Canada

paule.charland@grhosp.on.ca
PHONE: 519-749-4300 ext 5758
FAX 519-749-4394

De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Archiving patients
Fecha:	lunes, 20 de febrero de 2006 10:44:15
Archivos adjuntos:	

Hi Ed,

Only 40 Gb since 2000? We are not a big center but do 6-9 Gb every month.

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Ian

Ian Norton
Klinik für RadioOnkologie
UniversitätsSpital Zürich
Rämistrasse 100
8091 Zürich
+41 1 255 3251
ian.norton@usz.ch

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Ed Mok
Gesendet: Samstag, 18. Februar 2006 07:12
An: pinnacle-users@explode.unsw.edu.au
Betreff: RE: Archiving patients

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Ed Mok

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Bruce Curran
Sent: Friday, February 17, 2006 2:19 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Archiving patients

Or you could just do it the UM way and keep all patients for the last 20 years available!

:-)

Bruce

Bruce Curran
Radiation Oncology
Univ Michigan Medical Center (734) 936-4309
1500 E Medical Center Drive (734) 936-7859 (fax)
Ann Arbor, MI 48109-0010
bcurran@umich.edu

>>> paule.charland@grhosp.on.ca 02/17/2006 15:54 >>>
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De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Archiving patients
Fecha:	lunes, 20 de febrero de 2006 10:46:02
Archivos adjuntos:	

Good for you Walter. Why not do a short calculation as to when the bomb will go and take a vacation to Switzerland?

Make sure to forget your cellphone and tell everyone you are going to Sweden or Swaziland...

Ian

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Bawa, Walter
Gesendet: Montag, 20. Februar 2006 05:06
An: pinnacle-users@explode.unsw.edu.au
Betreff: RE: Archiving patients

On behalf of Paule,

We have a sunfire 280R configure for raid 0.
We also have external storage for the patient institutions (200GB) from the IBM SAN mounted on the SUNfire 280R
But this is running out of space.i have restored all the last year patients and we are almost 80% full. I will let it run full without doing any archive and let the bomb go off.

Walter

From: Nick Bennie [mailto:nbennie@tpg.com.au]
Sent: February 19, 2006 5:29 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Archiving patients

Paule

What Sun box do you have for the server? The SunFire v250s could be configured as RAID.

Other than that, buy one of those instant storage units you plug into the network. You should be able to do quick calc, but about 200Gb should be enough for a year in a 2 machine clinic. Make sure the box has nfs, mount it from the Pinnacle, then create a new institution and point it into the mounted drive. Then restore all those patients into it (rather you than me). Note you won't be able to transfer patients from your main clinical institution direct into the mount partition, you will need to archive then restore them.

Regards

Nick

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De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Shortcuts in Pinnacle
Fecha:	lunes, 20 de febrero de 2006 15:09:04
Archivos adjuntos:	

Dear all,

I would like to know if somebody knows of a way to relate key shortcuts to specific functions. As an example n and p shortcut is used to go to previous and next image. In a lot of situation it would be an advantage to have shortcuts for a number of different commands. Is there a script command to relate a key shortcut to a given command?

All the best,

Carsten

==========
Carsten Brink, Ph.D.
Stedfortræder for cheffysiker/Assistant Head of Laboratory of Radiation Physics
Radiofysisk laboratorium / Laboratory of Radiation Physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	MIKE ZHENG
A:	pinnacle-users@explode.unsw.edu.au; nbennie@tpg.com.au;
Cc:	
Asunto:	Re: Archiving patients
Fecha:	lunes, 20 de febrero de 2006 15:52:29
Archivos adjuntos:	

Paule,

As Nick suggested, you can point the new Institution'd data to a network drive (it should be RAIDed). You still can transfer patients back and forth among all the Institutions ONLY from the Pinnacle Server.

Best,

Mike

>>> nbennie@tpg.com.au 02/19/06 5:28 AM >>>
Paule

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Other than that, buy one of those instant storage units you plug into the network. You should be able to do quick calc, but about 200Gb should be enough for a year in a 2 machine clinic. Make sure the box has nfs, mount it from the Pinnacle, then create a new institution and point it into the mounted drive. Then restore all those patients into it (rather you than me).
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De:	Ed Mok
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Archiving patients
Fecha:	lunes, 20 de febrero de 2006 17:27:47
Archivos adjuntos:	

Hi Ian,
We do have Gigabyte connection.
Keep in mind that you don't transfer all your patients back and fore from your servers all the time. Only occasionaly we will restore one or two patients. Moving a few gigabytes back to the Sun box will only take a few minutes. Perfomance is not an issue.

Ed Mok

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Norton Ian
Sent: Monday, February 20, 2006 1:26 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: AW: Archiving patients

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Ian

Ian Norton

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Rämistrasse 100
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[mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Ed Mok
Gesendet: Samstag, 18. Februar 2006 07:12
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Sent: Friday, February 17, 2006 2:19 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Archiving patients

Or you could just do it the UM way and keep all patients for the last 20 years available!

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Bruce

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Radiation Oncology

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De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Archiving patients
Fecha:	martes, 21 de febrero de 2006 10:26:20
Archivos adjuntos:	

Hi Ed

Must be nice to have Gigabyte on your Unix box... We're getting away from the original problem though.

Some readers have suggested mounting a 200Gb windows drive on the pinnacle server.

You get a windows box and install an NFS service.

But then pinnacle crashes frequently and no log files get written!!!

The solution:

Pinnacle writes log files in the format Institution.YYY-MM-DD.HH:MM:SS and the colon (:) is an illegal character in windows. The file write attempt is unsuccessful and the UNIX client computer receives an input or output error.

To work around this issue, you have to use file name character mapping to replace characters that are illegal.

http://support.microsoft.com/default.aspx?scid=KB;en-us;289627&

You have to create a character translation file and add a registry entry on the windows box. Then reboot. It pays to consider what the colon (:) should be mapped to.

Ian

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Ed Mok
Gesendet: Montag, 20. Februar 2006 17:22
An: pinnacle-users@explode.unsw.edu.au
Betreff: RE: Archiving patients

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Sent: Friday, February 17, 2006 2:19 PM
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De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	CT Sim of Electron Breast Boosts
Fecha:	martes, 21 de febrero de 2006 19:18:49
Archivos adjuntos:	

Up until January, we had been using classic AcQSim (with the VoxelQ) to do all our CT simulations. It was very easy to do simulations of electron breast boosts because we could visualize the end of the electron cone. In that way, we could tell when the gantry and couch angles were optimal for the enface beam. Plus we could make sure the cone would not collide with the patient.

But now we are using AcQSim3 and have lost that feature. (I believe SmartSim users are in the same boat.)

Has anyone out there figured out a solution?

De:	Campbell, Jeffrey L
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: CT Sim of Electron Breast Boosts
Fecha:	martes, 21 de febrero de 2006 21:40:27
Archivos adjuntos:	

Our Dosimetrist will set up a fiducial field with the jaws matching the projected periphery of the cone at 95cm for a 100 SSD electron beam (Varian Cone). Using a 3-D rendering and setting the appropriate 3-D displays (Display Parameters, Beam Display Options, Extend static field past target: -5 cm) you will be able to see if there are any collision problems with a particular setup. Once the geometry is finalized, then you can set the electron beam using the same parameters. If you want to arrange beams in non-transverse planes then you need to extend your CT data set so that you get the required patient geometry. Not the most ideal way but it seems to work OK for us. Hope this helps.

Regards,

Jeff

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Tuesday, February 21, 2006 11:39 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: CT Sim of Electron Breast Boosts

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De:	Joe Grant
A:	Pinnacle users (Pinnacle users);
Cc:	
Asunto:	Gamma for film QA
Fecha:	miércoles, 22 de febrero de 2006 17:14:33
Archivos adjuntos:	

We are just starting to use Scanditronix IMRT film QA as a replacement for an older version of RIT. We now have the
option of reporting gamma as a 2D matrix (comparing the Pinnacle fluence map to the film measurement)
We have set the reference DTA at 3mm and dose difference to 3%.
My questions concern how others are reporting their results to their physicians.

1) Are 3% / 3mm the accepted standard dose difference / DTA references ?
2) Do you show the entire gamma map, or do you just display the pixels that fail to meet criteria (gamma > 1) ?
3) Have you used this method to pass or fail a QA, and if so, what are your criteria?

I would also appreciate any other possibly helpful comments from other Pinnacle / Scanditronix users, if there
are other features you have found to be helpful.

Thanks

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

De:	Ratkewicz, Alexander E.
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Gamma for film QA
Fecha:	viernes, 24 de febrero de 2006 3:44:20
Archivos adjuntos:	

We are using the Scanditronix OmniPro I'mRT software with their MatriXX device. We use the convert grid function to match the spacing of the two data sets prior to doing any analysis. We print out the fluence overlay results and also look at them using the dynamic isodose line feature in the software. We run both the dose difference and gamma analysis using the 3% / 3 mm criteria. We print out the histograms for both, setting a range from 0% to 3% for the dose difference and 0 to 1 for the gamma analysis, and look at the percentage of pixels that are in these ranges. We typically see > 90% of the pixels within these ranges. There is a software bug that prevents setting up a range from -3% to + 3%, so we use the absolute difference test instead of the difference test. There appears to also be a bug in the DTA test since the histogram results for it do not make sense. I hope this info helps.

-----Original Message-----
From: Joe Grant [mailto:jgrant@carti.com]
Sent: Wednesday, February 22, 2006 7:19 AM
To: Pinnacle users (Pinnacle users)
Subject: Gamma for film QA

> We are just starting to use Scanditronix IMRT film QA as a replacement for an older version of RIT. We now have the
> option of reporting gamma as a 2D matrix (comparing the Pinnacle fluence map to the film measurement)
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>
> 1) Are 3% / 3mm the accepted standard dose difference / DTA references ?
> 2) Do you show the entire gamma map, or do you just display the pixels that fail to meet criteria (gamma > 1) ?
> 3) Have you used this method to pass or fail a QA, and if so, what are your criteria?

I would also appreciate any other possibly helpful comments from other Pinnacle / Scanditronix users, if there
are other features you have found to be helpful.

Thanks

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Gamma for film QA
Fecha:	viernes, 24 de febrero de 2006 14:43:43
Archivos adjuntos:	

Thank you very much - this is very useful information.

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Ratkewicz, Alexander E.
Sent: Thursday, February 23, 2006 8:26 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: Gamma for film QA

We are using the Scanditronix OmniPro I'mRT software with their MatriXX device. We use the convert grid function to match the spacing of the two data sets prior to doing any analysis. We print out the fluence overlay results and also look at them using the dynamic isodose line feature in the software. We run both the dose difference and gamma analysis using the 3% / 3 mm criteria. We print out the histograms for both, setting a range from 0% to 3% for the dose difference and 0 to 1 for the gamma analysis, and look at the percentage of pixels that are in these ranges. We typically see > 90% of the pixels within these ranges. There is a software bug that prevents setting up a range from -3% to + 3%, so we use the absolute difference test instead of the difference test. There appears to also be a bug in the DTA test since the histogram results for it do not make sense. I hope this info helps.

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Subject: Gamma for film QA

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E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

De:	Emiliano Spezi
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	R: Gamma for film QA
Fecha:	viernes, 24 de febrero de 2006 15:41:02
Archivos adjuntos:	

Dear Joe,

3%/3mm is a very common and accepted criterion.
We use the Verisoft software from PTW in conjunction with a 2D ion chamber array, to validate Pinnacle IMRT dose distributions. By default the software shows in green the points that pass the criteria and in red those points that fail. This is a quite immediate way to show the results, although very limited. Since it does not happen that often to have a fully green map your next problem will be to interpret your gamma map and decide whether to validate your plan or not.

A useful way to show gamma distribution are gamma histograms (GHs). GHs are defined similarly to DVHs. You can find more information about GHs on the following document (p. 137):
http://www.aosp.bo.it/fisica-sanitaria/documenti/ES_thesis.pdf

The ESTRO booklet on QA for TPS also briefly comment on GHs (p. 82). This is available for download at: http://www.estroweb.org/ESTRO/upload/publications/KaftEstro7web.pdf

Finally you can check the following paper: Phys. Med. Biol. **50** (2005) 399–411 where evaluation filters for IMRT plan validation are suggested.

As a final beam validation criterion we require that the 95% of the points pass the gamma criteria. If this condition is not met we do not validate the plan and we investigate further the reasons of the failure.

Hope this helps.
Regards,

Emiliano

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==========
Emiliano Spezi, PhD
Servizio di Fisica Sanitaria - Policlinico S.Orsola Malpighi
Via Massarenti 9, 40138 Bologna, Italia
Voice: +39 051 636 3575 (ext: 3131) - Fax: +39 051 636 3571
==========

Da: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Per conto di** Joe Grant
Inviato: 22 February 2006 16:19
A: Pinnacle users (Pinnacle users)
Oggetto: Gamma for film QA

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Thanks

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

De:	hugo.tremblay@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Réf. : RE: Gamma for film QA
Fecha:	viernes, 24 de febrero de 2006 17:09:44
Archivos adjuntos:	C.htm pic20768.jpg

Hello,

About the DTA analysis and IMRT MATRIXX software:

We also use the convert grid function for all datasets. However, to get the most accurate Gamma and DTA analysis, we use the smallest grid resolution. In fact, the Gamma analysis looks for the minimum score of the Gamma function. If you want to analyse sharp gradient, this IMRT software need a very high resolution to get a proper DTA analysis. (If there is no point in the grid, the DTA analaysis does not perform any interpolation and fails the test).

Hugo

De :
"Joe Grant" <jgrant@carti.com>@explode.unsw.edu.au

Envoyé par :
owner-pinnacle-users@explode.unsw.edu.au

Pour :
<pinnacle-users@explode.unsw.edu.au>

cc :
(ccc : Hugo Tremblay/CH de la Sagamie/Reg02/SSSS)

Objet :
RE: Gamma for film QA

2006-02-24
08:19
Veuillez répondre
à
pinnacle-
users

(See attached file: C.htm)
(Embedded image moved to file: pic20768.jpg)

De:	Ratkewicz, Alexander E.
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	H&N SCF Shifts
Fecha:	viernes, 24 de febrero de 2006 20:43:32
Archivos adjuntos:	

One of our docs returned from an IMRT meeting and asked about shifting the beam split match line between the static SCF field and the H&N IMRT fields. We don't usually do this with our non-IMRT H&N/SCF plans. We evaluate the dose in the slices near the match line with our IMRT cases. We request neck target contours one slice superior to the match line to avoid cold spots and we don't allow target contours at or under the match line to avoid hot spots. The doc feels it is probably only necessary to shift if there is clinically significant disease near the match line, but he is curious about other clinics experience. Any thoughts on this as it relates to standard H&N, IMRT H&N, and combined SCF and H&N IMRT would be greatly appreciated. If you have DMPO and do combined SCF and H&N IMRT, comments about that would be great also.

Thanks very much.

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: H&N SCF Shifts
Fecha:	viernes, 24 de febrero de 2006 21:16:20
Archivos adjuntos:	

We have two techniques we use. The first is to contour the s/c nodes and include them in the IMRT plan.

The second technique- we have a half beam block s/c fld that is cal'ed to a point. We have IMRT plan that is 1/2 beam blocked but we open up the inferior border two cm to overlap into the s/c fld. When we optimize we keep on the s/c dose so the IMRT plan takes the dose into account as it does it thing.

We generally use the first technique.

From: Ratkewicz, Alexander E.
Sent: Fri 2/24/2006 2:26 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: H&N SCF Shifts

One of our docs returned from an IMRT meeting and asked about shifting the beam split match line between the static SCF field and the H&N IMRT fields. We don't usually do this with our non-IMRT H&N/SCF plans. We evaluate the dose in the slices near the match line with our IMRT cases. We request neck target contours one slice superior to the match line to avoid cold spots and we don't allow target contours at or under the match line to avoid hot spots. The doc feels it is probably only necessary to shift if there is clinically significant disease near the match line, but he is curious about other clinics experience. Any thoughts on this as it relates to standard H&N, IMRT H&N, and combined SCF and H&N IMRT would be greatly appreciated. If you have DMPO and do combined SCF and H&N IMRT, comments about that would be great also.

Thanks very much.

De:	Jo Vanregemorter
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	bunker simulation
Fecha:	lunes, 27 de febrero de 2006 14:27:11
Archivos adjuntos:	

---

does anybody know a (free) program to check the calculated bunker wall thickness?

thanks,

jo

_____
J. Vanregemorter
Deskundige Medische Stralingsfysica ZNA
p/a Lindendreef 1-B2020 Antwerpen-Belgium

Tel +32 3 2804134 Fax +32 3 2810719
Mobile +32 486539070

jo.vanregemorter@zna.be
www.zna.be
_____

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: bunker simulation
Fecha:	lunes, 27 de febrero de 2006 15:34:31
Archivos adjuntos:	e.vdieren.vcf

Beste Jo,

In nederland is er een werkgroepje gestart om zgn instellingsvergunning-aanvragen soepeler te laten. Ik zit in het subgroepje radiotherapie, dat probeert tot 1 systeem te komen voor terreingrens en bunkergrens berekeningen.

Mocht je op deze vraag antwoorden hebben, dan ben ik geinteresseerd. Mochten wij tot een goede systematiek komen, dan kan ik je desgewenst op de hoogte stellen.

mvg
Erik

Jo Vanregemorter schreef:

> does anybody know a (free) program to check the calculated bunker wall thickness?
>
> thanks,
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> _____
> J. Vanregemorter
> Deskundige Medische Stralingsfysica ZNA
> p/a Lindendreef 1-B2020 Antwerpen-Belgium
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> Tel +32 3 2804134 Fax +32 3 2810719
> Mobile +32 486539070
>
> jo.vanregemorter@zna.be
> www.zna.be
>
> _____

DISCLAIMER

De:	Kent Krugh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: H&N SCF Shifts
Fecha:	lunes, 27 de febrero de 2006 15:50:29
Archivos adjuntos:	

When we have to match a split line we usually move the match at least twice... sometimes more. Usually about 2-3 mm each movement.

We calculate the SCF first and then run the DMPO routine to generate the IMRT field, overlapping the matchline by a couple of cm. After evaluating the dose in the match region, we may decide to increase the number of shifts.

Kent
ICC
Cincinnati

At 02:26 PM 2/24/2006, you wrote:

> One of our docs returned from an IMRT meeting and asked about shifting the beam split match line between the static SCF field and the H&N IMRT fields. We don't usually do this with our non-IMRT H&N/SCF plans. We evaluate the dose in the slices near the match line with our IMRT cases. We request neck target contours one slice superior to the match line to avoid cold spots and we don't allow target contours at or under the match line to avoid hot spots. The doc feels it is probably only necessary to shift if there is clinically significant disease near the match line, but he is curious about other clinics experience. Any thoughts on this as it relates to standard H&N, IMRT H&N, and combined SCF and H&N IMRT would be greatly appreciated. If you have DMPO and do combined SCF and H&N IMRT, comments about that would be great also.
>
> Thanks very much.

De:	Jaime Martínez Ortega
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: bunker simulation
Fecha:	lunes, 27 de febrero de 2006 19:56:43
Archivos adjuntos:	

Try this link,

http://www.hcu-lblesa.es/fpro/Blindajesacelerador.xls

it works fine, but the only problem is that spreadsheet is writen in Spanish.

Regards,

Jaime Martinez
M. D. Anderson International España

----- Original Message -----
From: "Jo Vanregemorter" <joris.vanregemorter@zna.be>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Monday, February 27, 2006 2:06 PM
Subject: bunker simulation

> does anybody know a (free) program to check the calculated bunker wall
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> thanks,
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> jo
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> J. Vanregemorter
> Deskundige Medische Stralingsfysica ZNA
> p/a Lindendreef 1-B2020 Antwerpen-Belgium
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> Tel +32 3 2804134 Fax +32 3 2810719
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>
> jo.vanregemorter@zna.be
> www.zna.be
> _____
>
>
>
>
>
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> To unsubscribe (yourself or other account) from the pinnacle-users mailing
list, send the message
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> Note: To avoid non-delivery error messages being sent to all list
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>
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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Rick Michaels
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Mapcheck QA and physics charges
Fecha:	lunes, 27 de febrero de 2006 20:02:45
Archivos adjuntos:	

Just a quick question regarding IMRT QA charges. Are people doing anything different with billing using a mapcheck device vs chamber or film.. I think the mapcheck analysis as any imrt qa at least warrents a special physics consult, but because of all the other point information mapcheck provides does it warrant a special dosimetry measurment charge. Any feedback appreciated.

Richard E. Michaels, M.S.,DABMP
Medical Physicist
Sharp Chula Vista Medical Center
Radiation Oncology Department
751 Medical Center Court
Chula Vista, CA 91911
619-482-3518

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	gating charges
Fecha:	lunes, 27 de febrero de 2006 21:09:50
Archivos adjuntos:	

Does anyone do any charging with Gating?

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Mapcheck QA and physics charges
Fecha:	lunes, 27 de febrero de 2006 21:18:16
Archivos adjuntos:	

Richard,
No charges whatsoever. if you're billing 77301 then you're done - all physics QA is bundled with that charge.
I'm in New England and so we have the same carrier you do, NHIC, but all regions are the same on this point as far as I know.
Martin Fraser

At 01:25 PM 2/27/2006, you wrote:

> *Just a quick question regarding IMRT QA charges. Are people doing anything different with billing using a mapcheck device vs chamber or film.. I think the mapcheck analysis as any imrt qa at least warrents a special physics consult, but because of all the other point information mapcheck provides does it warrant a special dosimetry measurment charge. Any feedback appreciated.*
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> *Richard E. Michaels, M.S.,DABMP*
> *Medical Physicist*
> *Sharp Chula Vista Medical Center*
> *Radiation Oncology Department*
> *751 Medical Center Court*
> *Chula Vista, CA 91911*
> *619-482-3518*

De:	Jeff Limmer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: gating charges
Fecha:	lunes, 27 de febrero de 2006 22:23:33
Archivos adjuntos:	

We bill a Special Procedure *unless* IMRT or another Special Procedure is already billed (can't bill more than one). Also, there is a Special Physics Consult available (if the MD requests and writes up an order for it, *and* we write a report as well). I heard there may, one day, be a daily gate charge but I do not know of one in effect right now.

Jeff Limmer
Chief Medical Physicist
UW Cancer Centers: Wausau, Wisconsin Rapids

JEFFL@aspirus.org

From: Spicer, Terry [mailto:terry.spicer@mjh.org]
Sent: Monday, February 27, 2006 1:40 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: gating charges

Does anyone do any charging with Gating?

---

error, please contact the sender immediately by replying to this email and delete the material from any computer.

De:	Walsh, Tom
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	"pros.support@philips.com";
Asunto:	Segment Weighting
Fecha:	martes, 28 de febrero de 2006 17:49:41
Archivos adjuntos:	

I performed a "forward IMRT plan" on a breast patient. Each tangent had 4 control points. I used the IMRT module and the segment weighting routine to optimize the dose distribution. I saved the plan and sent it to RadCalc. RadCalc wouldn't perform the calculation. I called them and they said that Pinnacle doesn't calculate the OFc for segment weighted plans. So, I went back to pinnacle and looked in the Monitor Unit window and sure enough, it doesn't have an OFc listed in the Pinnacle Dose/MU Computation section. In fact, it reports that the "output factor is not valid." So, how does it calculate MU and dose for the beam? Do I assume it is in the calculation but not reported due to a bug or is it omitted in the calulation? Is this a "known" bug when using segment weighting alone?
I am using v7.6.

Thomas Walsh, M.S.
Medical Physicist
CentraCare Radiation Oncology

De:	Todd McNutt
A:	WalshT@centracare.com; pinnacle-users@explode.unsw.edu.au;
Cc:	pros.support@philips.com;
Asunto:	Re: Segment Weighting
Fecha:	martes, 28 de febrero de 2006 19:03:56
Archivos adjuntos:	

When computing a multi segment beam, Pinnacle sums the incident energy fluence for each segment, then performs one TERMA calculation and one Superposition. The incident energy fluence is OFc times the incident fluence model for the field shape. Therefore there is actually multiple OFc values that are used. So, one would have to display the OFc for each control point to provide the info that you want.

The bigger question, is why would radcalc need the Pinnacle OFc? The OFc values in Pinnacle are specific to Pinnacle's dose calculation and really cannot be used by other systems - it is not Sc.

Todd

>>> WalshT@centracare.com 02/28/06 11:13 AM >>>
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I am using v7.6.

Thomas Walsh, M.S.
Medical Physicist
CentraCare Radiation Oncology

De:	Dimitris Mihailidis, PhD.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Segment Weighting
Fecha:	martes, 28 de febrero de 2006 19:53:17
Archivos adjuntos:	

Correct response Todd. Pinnacle does not give you output factors, equivalent of Sc anyway. The OFc factors are "pinnacle deifned" factors even for regularly shaped fields. I am not familiar with the RadCal software to comment further.
Dimitris Mihailidis
Charleston Radiation Therapy
----- Original Message -----
From: "Todd McNutt" <tmcnutt1@jhmi.edu>
To: <WalshT@centracare.com>; <pinnacle-users@explode.unsw.edu.au>
Cc: <pros.support@philips.com>
Sent: Tuesday, February 28, 2006 12:41 PM
Subject: Re: Segment Weighting

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> fluence for each segment, then performs one TERMA calculation and one
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> Todd
>
>>>> WalshT@centracare.com 02/28/06 11:13 AM >>>
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> Thomas Walsh, M.S.
> Medical Physicist
> CentraCare Radiation Oncology
>
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>

###
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to majordomo@explode.unsw.edu.au.

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members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Craig Laughton
A:	pinnacle-users@explode.unsw.edu.au; "Todd McNutt";
Cc:	pros.support@philips.com;
Asunto:	RE: Segment Weighting
Fecha:	martes, 28 de febrero de 2006 20:01:06
Archivos adjuntos:	

I never post anything on this list server, but I thought I should throw my two cents into this one because we get so many calls related to this and I know the tech support people at Philips do as well.

RadCalc needs the Pinnacle OFc value because Pinnacle does not store its computed monitor units with the plan.Trial file. This is the file that RadCalc imports in order to get all of the beam information. The Pinnacle computed monitor units must be deduced for each beam from information in the plan.Trial file. There is a section in the plan.Trial for each beam that is labeled MonitorUnitInfo. From this section, RadCalc takes the Prescription Dose for the beam and then divides by the Pinnacle Dose Per MU in order to get Pinnacle's monitor units. The Pinnacle Dose Per MU is computed as follows:

Pinnacle Dose Per MU = NormalizedDose * TTF * OFc

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Regards,
Craig A. Laughton, MS, DABR
CEO LifeLine Software, Inc.

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Todd McNutt
Sent: Tuesday, February 28, 2006 11:41 AM
To: WalshT@centracare.com; pinnacle-users@explode.unsw.edu.au
Cc: pros.support@philips.com
Subject: Re: Segment Weighting

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##

De: Ohm, Mike

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Segment Weighting

Fecha: martes, 28 de febrero de 2006 20:34:14

Archivos adjuntos:

I think if you save and exit the plan, then re-enter, you should be OK. I belivee it has to do with the way segment weighting deals with all the individual dose grids (one for each segment). If you change the weight of a segment, or even delete it individually, Pinnacle does not need to recalc that beam if you are / have just segment weight optimized. However, if you close and come back in to a plan, doing the same thing will force a recalc. That's why I'm guessing your beams will export 'cleanly' if closed and re-opened (and not instructed to start seg opt again). Perhaps even changing the calc engine might force the same thing.

Mike

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
On Behalf Of Walsh, Tom
Sent: Tuesday, February 28, 2006 11:14 AM
To: pinnacle-users@explode.unsw.edu.au
Cc: 'pros.support@philips.com'
Subject: Segment Weighting

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CentraCare Radiation Oncology

De:	Todd McNutt
A:	pinnacle-users@explode.unsw.edu.au; craig@lifelinesoftware.com;
Cc:	pros.support@philips.com;
Asunto:	RE: Segment Weighting
Fecha:	martes, 28 de febrero de 2006 21:51:23
Archivos adjuntos:	

Ah, that explains it.

Thanks,
Todd

>>> craig@lifelinesoftware.com 02/28/06 1:53 PM >>>
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my two cents into this one because we get so many calls related to this
and I know the tech support people at Philips do as well.

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De:	Kent Krugh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Segment Weighting
Fecha:	martes, 28 de febrero de 2006 22:42:20
Archivos adjuntos:	

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[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Todd McNutt
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To: WalshT@centracare.com; pinnacle-users@explode.unsw.edu.au
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De: Richer, Jeffrey

A: "pinnacle-users@explode.unsw.edu.au";

Cc:

Asunto: RE: Segment Weighting

Fecha: martes, 28 de febrero de 2006 22:44:49

Archivos adjuntos:

RadCalc will still do the MU calculation. You just won't have the Pinnacle MU to compare to through electronic transfer. That is why the Plan MU textbox in Pinnacle is editable. You just have to enter it (them) manually.

Cheers,
-Jeff

-----Original Message-----
From: Kent Krugh [mailto:kkrugh@goodnews.net]
Sent: Tuesday, February 28, 2006 3:57 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Segment Weighting

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De:	Sean White
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Transferring an IMRT plan to a new CT dataset
Fecha:	martes, 28 de febrero de 2006 22:44:54
Archivos adjuntos:	

Hi all,

I am sure that a similar scenario has been discussed recently, however I'll ask the question anyway.

We have an IMRT patient who's plan has been completed. Days before treatment was due to start we noticed a change in patient contour and decided to re-CT.

We would like to check the intial plan on the new CT dataset. To accomplish this we saved the new CT dataset as a phantom with the isocentre matched as closely as possible to the original plan.

Our problem is that the CT datasets are not aligned in the ANT/POST directions, therefore upon copying the original plan to the new dataset, all of the patient contours are offset. My question is: Is there any easy way to align patient contours from one dataset to a new one, withought manually shifting the contours in each slice?

Looking forward to your responses.

Regards

Sean White
Medical Physicist Ph: +612 47341401
Nepean Cancer Care Centre Fax: +612 47343570
PO BOX 63 whites@wahs.nsw.gov.au
Penrith NSW 2751

those of the individual sender, and are not necessarily the views of
Sydney West Area Health Service.

This e-mail has been scanned for viruses
##

De:	Craig Laughton
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Segment Weighting
Fecha:	martes, 28 de febrero de 2006 22:52:52
Archivos adjuntos:	

Hi Kent and All Other Interested Parties,

In response to Kent's statement, "So, what benefit is the RadCalc program for Siemens and Elekta users who want an independent verification of their Pinnacle IMRT mu's?"

In my previous posting I was merely talking about RadCalc being able to import Pinnacle's calculated monitor units and not the ability of RadCalc to be able to independently verify the Pinnacle IMRT mu's for Siemens and Elekta machines. RadCalc will still import all other beam information from Pinnacle. It will not be able to import Pinnacle's computed MU due to the reasons previously discussed. In this situation, one simply manually types into RadCalc the monitor units computed by Pinnacle. RadCalc will then operate the same was it does for any other type of accelerator. You would simply press a button to have RadCalc compute its own monitor units based upon its own independent set of beam data and its own algorithm and compare this result with the monitor units computed by Pinnacle (i.e. the monitor units that were either imported from the Pinnacle plan.Trial file or manually entered).

I hope this makes sense. I didn't intend to confuse anyone by my posting. I was hoping to clarify why one particular number (i.e. the Pinnacle monitor units) would not be importable into RadCalc and why a certain value (i.e. the OFc value) was needed to get that number.

Regards,
Craig A. Laughton, MS, DABR
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On Behalf Of Kent Krugh
Sent: Tuesday, February 28, 2006 2:57 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Segment Weighting

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Thomas Walsh, M.S.
Medical Physicist
CentraCare Radiation Oncology

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##

De: Kent Krugh
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: Segment Weighting
Fecha: miércoles, 01 de marzo de 2006 0:52:06
Archivos adjuntos:

Ok, I understand now.

Kent

At 04:46 PM 2/28/2006, you wrote:

> Hi Kent and All Other Interested Parties,
>
> In response to Kent's statement, "So, what benefit is the RadCalc program for Siemens and Elekta users who want an independent verification of their Pinnacle IMRT mu's?"
>
> In my previous posting I was merely talking about RadCalc being able to import Pinnacle's calculated monitor units and not the ability of RadCalc to be able to independently verify the Pinnacle IMRT mu's for Siemens and Elekta machines. RadCalc will still import all other beam information from Pinnacle. It will not be able to import Pinnacle's computed MU due to the reasons previously discussed. In this situation, one simply manually types into RadCalc the monitor units computed by Pinnacle. RadCalc will then operate the same was it does for any other type of accelerator. You would simply press a button to have RadCalc compute its own monitor units based upon its own independent set of beam data and its own algorithm and compare this result with the monitor units computed by Pinnacle (i.e. the monitor units that were either imported from the Pinnacle plan.Trial file or manually entered).
>
> I hope this makes sense. I didn't intend to confuse anyone by my posting. I was hoping to clarify why one particular number (i.e. the Pinnacle monitor units) would not be importable into RadCalc and why a certain value (i.e. the OFc value) was needed to get that number.
>
> Regards,
> Craig A. Laughton, MS, DABR
> CEO LifeLine Software, Inc.
>
> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
> **On Behalf Of** Kent Krugh
> **Sent:** Tuesday, February 28, 2006 2:57 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Segment Weighting
>
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[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Todd McNutt
Sent: Tuesday, February 28, 2006 11:41 AM
To: WalshT@centracare.com; pinnacle-users@explode.unsw.edu.au
Cc: pros.support@philips.com
Subject: Re: Segment Weighting

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De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Segment Weighting
Fecha:	miércoles, 01 de marzo de 2006 5:42:04
Archivos adjuntos:	

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Joe Herrick
Reno, NV

>From: "Richer, Jeffrey" <jeff_richer@wrh.on.ca>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: '"pinnacle-users@explode.unsw.edu.au"'
><pinnacle-users@explode.unsw.edu.au>
>Subject: RE: Segment Weighting
>Date: Tue, 28 Feb 2006 16:12:41 -0500
>
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>MU to compare to through electronic transfer. That is why the Plan MU
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>manually.
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>Cheers,
>-Jeff
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De: Lee Zarger

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Segment Weighting

Fecha: miércoles, 01 de marzo de 2006 14:46:44

Archivos adjuntos:

We have to "compute all beams" in the MLC section of Radcalc- it does a beautiful job of verifying IMRT MU's

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Kent Krugh
Sent: Tuesday, February 28, 2006 3:57 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Segment Weighting

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Fecha:	miércoles, 01 de marzo de 2006 14:54:55
Archivos adjuntos:	

It is really not a big deal to do the work arounds for Elekta- the final result is good.

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>Thomas Walsh, M.S.
>Medical Physicist
>CentraCare Radiation Oncology
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##

De: Provost, Daniel

A: "pinnacle-users@explode.unsw.edu.au";

Cc:

Asunto: RE: Segment Weighting

Fecha: miércoles, 01 de marzo de 2006 15:04:15

Archivos adjuntos:

Plans exported via DICOM-RT from Pinnacle include all the necessary info imported to RadCalc. We also use the same DICOM-RT export from Pinnacle to our R&V (impac multi-access).

Daniel Provost
NEORCC
Canada

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
On Behalf Of Craig Laughton
Sent: Tuesday, February 28, 2006 4:47 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Segment Weighting

Hi Kent and All Other Interested Parties,

In response to Kent's statement, "So, what benefit is the RadCalc program for Siemens and Elekta users who want an independent verification of their Pinnacle IMRT mu's?"

In my previous posting I was merely talking about RadCalc being able to import Pinnacle's calculated monitor units and not the ability of RadCalc to be able to independently verify the Pinnacle IMRT mu's for Siemens and Elekta machines. RadCalc will still import all other beam information from Pinnacle. It will not be able to import Pinnacle's computed MU due to the reasons previously discussed. In this situation, one simply manually types into RadCalc the monitor units computed by Pinnacle. RadCalc will then operate the same was it does for any other type of accelerator. You would simply press a button to have RadCalc compute its own monitor units based upon its own independent set of beam data and its own algorithm and compare this result with the monitor units computed by Pinnacle (i.e. the monitor units that were either imported from the Pinnacle plan.Trial file or manually entered).

I hope this makes sense. I didn't intend to confuse anyone by my posting. I was hoping to clarify why one particular number (i.e. the Pinnacle monitor units) would not be importable into RadCalc and why a certain value (i.e. the OFc value) was needed to get that number.

Regards,
Craig A. Laughton, MS, DABR
CEO LifeLine Software, Inc.

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On Behalf Of Kent Krugh
Sent: Tuesday, February 28, 2006 2:57 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Segment Weighting

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> Sent: Tuesday, February 28, 2006 11:41 AM
> To: WalshT@centracare.com; pinnacle-users@explode.unsw.edu.au
> Cc: pros.support@philips.com

Subject: Re: Segment Weighting

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****

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Archiving and storage using philips solutions
Fecha:	miércoles, 01 de marzo de 2006 15:33:16
Archivos adjuntos:	e.vdieren.vcf

Hi,

I just received an answer from Philips about storage, hence the late reply. Philips informed me that my issues about backup, storage, and archiving of patients cannot be solved by Philips. Their engineer isn't allowed to help me find a solution, not even when I pay him to do it! Something to do with regulations?

That's bizarre. I would never buy a car from anyone with such an attitude. Has anyone been able to persuade Philips to be more helpful?

sincerely
Erik

Parminder S. Basran schreef:

>Unreasonable.
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>Has anyone considered integrating this database with a
>*real* PACS system? Or come up with ingenious means of
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>by time-period=Institution ?
>
>PS Basran
>Toronto-Sunnybrook Regional Cancer Centre
>
>--- JGarrett@mbhs.org wrote:

>
>
>
>>As Scott pointed out the request is unreasonable.
>>
>>

De:	Todd McNutt
A:	pinnacle-users@explode.unsw.edu.au; craig@lifelinesoftware.com;
Cc:	
Asunto:	RE: Segment Weighting
Fecha:	miércoles, 01 de marzo de 2006 16:02:33
Archivos adjuntos:	

Pinnacle automatically derives MU from the prescriptions and the dose grids (cGy/MU) that are stored per beam. MU are not stored in the file, as they are redundant. It is not that difficult to type in the MU into radcalc when doing a check - and in fact one should always double check that the proper "plan" MU were transferred(determined) to begin with.

Todd

>>> craig@lifelinesoftware.com 02/28/06 4:46 PM >>>
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mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Todd
McNutt
Sent: Tuesday, February 28, 2006 11:41 AM
To: WalshT@centracare.com; pinnacle-users@explode.unsw.edu.au
Cc: pros.support@philips.com
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Thomas Walsh, M.S.

Medical Physicist
CentraCare Radiation Oncology

##

De:	Li Ding
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Segment Weighting
Fecha:	miércoles, 01 de marzo de 2006 23:33:39
Archivos adjuntos:	

MUCheck reads from IMPAC, while RadCalc reads directly from Pinnacle.

Li Ding
RBOI, Ocala FL

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Joe Herrick
Sent: Tuesday, February 28, 2006 11:32 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Segment Weighting

We use MUCheck and Siemens machines and do not have this problem. I wonder what is different about how MUCheck "looks" at the Pinnacle data versus RadCalc?

Joe Herrick
Reno, NV

>From: "Richer, Jeffrey" <jeff_richer@wrh.on.ca>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: '"pinnacle-users@explode.unsw.edu.au"'
><pinnacle-users@explode.unsw.edu.au>
>Subject: RE: Segment Weighting
>Date: Tue, 28 Feb 2006 16:12:41 -0500
>
>RadCalc will still do the MU calculation. You just won't have the
>Pinnacle MU to compare to through electronic transfer. That is why the

>Plan MU textbox in Pinnacle is editable. You just have to enter it
>(them) manually.
>
>Cheers,
>-Jeff

>
>-----Original Message-----
>From: Kent Krugh [mailto:kkrugh@goodnews.net]
>Sent: Tuesday, February 28, 2006 3:57 PM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: RE: Segment Weighting
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De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Archiving and storage using philips solutions
Fecha:	miércoles, 01 de marzo de 2006 23:46:55
Archivos adjuntos:	

You need to go up the line at Philips. Yes, I've found them receptive to alternative, integrated solutions managed by our IS group instead of us. We're currently archiving via NFS to ASM (I did this at my last stop, as well), and Philips has agreed to help us migrate our new server out of our area to an IS server room, where it will be hooked up via fiber to their SAN - the patient database will live on an uber-redundant RAID stack that's backed up with much more attentiveness and regularity than I could ever hope to realize. For the record, we have two linacs (plus a tomo) and four dedicated Pinnacle stations.

And it's not just a pipe dream - I know of at least one other place that's already made this move. It requires getting a Philips engineer on site to "qualify" the solution, but I think it's worth it. I would suggest doing your homework - talk to your IS group, find out what they have available to support you in terms of hardware (get specifics), and then present this to Philips. Your salesperson should know whom to pass your request to - this is not an off-the-shelf solution, so they're not going to be able to look it up in their book.

Odds are your IS group has made investments that you can take advantage of to make your life simpler and your data safer. I don't think Philips is alone in inattention to integrated storage solutions - we're working with all of our vendors to get off of CDs/DVDs/tapes for backup and locally managed databases whenever possible, especially for critical data. The more of us that ask for (demand) such solutions, the more likely they are to take heed.

I almost made it out without a soapbox.

Hope that helps - Dave

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> e.vdieren@hagaziekenhuis.nl 3/1/2006 9:19 AM >>>
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A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: Transferring an IMRT plan to a new CT dataset

Fecha: jueves, 02 de marzo de 2006 3:09:02

Archivos adjuntos:

---

save the new CT in the QA tools, save to phantom, then take the original plan and, under QA tools, transfer it to phantom. You will likely have to adjust isocenter to hit that correct. Also, I have found change the prescription to monitor units and enter the correct monitor units from the original plan. This will show the isodose distribution of the original plan on the new CT. We often do this if a patient has lost weight.

john

John F Wochos, MS, DABR
Radiation Oncology Dept (EB1-001)
Gundersen Lutheran Medical Center
1900 South Ave.
La Crosse, WI 54601
(608)775-2593
FAX (608)775-5578
jfwochos@gundluth.org

"Sean White" <WhiteS@wahs.nsw.gov.au> Sent by: owner-pinnacle-users@explode.unsw.edu.au

To: <pinnacle-users@explode.unsw.edu.au>

cc:

Subject: Transferring an IMRT plan to a new CT dataset

02/28/2006 03:18 PM

Please respond to
pinnacle-users@ex
plode.unsw.edu.au

Hi all,

I am sure that a similar scenario has been discussed recently, however I'll ask the question anyway.

We have an IMRT patient who's plan has been completed. Days before treatment was due to start we noticed a change in patient contour and decided to re-CT.

We would like to check the intial plan on the new CT dataset. To accomplish this we saved the new CT dataset as a phantom with the isocentre matched as closely as possible to the original plan.

Our problem is that the CT datasets are not aligned in the ANT/POST directions, therefore upon copying the original plan to the new dataset, all of the patient contours are offset. My question is: Is there any easy way to align patient contours from one dataset to a new one, withought manually shifting the contours in each slice?

Looking forward to your responses.

Regards

Sean White
Medical Physicist Ph: +612 47341401
Nepean Cancer Care Centre Fax: +612 47343570
PO BOX 63 whites@wahs.nsw.gov.au
Penrith NSW 2751

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the message
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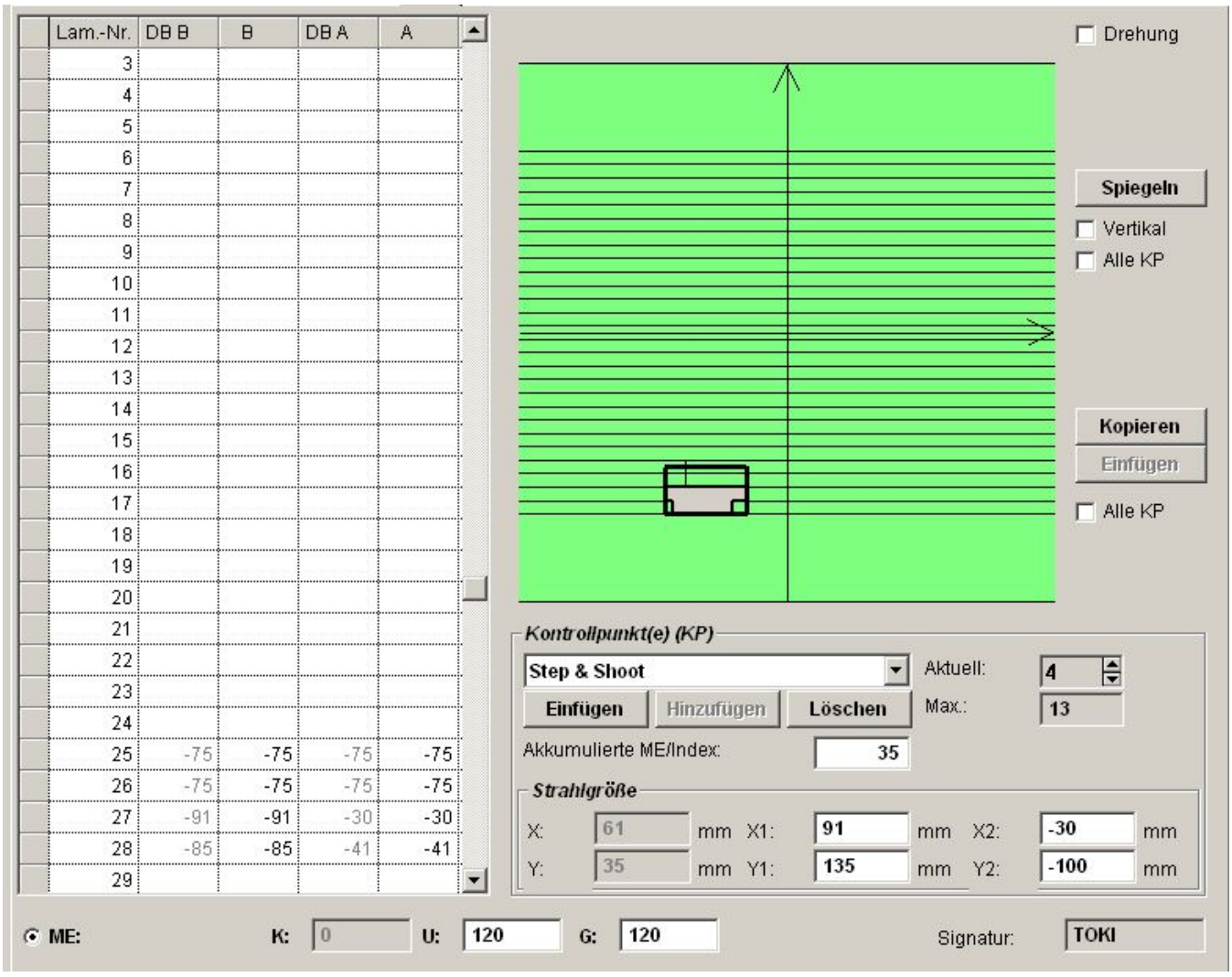
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Krieger_T@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT for Siemens Primus
Fecha:	jueves, 02 de marzo de 2006 9:31:57
Archivos adjuntos:	Outlook.jpg

Hi all,

The following situation occured with an IMRT-plan delivered with a Siemens Primus Linac: One segment of the plan could not be deliverd because of the linac-interlock "#106 MLC coverage". The segment looks as following



Lam.-Nr.	DB B	B	DB A	A
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25	-75	-75	-75	-75
26	-75	-75	-75	-75
27	-91	-91	-30	-30
28	-85	-85	-41	-41
29				

One could see that the Y2-Jaw should be at position -115, but maximum overtravel is -100 (this value also is entered in the pinnacle model).

The Problem is that in Pinnacle it is allowed to have closed leaves at the edges of an open field.

Has anyone of you observed this problem and has an idea how to solve it?

Regards

Thomas

****

Thomas Krieger
Klinik für Strahlentherapie, Universitaet Wuerzburg
Josef-Schneider-Strasse 11, D-97080 Wuerzburg, Germany
Tel: +49 931 201 28412 Fax: +49 931 201 28221
Email: Krieger_T@klinik.uni-wuerzburg.de
WWW: http://www.strahlentherapie.uni-wuerzburg.de

De: Richer, Jeffrey
A: "pinnacle-users@explode.unsw.edu.au";
Cc:
Asunto: RE: IMRT for Siemens Primus
Fecha: jueves, 02 de marzo de 2006 16:24:33
Archivos adjuntos: Outlook.jpg

Thomas:

I can't say that we've encountered this problem. However, our IMRT targets tend to be smaller and closer to the central axis. You are right, this segment is undeliverable and Pinnacle should have been designed to eliminate/avoid these types of segments from being generated through careful modeling.

If you can't move the isocentre because the target is very long, your only option (I believe) would be to delete this segment from the plan. It might not make that much difference to the overall plan quality/coverage, especially if it has only a few MU.

Moving the isocentre for the plan so that those beamlets are closer to the central axis makes the most sense.

Hope this helps,
-Jeff

-----Original Message-----
From: Krieger_T@klinik.uni-wuerzburg.de [mailto:Krieger_T@klinik.uni-wuerzburg.de]
Sent: Thursday, March 02, 2006 3:21 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT for Siemens Primus

Hi all,

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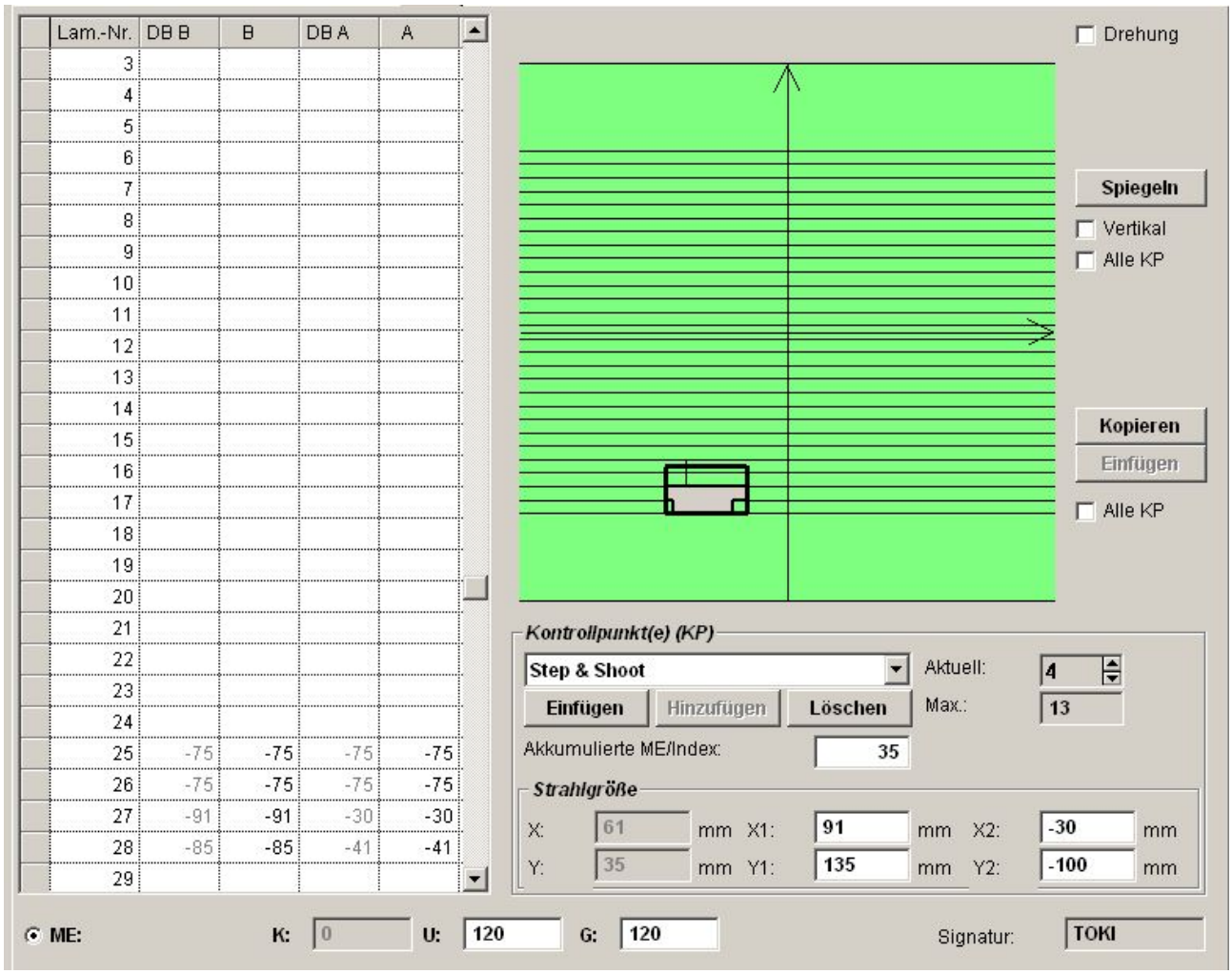

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Tel: +49 931 201 28412 Fax: +49 931 201 28221
Email: Krieger_T@klinik.uni-wuerzburg.de
WWW: http://www.strahlentherapie.uni-wuerzburg.de

De: Provost, Daniel
A: "pinnacle-users@explode.unsw.edu.au";
Cc:
Asunto: RE: IMRT for Siemens Primus
Fecha: jueves, 02 de marzo de 2006 17:21:18
Archivos adjuntos: Outlook.jpg

Another option could be to open the leaf pair covered by the y2 jaw by 2 mm. This would prevent the interlock. - Daniel

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Richer, Jeffrey
Sent: Thursday, March 02, 2006 10:07 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: IMRT for Siemens Primus

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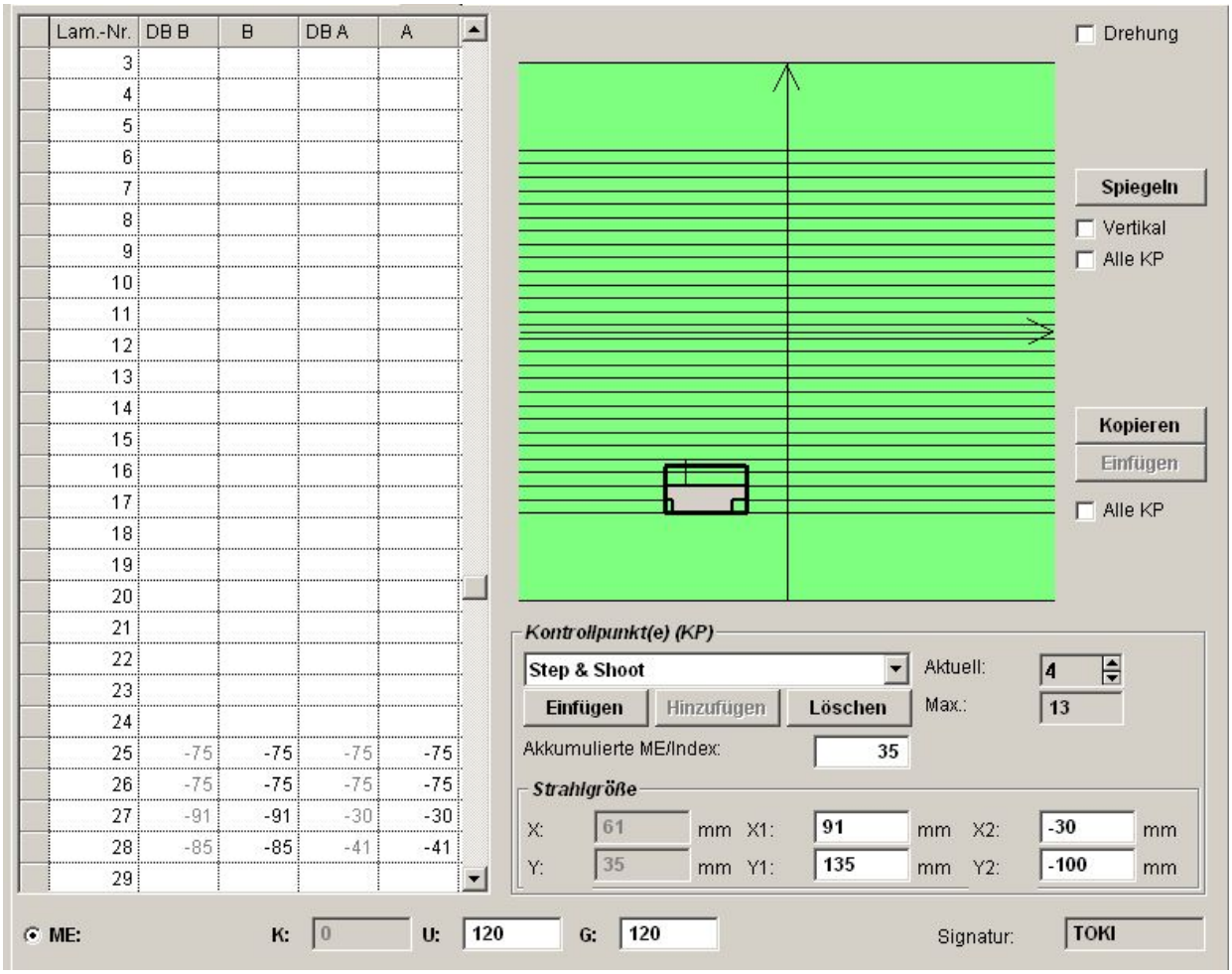

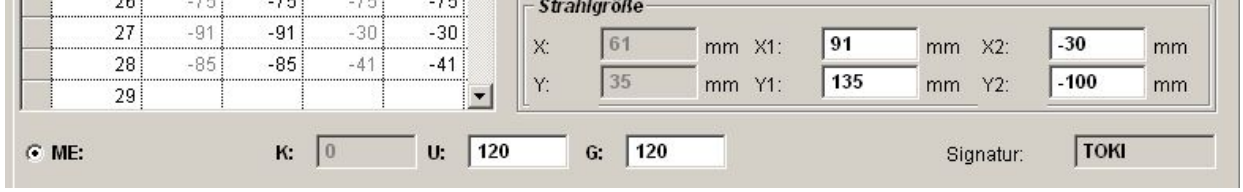

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Email: Krieger_T@klinik.uni-wuerzburg.de
WWW: http://www.strahlentherapie.uni-wuerzburg.de

****

De: Dimitris Mihailidis, PhD.

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: IMRT for Siemens Primus

Fecha: jueves, 02 de marzo de 2006 17:49:50

Archivos adjuntos: Outlook.jpg

Which version of pinnacle are you running?
The 7.4f that i am using is not giving me these kind of segments. The MLC definition page for your machine in physics should take care of these problems.
In your case I would keep the segment and open that top MLCs 5mm apart and recompute and you will not see the difference, I hope.
Good luck
Dimitris MIhailidis
Charleston Radiation Therapy
West Virginia

----- Original Message -----
From: Krieger_T@klinik.uni-wuerzburg.de
To: pinnacle-users@explode.unsw.edu.au
Sent: Thursday, March 02, 2006 3:21 AM
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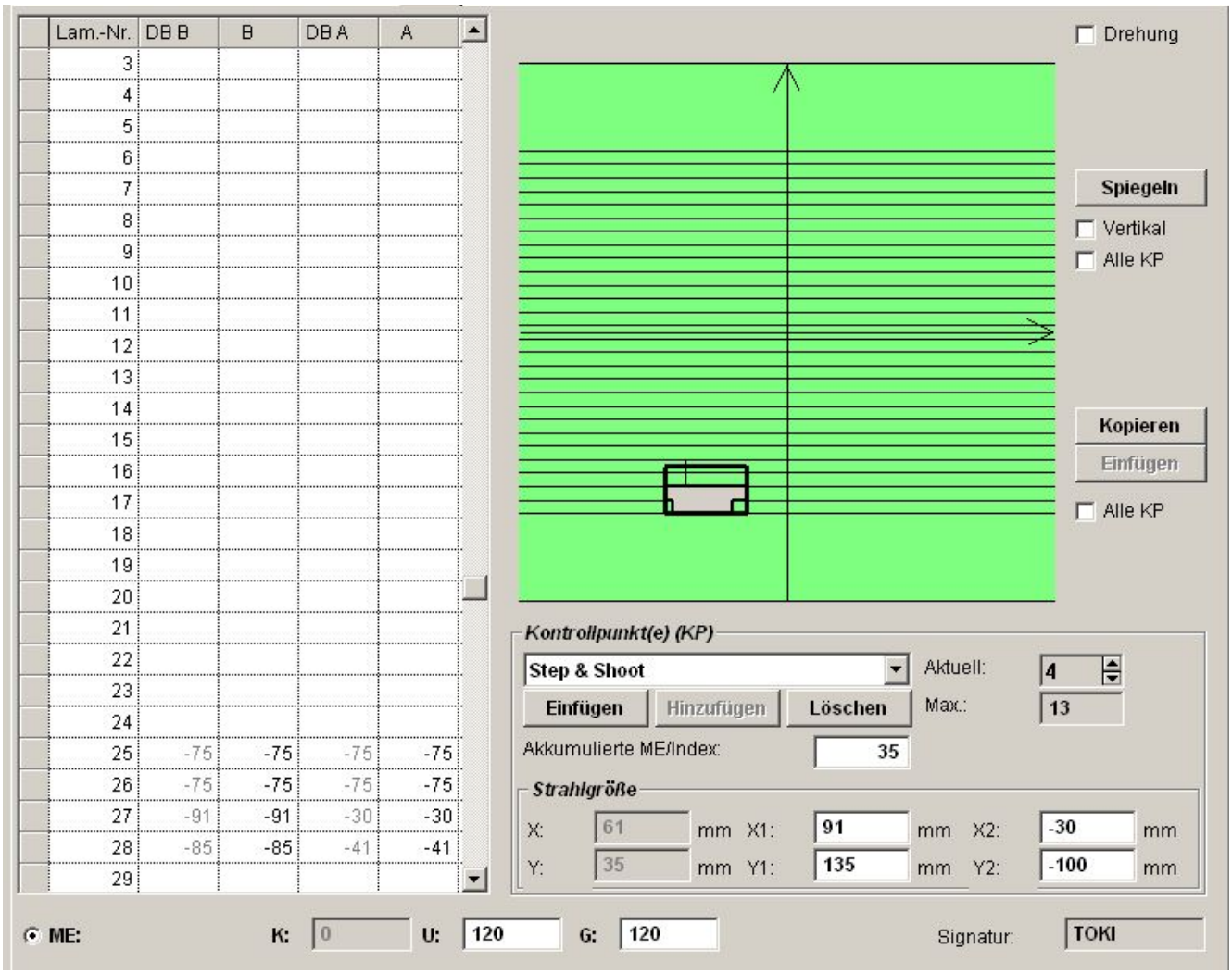

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Email: Krieger_T@klinik.uni-wuerzburg.de
WWW: http://www.strahlentherapie.uni-wuerzburg.de

De:	Krieger_T@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: IMRT for Siemens Primus
Fecha:	jueves, 02 de marzo de 2006 17:51:40
Archivos adjuntos:	

We are running version 7.6 and use DMPO in IMRT-Optimization.

One statement which was not posted to the list indicated that such segments do not occur if you use K mean clustering segmentation.

Thomas

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Dimitris Mihailidis, PhD.
Gesendet: Donnerstag, 2. März 2006 16:37
An: pinnacle-users@explode.unsw.edu.au
Betreff: Re: IMRT for Siemens Primus

Which version of pinnacle are you running?
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Good luck
Dimitris MIhailidis
Charleston Radiation Therapy
West Virginia

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Right mouse clicks and IMRT Planning
Fecha:	jueves, 02 de marzo de 2006 22:51:25
Archivos adjuntos:	Glacier Bkgrd.jpg

Greetings...

We are having an interesting thing happen to our Pinnacle system.
Every so often the right click functionality stops working on the mouse. it happens in conjunction with a loss of the "t" key functions as well.

We have noticed this during IMRT calculations and at other times randomly. Is there anyway to reset the mouse without re-starting the system??

Currently we do weekly re-boots on the workstations and we have 2 GB of RAM in each unit. It happened this afternoon and we re-booted the system this morning.

Greg

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com
No trees were killed in the creation of this message.
However, Billions of electrons were terribly inconvenienced.

De:	Julius_Turian@rush.edu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	MLC data in Pinnacle
Fecha:	viernes, 03 de marzo de 2006 3:16:04
Archivos adjuntos:	

Greetings to all
Will those of you who successfully import Varian MLC files into Pinnacle TPS care to share the expertise with a novice user.
Thanks
Julius

Julius V. Turian PhD DABMP
Assistant Professor / Medical Physicist
Rush University Medical Center
Department of Radiation Oncology / Medical Physics
1653 W. Congress Pkwy
Chicago IL 60612
phone 312.942.6086
email Julius_Turian@rush.edu

De:	Jo Vanregemorter
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Right mouse clicks and IMRT Planning
Fecha:	viernes, 03 de marzo de 2006 10:10:22
Archivos adjuntos:	Glacier Bkgrd.jpg

---

do not use the numlock (nor the caps lock)
as this influences the right and middel mouse click

J. Vanregemorter
Deskundige Medische Stralingsfysica ZNA
p/a Lindendreef 1-B2020 Antwerpen-Belgium

Tel +32 3 2804134 Fax +32 3 2810719
Mobile +32 486539070

jo.vanregemorter@zna.be
www.zna.be

-----Oorspronkelijk bericht-----
Van: Groess, Greg J [mailto:Greg.Groess@allina.com]
Verzonden: donderdag 2 maart 2006 22:10
Aan: pinnacle-users@explode.unsw.edu.au
Onderwerp: Right mouse clicks and IMRT Planning

Greetings...

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However, Billions of electrons were terribly inconvenienced.

De:	Mark Hoffman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	how good is DMPO?
Fecha:	viernes, 03 de marzo de 2006 15:38:15
Archivos adjuntos:	

Hi DMPO users,

We are trying to decide which Pinnacle upgrade to purchase with a limited budget. We currently have two workstations and only one has an inverse planning license. We always do segment weight optimization for imrt.

Is DMPO a big time saver? Do you think it is better to have one workstation with DMPO than two with inverse planning and no DMPO? If one workstation had DMPO would there be any benefit to the other having an inverse planning license without DMPO?

Any guidance would be greatly appreciated.

Thanks and have a nice day.

Best regards,

Mark Hoffman
Albany Medical Center
Albany, NY

De:	Paul, Tim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: how good is DMPO?
Fecha:	viernes, 03 de marzo de 2006 16:29:54
Archivos adjuntos:	

If you purchase Pinnacle IMRT software without DMPO, you are making mistake that you will pay for every day.

In fact, I would argue that they should not even sell it as an option.

Best Regards,

Tim Paul
Banner Good Samaritan Medical Center
Phoenix, AZ

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mark Hoffman
Sent: Friday, March 03, 2006 7:27 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: how good is DMPO?

Hi DMPO users,

We are trying to decide which Pinnacle upgrade to purchase with a limited budget. We currently have two workstations and only one has an inverse planning license. We always do segment weight optimization for imrt.

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Thanks and have a nice day.

Best regards,

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Albany Medical Center
Albany, NY

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##

De:	Gomes, Sun
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: how good is DMPO?
Fecha:	viernes, 03 de marzo de 2006 16:53:34
Archivos adjuntos:	

You definitely should get DMPO. I use it for all imrt plans and I think it is a huge time saver. Prostate plans are typically done the day it is simulated. I no longer have to use segment weight optimization, which can take a long time. Just make sure you know your objectives.

Sun Gomes, BS, CMD, RT(R)(T)
Certified Medical Dosimetrist
Providence St. Vincent Medical Center
Department of Radiation Oncology
9205 SW Barnes Road
Portland, OR 97225
503-216-5803
sun.gomes@providence.org

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De:	Lee Zarger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: how good is DMPO?
Fecha:	viernes, 03 de marzo de 2006 17:02:05
Archivos adjuntos:	

Go for two- both with IMRT and DMPO if you can get it. DMPO is a time saver- it might get confusing to have one work
station with and one without.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Mark Hoffman
Sent: Friday, March 03, 2006 9:27 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: how good is DMPO?

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Best regards,

Mark Hoffman
Albany Medical Center
Albany, NY

De:	Holtsford, Ron (2322)
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: how good is DMPO?
Fecha:	viernes, 03 de marzo de 2006 17:08:03
Archivos adjuntos:	

The DMPO does save some time. One advantage is that it can automatically create another field from the same treatment angle when necessary if the PTV is too large for a single field. It cuts down on some of the subjective decision making about coverage.

My understanding is that future software versions will build on DMPO (as Tim said it should not be an option; but that's just one reason), meaning "you can pay them now or pay them later".

Ron Holtsford, CMD
Montgomery Cancer Center
Montgomery, AL

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mark Hoffman
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De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Right mouse clicks and IMRT Planning
Fecha:	viernes, 03 de marzo de 2006 17:15:06
Archivos adjuntos:	

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we use the 10 key setting from the desktop but not the caps lock or numlock settings. When this occurs the only way out on that workstation is to exit the CDE and log back into the system. It does not seem to effect any other workstations. I have not tried replacing the mouse since at the same time the mouse locks up the "t" key functionality is alos lost.

Greg

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Jo Vanregemorter
Sent: Fri 3/3/2006 3:01 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: Right mouse clicks and IMRT Planning

do not use the numlock (nor the caps lock)
as this influences the right and middel mouse click

_____
J. Vanregemorter
Deskundige Medische Stralingsfysica ZNA
p/a Lindendreef 1-B2020 Antwerpen-Belgium

Tel +32 3 2804134 Fax +32 3 2810719
Mobile +32 486539070

jo.vanregemorter@zna.be
www.zna.be
_____

-----Oorspronkelijk bericht-----
Van: Groess, Greg J [mailto:Greg.Groess@allina.com]
Verzonden: donderdag 2 maart 2006 22:10
Aan: pinnacle-users@explode.unsw.edu.au

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Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com <mailto:greg.groess@allina.com>
No trees were killed in the creation of this message.
However, Billions of electrons were terribly inconvenienced.

De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: how good is DMPO?
Fecha:	viernes, 03 de marzo de 2006 17:23:37
Archivos adjuntos:	

Hello List Members,
I can tell you that to me DMPO is a very valuable tool and I would not work on a system without it. Before DMPO, it could take up to 8 hours to segment weight a head and neck plan. Now, I can be done, start to finish, in about 2 hours. That would NEVER be possible without DMPO. My suggestions would be to get both the IMRT and DMPO license if at all possible. If not, I would go for the DMPO license alone on the system that already has IMRT. You will end up being much more productive in the long term.

I hope this helps!

Vicki

Victoria LaCerba, MS, CMD, RT(T)
Clinical Services Manager
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Holtsford, Ron (2322)
Sent: Friday, March 03, 2006 10:52 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: how good is DMPO?

The DMPO does save some time. One advantage is that it can automatically create another field from the same treatment angle when necessary if the PTV is too large for a single field. It cuts down on some of the

subjective decision making about coverage.

My understanding is that future software versions will build on DMPO (as Tim said it should not be an option; but that's just one reason), meaning "you can pay them now or pay them later".

Ron Holtsford, CMD
Montgomery Cancer Center
Montgomery, AL

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mark Hoffman
Sent: Friday, March 03, 2006 8:27 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: how good is DMPO?

Hi DMPO users,

We are trying to decide which Pinnacle upgrade to purchase with a limited budget. We currently have two workstations and only one has an inverse planning license. We always do segment weight optimization for imrt.

Is DMPO a big time saver? Do you think it is better to have one workstation with DMPO than two with inverse planning and no DMPO? If one workstation had DMPO would there be any benefit to the other having an inverse planning license without DMPO?

Any guidance would be greatly appreciated.

Thanks and have a nice day.

Best regards,

Mark Hoffman
Albany Medical Center
Albany, NY

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##

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: how good is DMPO?
Fecha:	viernes, 03 de marzo de 2006 17:23:47
Archivos adjuntos:	

DMPO certainly makes for better planning and is worth every penny. At the same time, it makes for better treatments in two ways:

1. Fewer Segments - We have found that we can get equivalent plans with substantially fewer segments by setting a limit. And that means faster treatments.

2. Wide field IMRT - For a Varian MLC, DMPO can create fields which exceed the leaf travel limit. That means the tip junctions occur within the field but that is okay because the junctions move with the segments and the leakage is blurred out. We routinely use fields which are 20 cm wide. That is especially helpful for wide PTVs such as the SClav and pelvic nodes. And that means faster treatments.

>>> HoffmaM@mail.amc.edu 03/03/06 4:34 AM >>>
Hi DMPO users,

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Is DMPO a big time saver? Do you think it is better to have one workstation with DMPO than two with inverse planning and no DMPO? If one workstation had DMPO would there be any benefit to the other having an inverse planning license without DMPO?

Any guidance would be greatly appreciated.

Thanks and have a nice day.

Best regards,

Mark Hoffman
Albany Medical Center
Albany, NY

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account will not be distributed unless that account is also subscribed.
##

De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: how good is DMPO?
Fecha:	viernes, 03 de marzo de 2006 18:18:25
Archivos adjuntos:	

Upgrade to DMPO for your current IMRT license ASAP and never look back.
Don't even consider buying any additional IMRT licenses without DMPO.

Joe Herrick(Siemens Linac User)
Reno, NV

>From: "Victoria LaCerba" <vlacerba@roresources.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: RE: how good is DMPO?
>Date: Fri, 3 Mar 2006 08:19:23 -0800
>
>Hello List Members,
> I can tell you that to me DMPO is a very valuable tool and I would
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>that already has IMRT. You will end up being much more productive in
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>
>I hope this helps!
>
>Vicki
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>Victoria LaCerba, MS, CMD, RT(T)
>Clinical Services Manager
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>Direct: 503.883.4111 x 713
>Toll-free: 866.312.3499 x 713
>
>vlacerba@roresources.com
>www.roresources.com

>
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of
>Holtsford, Ron (2322)
>Sent: Friday, March 03, 2006 10:52 AM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: RE: how good is DMPO?
>
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>meaning "you can pay them now or pay them later".
>
>Ron Holtsford, CMD
>Montgomery Cancer Center
>Montgomery, AL
>
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mark
>Hoffman
>Sent: Friday, March 03, 2006 8:27 AM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: how good is DMPO?
>
>Hi DMPO users,
>
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>
>Any guidance would be greatly appreciated.
>
>Thanks and have a nice day.
>

>Best regards,
>
>Mark Hoffman
>Albany Medical Center
>Albany, NY
>
>
>----------
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###

De:	Johnston, Ann
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: how good is DMPO?
Fecha:	viernes, 03 de marzo de 2006 18:21:32
Archivos adjuntos:	

DMPO has been a huge time saver and the plans are definitely better for all the reasons mentioned by other users.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mark Hoffman
Sent: Friday, March 03, 2006 9:27 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: how good is DMPO?

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Thanks and have a nice day.

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Albany Medical Center
Albany, NY

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account will not be distributed unless that account is also subscribed.
##

De:	Ozard, Siobhan
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	install IMRT on server or not??
Fecha:	viernes, 03 de marzo de 2006 20:34:30
Archivos adjuntos:	

Does anyone install IMRT on their server?? I am wondering if high use of the server for IMRT will slow down the dosimetrists working on the other stations. Thanks.

De:	Mark Hoffman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: how good is DMPO?
Fecha:	viernes, 03 de marzo de 2006 23:57:28
Archivos adjuntos:	

Thanks to all who replied about DMPO. Everyone I heard from either likes it or loves it.
Mark

>>> AJohnston@gvh.org 03/03 12:04 PM >>>
DMPO has been a huge time saver and the plans are definitely better for all
the reasons mentioned by other users.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mark Hoffman
Sent: Friday, March 03, 2006 9:27 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: how good is DMPO?

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##

De:	Jaime Martínez Ortega
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: install IMRT on server or not??
Fecha:	lunes, 06 de marzo de 2006 20:33:31
Archivos adjuntos:	

Don't do it.
In our case, we work with one server (with IMRT license), together with a dosimetrist's workstation (both of them SunBlade 2000) and a remote PC-workstation for contouring. Optimizing a H&N case (or even a prostate) will slow down every calculation and oppening patient action on the workstation and delays between mouse-drag and drawing makes contouring very annoying.
Because of that, we were thinking about moving IMRT to the workstation.
Hope this helps.

Jaime Martínez.
M.D. Anderson International España

----- Original Message -----
From: "Ozard, Siobhan" <Siobhan_Ozard@wrh.on.ca>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Friday, March 03, 2006 8:27 PM
Subject: install IMRT on server or not??

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> Does anyone install IMRT on their server?? I am wondering if high use of the
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De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: install IMRT on server or not??
Fecha:	lunes, 06 de marzo de 2006 21:06:40
Archivos adjuntos:	

I think the answer will depend on what you server/client config is. If all stations are Sunblades or better then client install makes sense. On the other hand, if the client is an Ultra 10 and the Server is a V250 it's a no brainer: Install it on the V250. The speed savings during imrt optimization will outweigh any loss in calculating an AP/PA plan on a single contour.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Archiving and storage using philips solutions, cont"d
Fecha:	jueves, 09 de marzo de 2006 18:30:03
Archivos adjuntos:	e.vdieren.vcf

Hi,

I just had a talk with Philips, and they agreed to helping
me in finding a solution for storage and archiving.

sincerely,
Erik

e.vdieren schreef:

>Hi,
>
>I just received an answer from Philips about storage, hence the late reply.
>Philips informed me that my issues about backup, storage, and archiving
>of patients cannot be solved by Philips. Their engineer isn't allowed to
>help me find a solution, not even when I pay him to do it! Something
>to do with regulations?
>
>That's bizarre. I would never buy a car from anyone with such an attitude.
>Has anyone been able to persuade Philips to be more helpful?
>
>sincerely
>Erik
>

abusievelijk heeft ontvangen, brengt u dan alstublieft de afzender op de hoogte, waarbij u bij deze gevraagd wordt het originele bericht te vernietigen.

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De:	garmon
A:	Pinnacle;
Cc:	
Asunto:	
Fecha:	viernes, 10 de marzo de 2006 15:37:24
Archivos adjuntos:	

We have just switched from IMPAC to VARIS and are having some serious growing pains. Does anyone have any tips for things such as an efficient way to bill weekly physics checks and to then get a report of who has been billed. Our importing from Pinnacle is not going smoothly to say the least. Seems that it takes an incredibly long time to get things right - have to type in field names, ID's, etc. IMRT QA was a nightmare. Scheduling sessions for QA? Nuts. I am hoping that we just do not know yet how to do things more efficiently. Any help or advice would be greatly appreciated from any VARIS users.

Thanks,
Pam

Pamela W. Garmon, M.S.
Clinical Medical Physicist
New Hanover Radiation Oncology
Wilmington, NC 28409
Ph. 910 251 1839
Pg. 910 254 0143
pgarmon@wpgii.com

De:	garmon
A:	Pinnacle;
Cc:	
Asunto:	VARIS & PINNACLE - help!
Fecha:	viernes, 10 de marzo de 2006 15:52:09
Archivos adjuntos:	

-----Original Message-----
From: garmon [mailto:pgarmon@wpgii.com]
Sent: Friday, March 10, 2006 09:20 AM
To: 'Pinnacle'

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Thanks,
Pam

Pamela W. Garmon, M.S.
Clinical Medical Physicist
New Hanover Radiation Oncology
Wilmington, NC 28409
Ph. 910 251 1839
Pg. 910 254 0143
pgarmon@wpgii.com

De:	Parminder S. Basran
A:	Pinnacle;
Cc:	
Asunto:	version update bug w/ control point plans
Fecha:	viernes, 10 de marzo de 2006 19:10:42
Archivos adjuntos:	

Hello,

I've seen a rather strange bug in Pinnacle where the plan version number gets increased (.DXX to .DXX+1) when one has a plan with control points and prints something.

I do not have to change a single thing in the plan; simply load up the plan, print something, and the reversion # increases. What is even more strange is that I don't have to actually go to the control point screen; it will change regardless of what i'm doing, so long as I print something.

This is quite a pain since, often, a dosimetrist may forget to print something to complete the plan and the correspondence between plan revision numbers is lost, simply due to printing. !

Anyone else seen this?

Confused in TO,
Parminder S Basran, PhD MCCPM
Toronto-Sunnybrook Regional Cancer Centre

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##

De:	Tzvetanov, Tzvetan - SNMH
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: version update bug w/ control point plans
Fecha:	sábado, 11 de marzo de 2006 2:30:24
Archivos adjuntos:	

What Dr Basran reports is true. Not only for DXX but also for RXX and PXX. All version numbers are increased by one. Is this a bug or the software designers are following some strange rules?

T.Tzvetanov
SNCC

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Parminder S. Basran
Sent: Friday, March 10, 2006 9:50 AM
To: Pinnacle
Subject: version update bug w/ control point plans

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##

De:	Jo Vanregemorter
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: version update bug w/ control point plans
Fecha:	lunes, 13 de marzo de 2006 8:56:37
Archivos adjuntos:	

---

our dosimetrists report similar auto-increasing plan versions RxxPxxDxx
but i never managed to reproduce any of them

we take care to report the RPD-version AFTER printing: the version is "last updated" when you print

jo

_____
J. Vanregemorter
Deskundige Medische Stralingsfysica ZNA
p/a Lindendreef 1-B2020 Antwerpen-Belgium

Tel +32 3 2804134 Fax +32 3 2810719
Mobile +32 486539070

jo.vanregemorter@zna.be
www.zna.be
_____

-----Oorspronkelijk bericht-----
Van: Parminder S. Basran [mailto:pbasran@yahoo.com]
Verzonden: vrijdag 10 maart 2006 18:50
Aan: Pinnacle
Onderwerp: version update bug w/ control point plans

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simply load up the plan, print something, and the reversion # increases. What is even more strange is that I don't have to actually go to the control point screen; it will change regardless of what i'm doing, so long as I print something.

This is quite a pain since, often, a dosimetrist may forget to print something to complete the plan and the correspondence between plan revision numbers is lost, simply due to printing. !

Anyone else seen this?

Confused in TO,
Parminder S Basran, PhD MCCPM
Toronto-Sunnybrook Regional Cancer Centre

##
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unsubscribe pinnacle-users <e-mail address>
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account will not be distributed unless that account is also subscribed.
##

De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: VARIS & PINNACLE - help!
Fecha:	lunes, 13 de marzo de 2006 8:59:32
Archivos adjuntos:	

Hi Pam

I would suggest switching back to impac, but since you are already there, check out the medphysics forum http://www.medphysics.info for some other worthwhile advice.

Ian

Ian Norton

Clinic for Radiation Oncology
University Hospital Zurich
Raemistrasse 100
CH-8091 Zurich
Switzerland

Tel.: +41 -(0)44-255-3251

ian.norton@usz.ch
http://www.usz.ch

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** garmon
Gesendet: Freitag, 10. März 2006 15:26
An: Pinnacle
Betreff: VARIS & PINNACLE - help!

-----Original Message-----

From: garmon [mailto:pgarmon@wpgii.com]
Sent: Friday, March 10, 2006 09:20 AM
To: 'Pinnacle'

We have just switched from IMPAC to VARIS and are having some serious growing pains. Does anyone have any tips for things such as an efficient way to bill weekly physics checks and to then get a report of who has been billed. Our importing from Pinnacle is not going smoothly to say the least. Seems that it takes an incredibly long time to get things right - have to type in field names, ID's, etc. IMRT QA was a nightmare. Scheduling sessions for QA? Nuts. I am hoping that we just do not know yet how to do things more efficiently. Any help or advice would be greatly appreciated from any VARIS users.

Thanks,
Pam

Pamela W. Garmon, M.S.
Clinical Medical Physicist
New Hanover Radiation Oncology
Wilmington, NC 28409
Ph. 910 251 1839
Pg. 910 254 0143
pgarmon@wpgii.com

De:	Mark Daniels
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Climbing the ladder
Fecha:	lunes, 13 de marzo de 2006 23:46:48
Archivos adjuntos:	

Greetings one and all.

Quick Question:

We are a facility located in the Pacific Northwest in the USA. We are trying to find the contact information for the head of Philips Radiation Oncology Division (or similar title) for a dispute that remains unsolved with respect to a purchase....does anyone out there know who the "top" dog would be for contacting?

Thanks.

-Mark Daniels

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Climbing the ladder
Fecha:	martes, 14 de marzo de 2006 14:44:44
Archivos adjuntos:	

Laura (Laurie) Haugen
Inside Sales PROS
West & Mid America
Philips Medical Systems
800-722-7900 ext 7519
425-487-7519
425-458-0381 fax
laura.haugen@philips.com

I don't know if she is the person you want or not but here is a name I have...

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com
No trees were killed in the creation of this message.
However, Billions of electrons were terribly inconvenienced.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mark Daniels
Sent: Monday, March 13, 2006 4:20 PM
To: pinnacle-users@explode.unsw.edu.au

Subject: Climbing the ladder

Greetings one and all.

Quick Question:

We are a facility located in the Pacific Northwest in the USA. We are trying to find the contact information for the head of Philips Radiation Oncology Division (or similar title) for a dispute that remains unsolved with respect to a purchase....does anyone out there know who the "top" dog would be for contacting?

Thanks.

-Mark Daniels

De:	Jo Vanregemorter
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	using omnipro and pinnacle
Fecha:	jueves, 16 de marzo de 2006 15:16:23
Archivos adjuntos:	

---

a question: we are in the process of re-modeling our machines for P3 version 7.6 and have measured profiles with the bleu phantom and omnipro 6.1.

strange enough we cannot transfer off-axis profiles from omnipro to pinnacle (although this was possible before with the old blue phantom software)

any suggestions to get around this problem?

_____

J. Vanregemorter
Deskundige Medische Stralingsfysica ZNA
p/a Lindendreef 1-B2020 Antwerpen-Belgium

Tel +32 3 2804134 Fax +32 3 2810719
Mobile +32 486539070

jo.vanregemorter@zna.be
www.zna.be

_____

De:	justcdj@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: using omnipro and pinnacle
Fecha:	jueves, 16 de marzo de 2006 16:39:44
Archivos adjuntos:	

We did the same thing about 1 year ago.
The Welhoffer WP700 software can export the ASCII version of the files that Pinnacle can understand.
The ScandiTronics OmniPro software needs another software module (~$3600.00 USD) to convert the files to a Pinnacle readable format.

Solution: I went back and scanned the beams using the older WP700 software. (It cost me some time, but it didn't cost the institution any more money.)

Good Luck !

Chris James, M.S.
Medical Physicist
MidState Medical Center
435 Lewis Ave.
Meriden, CT 06451
(203) 694-8017

-----Original Message-----
From: Jo Vanregemorter <joris.vanregemorter@zna.be>
To: pinnacle-users@explode.unsw.edu.au
Sent: Thu, 16 Mar 2006 14:48:08 +0100
Subject: using omnipro and pinnacle

a question: we are in the process of re-modeling our machines for P3 version 7.6 and have measured profiles with the bleu phantom and omnipro 6.1.

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Tel +32 3 2804134 Fax +32 3 2810719
Mobile +32 486539070

jo.vanregemorter@zna.be
www.zna.be

De:	Therezo, ET
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	ARRT
Fecha:	jueves, 16 de marzo de 2006 20:21:52
Archivos adjuntos:	

Kim,
How many credits did you say you had for articles that I can use?

e.t.

De:	Therezo, ET
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	ARRT
Fecha:	jueves, 16 de marzo de 2006 20:33:26
Archivos adjuntos:	

Kim,
How many credits did you say you had for articles that I can use?

e.t.

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ARRT
Fecha:	jueves, 16 de marzo de 2006 20:39:21
Archivos adjuntos:	

I don't know..Gotta count

De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: using omnipro and pinnacle
Fecha:	jueves, 16 de marzo de 2006 23:18:02
Archivos adjuntos:	

We have version 5.3 of the Scanditronix software and rather than spend the money, I spent about a day writing a VB macro in Excel to make the Pinnacle friendly format using the ASC format.

Parminder S. Basran PhD, MCCPM
Toronto-Sunnybrook Regional Cance Centre

--- justcdj@aol.com wrote:

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>
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> Chris James, M.S.
> Medical Physicist
> MidState Medical Center
> 435 Lewis Ave.
> Meriden, CT 06451
> (203) 694-8017
>
>
>

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> From: Jo Vanregemorter <joris.vanregemorter@zna.be>
> To: pinnacle-users@explode.unsw.edu.au
> Sent: Thu, 16 Mar 2006 14:48:08 +0100
> Subject: using omnipro and pinnacle
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> strange enough we cannot transfer off-axis profiles
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> (although this was possible before with the old blue
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>
> any suggestions to get around this problem?
>
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> J. Vanregemorter
> Deskundige Medische Stralingsfysica ZNA
> p/a Lindendreef 1-B2020 Antwerpen-Belgium
>
> Tel +32 3 2804134 Fax +32 3 2810719
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> jo.vanregemorter@zna.be
> www.zna.be
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De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: using omnipro and pinnacle
Fecha:	jueves, 16 de marzo de 2006 23:27:19
Archivos adjuntos:	

We have version 5.3 of the Scanditronix software and rather than spend the money, I spent about a day writing a VB macro in Excel to make the Pinnacle friendly format using the ASC format.

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Toronto-Sunnybrook Regional Cance Centre

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> Sent: Thu, 16 Mar 2006 14:48:08 +0100
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account will not be distributed unless that account is also subscribed.
##

De:	Rami Abu-Aita
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: using omnipro and pinnacle
Fecha:	viernes, 17 de marzo de 2006 1:28:47
Archivos adjuntos:	TT023 Modifying OmniPro ASCII Files -Removing Offaxis Offsets.doc

---

Dear Vanregemorter,

We're using the 'RTPS Query' bar tool in OmniPro-Accept Software (by Scanditronix Wellhofer) to convert the
Blue phantom profiles to be imported into pinnacle3.

We also ran into a similar issue trying to convert the off-axis profiles. It turned out that the
off-axis offset should be reset to ZERO first to be able to continue. This can be done by replacing the
offset value with the zero value from within the ASCII file itself.

Please refer to the attached note (from Wellhofer) on how to replace the off-axis offset.

Remember to enter the offset value in pinnacle.

Hope this helps, goodluck.

Rami R. Abu-Aita, MS
Clinical Medical Physicist
Department of Radiation Oncology
UW Cancer Center - Aspirus Wausau Hospital
215 N. 28th Ave, Wausau, WI 54401 Ph. (715) 847-2942

-----Original Message-----
From: Jo Vanregemorter [mailto:joris.vanregemorter@zna.be]
Sent: Thursday, March 16, 2006 7:48 AM
To: pinnacle-users@explode.unsw.edu.au

Subject: using omnipro and pinnacle

a question: we are in the process of re-modeling our machines for P3 version
7.6 and have measured profiles with the bleu phantom and omnipro 6.1.

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p/a Lindendreef 1-B2020 Antwerpen-Belgium

Tel +32 3 2804134 Fax +32 3 2810719
Mobile +32 486539070

jo.vanregemorter@zna.be
www.zna.be

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: using omnipro and pinnacle
Fecha:	viernes, 17 de marzo de 2006 15:59:36
Archivos adjuntos:	

Jo,

When I scan off-axis and need to import these into Pinnacle I simply set shift the chamber to the center of my off-axis scan and reset the iso in the software. Wellhofer thinks you are at isocenter and will label the scan as being at (0,0). When I import these into Pinnacle I change the parameters to correctly reflect where the scan was performed.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Alan Cassady; AVEN OKAMURA; ED PRICE; EMILY ROBINSON; JAMES CONANT; LES UYEDA; WAYNE KOJIMA;
Asunto:	Protuberant Nipple Perturbation
Fecha:	domingo, 19 de marzo de 2006 20:07:53
Archivos adjuntos:	

We ran an electron boost plan on a patient with a protuberant nipple. It is 10 mm in diameter and stands 9 mm tall. The resultant distribution show a dramatic perturbation under the nipple such that the 95% isodose line pulls 2 cm toward the skin line. (The beam is an enface 6 cm circular cutout with 15 MeV electrons calculated with hetereogeneity correction.) It is as if the nipple is creating a cold spot shadow.

Have you ever seen such an effect? Is it real? Could it be due to the calculation grid size or some modeling limitation? If it is real, what do we do?

P.S. We do plan to make a phantom to duplicate the anatomy, run a plan, and shoot a film to see if it is real. But maybe someone out there has already done that.

De:	graham.freestone@ksa.ch
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DVD Backup problems
Fecha:	lunes, 20 de marzo de 2006 8:56:37
Archivos adjuntos:	

Hi All,

I am having some problems when backing up to DVD: previously I have done 4.5Gb backups to DVD with no problems, but now seem to be unable to backup more than 2Gb per DVD (i.e. 1 tar file). If I try to backup more than this e.g. 3.8Gb, so no more than 2 files are requried, 'it' ignores the first file, and only writes the second file to disc.....

Has anybody else seen this problem?

TIA

Graham Freestone

Medizin Phyziker Senior,
Institut für Radio-Onkologie,
Kantonsspital Aarau AG,
CH5001 Aarau,
Switzerland

Tel: +41 62 838 9569
Fax: +41 62 838 5223
Email: graham.freestone@ksa.ch

account will not be distributed unless that account is also subscribed.
##

De:	hugo.tremblay@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Réf. : Protuberant Nipple Perturbation
Fecha:	lunes, 20 de marzo de 2006 18:58:12
Archivos adjuntos:	pic29855.jpg

Hello,

Yes it is true. The stair effect. You can have a look at Khan's book at page 381:
The Physics of Radiation Therapy second edition, Faiz M. Khan.

Electrons hit the highest surface (centre of the nipple) and start to loose their energy. When these electrons reach the breast surface, they got less energy than the surroundig electrons. When the electron energy goes down, the mean scatter angle increases. Thus scatter part of the dose will be higher around the center of the nipple wich will increase the total dose around it. To avoid hot spots, you can use bolus to soften the sharp slope of the nipple. Do not use to much bolus to keep the skin dose reasonable.

Regards,

Hugo

De :
"Scott DUBE" <sdube@queens.org>@explode.unsw.edu.au

Envoyé par :
owner-pinnacle-users@explode.unsw.edu.au

Pour :
pinnacle-users@explode.unsw.edu.au

cc :
"Alan Cassady" <ACASSADY@queens.org>, "AVEN OKAMURA" <AOKAMURA@queens.org>, "ED PRICE" <EPRICE@queens.org>, "EMILY ROBINSON"

<EROBINSON@queens.org>, "JAMES CONANT"
<JCONANT@queens.org>, "LES UYEDA"
<LUYEDA@queens.org>, "WAYNE KOJIMA"
<WKOJIMA@queens.org>, (ccc : Hugo Tremblay/CH de la Sagamie/Reg02/SSSS)
Objet :
Protuberant Nipple Perturbation

2006-03-19 13:49
Veuillez répondre à
pinnacle-users

We ran an electron boost plan on a patient with a protuberant nipple. It is 10 mm in diameter and stands 9 mm tall. The resultant distribution show a dramatic perturbation under the nipple such that the 95% isodose line pulls 2 cm toward the skin line. (The beam is an enface 6 cm circular cutout with 15 MeV electrons calculated with hetereogeneity correction.) It is as if the nipple is creating a cold spot shadow.

Have you ever seen such an effect? Is it real? Could it be due to the calculation grid size or some modeling limitation? If it is real, what do we do?

P.S. We do plan to make a phantom to duplicate the anatomy, run a plan, and shoot a film to see if it is real. But maybe someone out there has already done that.

to majordomo@explode.unsw.edu.au.

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##
(Embedded image moved to file: pic29855.jpg)

De:	John Thaman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	convert ascii ftped files to binary?
Fecha:	lunes, 20 de marzo de 2006 21:39:29
Archivos adjuntos:	

Someone I know forgot to set binary on his/ her ftp of a pinnacle backup. Some of the patients have been deleted.

I think I know the answer to this question, but is there any possible way to convert the files such that they can be read back into pinnacle a patient restore?

Help appreciated,

John

De:	Kevin Van Tilburg
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Protuberant Nipple Perturbation
Fecha:	martes, 21 de marzo de 2006 0:45:45
Archivos adjuntos:	

In the past, we have outlined the nipple and overrode the density to air equivalent, we then taped the nipple flat as best we can each day during treatment.

>>> sdube@queens.org 20/03/2006 5:49 am >>>
We ran an electron boost plan on a patient with a protuberant nipple. It is 10 mm in diameter and stands 9 mm tall. The resultant distribution show a dramatic perturbation under the nipple such that the
95% isodose line pulls 2 cm toward the skin line. (The beam is an enface 6 cm circular cutout with 15 MeV electrons calculated with hetereogeneity correction.) It is as if the nipple is creating a cold spot shadow.

Have you ever seen such an effect? Is it real? Could it be due to the
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##

De:	SAVVAS MORRIS
A:	pinnacle-users@explode.unsw.edu.au; impac-users@wfubmc.edu;
Cc:	
Asunto:	DICOM Transfer from Pinnacle to IMPAC 8.3
Fecha:	miércoles, 22 de marzo de 2006 7:07:10
Archivos adjuntos:	

Dear Pinnacle and IMPAC users,

Have you noticed any discrepancies during a DICOM transfer of a Pinnacle plan (created with vs6.2) to IMPAC (vs 8.3)?
I have an IMRT plan that I transferred (7 flds) all transferred ok but jaw X2 (it transferred 6.0 vs 6.5 cm that the plan called for) for one of the 7 fields.
I checked with IMPAC customer service and their answers were not definitive. It appears that the field transferred initially with the wrong X2 position (from the historical versions of this field).
Needless to say that when I attempted it again it transferred fine!!!!! IMPAC made me aware that about a year ago they had the same problem with a transfer of a plan from an RAHD planning system where actually the problem was intermittent (they had to repeat the plan transfer 20 times to replicate the discrepancy!)
In that case it was a problem generated within the RAHD planning system.

Any thoughts or ideas will be appreciated.

Thanks much,

Savvas V. Morris, M.Sc. DABR
Chief Medical Physicist
Santa Fe Cancer Center
455 St. Michael's Dr.
Santa Fe, NM 87505

De:	Metzger
A:	pinnacle;
Cc:	
Asunto:	annoying form feed
Fecha:	miércoles, 22 de marzo de 2006 13:51:42
Archivos adjuntos:	metzger.vcf

Hi Unix gurus,

we have 2 new printers (HP LaserJet 4000T and HP Color LaserJet 4700n).
Everything works nice except that after each print job we get an extra
form feed. On this extra sheet of paper there are 4 entries: user, host,
class and job.

We don't have this problem with Windows, and we didn't have it with our
OKI color printer.
Operating system is Solaris 8
Does anyone know where to disable this feature?

any help would be appreciated

Martin

De:	Metzger
A:	pinnacle;
Cc:	
Asunto:	annoying form feed
Fecha:	miércoles, 22 de marzo de 2006 13:52:03
Archivos adjuntos:	metzger.vcf

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Does anyone know where to disable this feature?

any help would be appreciated

Martin

De:	Metzger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: annoying form feed
Fecha:	miércoles, 22 de marzo de 2006 14:48:47
Archivos adjuntos:	metzger.vcf

Solution:

Configuration of the PRINTER (!):
Network/TCP-IP-menu/Print Options/LPD Banner Page: DISABLED

Metzger schrieb:

> Hi Unix gurus,
>
> we have 2 new printers (HP LaserJet 4000T and HP Color LaserJet
> 4700n). Everything works nice except that after each print job we get
> an extra form feed. On this extra sheet of paper there are 4 entries:
> user, host, class and job.
>
> We don't have this problem with Windows, and we didn't have it with
> our OKI color printer.
> Operating system is Solaris 8
> Does anyone know where to disable this feature?
>
> any help would be appreciated
>
> Martin
>

* Vielen Dank für Ihre Unterstützung. *
****

De:	Walsh, Tom
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Tabloid Printing
Fecha:	miércoles, 22 de marzo de 2006 18:07:51
Archivos adjuntos:	

We have an HP Color LaserJet 5500n and I am trying to get the Pinnacle (v7.6c) to print tabloid. I have set the printer in Pinnacle up to print tabloids, but it prints tabloid to the letter size paper. How do I direct it to the tabloid paper tray?

De:	Walsh, Tom
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: annoying form feed
Fecha:	miércoles, 22 de marzo de 2006 18:11:03
Archivos adjuntos:	

Another solution: Open Launch Pad, then Configure tool, 'Select Printers...' then slect the printer you want to edit and add the command '-o nobanner' after '-d [location]'.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Metzger
Sent: Wednesday, March 22, 2006 7:13 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: annoying form feed

Solution:

Configuration of the PRINTER (!):
Network/TCP-IP-menu/Print Options/LPD Banner Page: DISABLED

Metzger schrieb:

> Hi Unix gurus,
>
> we have 2 new printers (HP LaserJet 4000T and HP Color LaserJet
> 4700n). Everything works nice except that after each print job we get
> an extra form feed. On this extra sheet of paper there are 4 entries:
> user, host, class and job.
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> We don't have this problem with Windows, and we didn't have it with
> our OKI color printer.
> Operating system is Solaris 8
> Does anyone know where to disable this feature?
>
> any help would be appreciated
>

> Martin
>

--

De:	graham.freestone@ksa.ch
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Tabloid Printing
Fecha:	miércoles, 22 de marzo de 2006 18:41:38
Archivos adjuntos:	

Hi Tom,

We have the same problem with our HP5500, albeit with A3.

If you find a solution before you retire, please let me know, as the local service people in Germany have not been able to find a fix yet.....

Freundliche Grüsse

Graham Freestone

Medizin Phyziker Senior,
Institut für Radio-Onkologie,
Kantonsspital Aarau AG,
CH5001 Aarau,
Switzerland

Tel: +41 62 838 9569
Fax: +41 62 838 5223
Email: graham.freestone@ksa.ch

> -----Ursprüngliche Nachricht-----
> Von: Walsh, Tom [SMTP:WalshT@centracare.com]
> Gesendet am: Mittwoch, 22. März 2006 17:53
> An: pinnacle-users@explode.unsw.edu.au
> Betreff: Tabloid Printing
>
> We have an HP Color LaserJet 5500n and I am trying to get the Pinnacle
> (v7.6c) to print tabloid. I have set the printer in Pinnacle up to print
> tabloids, but it prints tabloid to the letter size paper. How do I direct
> it to the tabloid paper tray?

the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Dimitris Mihailidis, PhD.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Tabloid Printing
Fecha:	miércoles, 22 de marzo de 2006 19:00:40
Archivos adjuntos:	

Not only that we cannot get tabloid out but there is an additional page with a few lines that comes out every time we send from P3 to HP 5500 printer. Any workareound that problem?
Dimitris
----- Original Message -----
From: <graham.freestone@ksa.ch>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Wednesday, March 22, 2006 12:23 PM
Subject: Tabloid Printing

> Hi Tom,
>
> We have the same problem with our HP5500, albeit with A3.
>
> If you find a solution before you retire, please let me know, as the local
> service people in Germany have not been able to find a fix
> yet.....
>
> Freundliche Grüsse
>
> Graham Freestone
>
> Medizin Phyziker Senior,
> Institut für Radio-Onkologie,
> Kantonsspital Aarau AG,
> CH5001 Aarau,
> Switzerland
>
> Tel: +41 62 838 9569
> Fax: +41 62 838 5223
> Email: graham.freestone@ksa.ch
>
>
>> -----Ursprüngliche Nachricht-----

>> Von: Walsh, Tom [SMTP:WalshT@centracare.com]
>> Gesendet am: Mittwoch, 22. März 2006 17:53
>> An: pinnacle-users@explode.unsw.edu.au
>> Betreff: Tabloid Printing
>>
>> We have an HP Color LaserJet 5500n and I am trying to get the Pinnacle
>> (v7.6c) to print tabloid. I have set the printer in Pinnacle up to print
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>> it to the tabloid paper tray?
>
>
>

>

##
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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Walsh, Tom
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Tabloid Printing
Fecha:	miércoles, 22 de marzo de 2006 19:06:44
Archivos adjuntos:	

Open Launch Pad, Configure tool, 'Select Printers...' then select the printer you want to edit and add the command '-o nobanner' after '-d [printer]'.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Dimitris Mihailidis, PhD.

Sent: Wednesday, March 22, 2006 11:51 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Tabloid Printing

Not only that we cannot get tabloid out but there is an additional page with
a few lines that comes out every time we send from P3 to HP 5500 printer.
Any workareound that problem?
Dimitris
----- Original Message -----
From: <graham.freestone@ksa.ch>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Wednesday, March 22, 2006 12:23 PM
Subject: Tabloid Printing

> Hi Tom,
>
> We have the same problem with our HP5500, albeit with A3.
>
> If you find a solution before you retire, please let me know, as the
> local service people in Germany have not been able to find a fix
> yet.....
>
> Freundliche Grüsse

>
> Graham Freestone
>
> Medizin Phyziker Senior,
> Institut für Radio-Onkologie,
> Kantonsspital Aarau AG,
> CH5001 Aarau,
> Switzerland
>
> Tel: +41 62 838 9569
> Fax: +41 62 838 5223
> Email: graham.freestone@ksa.ch
>
>
>> -----Ursprüngliche Nachricht-----
>> Von: Walsh, Tom [SMTP:WalshT@centracare.com]
>> Gesendet am: Mittwoch, 22. März 2006 17:53
>> An: pinnacle-users@explode.unsw.edu.au
>> Betreff: Tabloid Printing
>>
>> We have an HP Color LaserJet 5500n and I am trying to get the
>> Pinnacle
>> (v7.6c) to print tabloid. I have set the printer in Pinnacle up to print
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Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Fanqing Guo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Tabloid Printing
Fecha:	miércoles, 22 de marzo de 2006 20:40:18
Archivos adjuntos:	

We have similar Tabloid Printing problem to a Lexmark C910 printer. We figured it out by adding a Lexmark patch to the Solaris system. Another choice may be CUPS (Common UNIX Printing System), which allows you having more control of the printer.

Fanqing Guo, Ph.D.
Physics Fellow / Resident
Radiation Oncology Department
UC Davis Cancer Center
4501 X St., Sacramento, CA 95817
Phone: (916)734-5848; Fax: (916)734-8011

"Walsh, Tom" <WalshT@centracare.com>
Sent by: owner-pinnacle-users@explode.unsw.edu.au
03/22/2006 08:52 AM

To: pinnacle-users@explode.unsw.edu.au
cc:
Subject: Tabloid Printing

Please respond to
pinnacle-users@ex
plode.unsw.edu.au

We have an HP Color LaserJet 5500n and I am trying to get the Pinnacle (v7.6c) to print tabloid. I have set the printer in Pinnacle up to print tabloids, but it prints tabloid to the letter size paper. How do I direct it to the tabloid paper tray?

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Tabloid Printing
Fecha:	miércoles, 22 de marzo de 2006 23:04:37
Archivos adjuntos:	

Tom

The usual solution is to define 2 queues, 1 for letter (or A4) and 1 for tabloid (or A3).
I haven't worked with the HP 5500n but the Hp config utility is /opt/hpnpl/hppi
For other HP printers this allows you to set the paper size & tray associated with this queue.

Regards

Nick

At 10:52 AM 22/03/2006 -0600, you wrote:

> We have an HP Color LaserJet 5500n and I am trying to get the Pinnacle (v7.6c) to print tabloid. I have set the printer in Pinnacle up to print tabloids, but it prints tabloid to the letter size paper. How do I direct it to the tabloid paper tray?

De: Vossler, Matthew

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Tabloid Printing

Fecha: jueves, 23 de marzo de 2006 1:12:07

Archivos adjuntos:

We are having the same issue with our Lexmark C910 printer. Phillips says that they can only direct the printer to print to the default (i.e., letter size) tray. Their suggested workaround was to manually change the paper when we want to print tabloid, which we'd rather not do. Does anyone know a way to configure the printer to print from the tabloid tray?

Thanks,
Matthew K. Vossler, M.S.
Medical Physicist
Cleveland Clinic Wooster
Dept. of Radiation Oncology

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Walsh, Tom
> **Sent:** Wednesday, March 22, 2006 11:53 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Tabloid Printing
>
> We have an HP Color LaserJet 5500n and I am trying to get the Pinnacle (v7.6c) to print tabloid. I have set the printer in Pinnacle up to print tabloids, but it prints tabloid to the letter size paper. How do I direct it to the tabloid paper tray?

De: Vossler, Matthew

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Tabloid Printing

Fecha: jueves, 23 de marzo de 2006 1:20:36

Archivos adjuntos:

We are having the same issue with our Lexmark C910 printer. Phillips says that they can only direct the printer to print to the default (i.e., letter size) tray. Their suggested workaround was to manually change the paper when we want to print tabloid, which we'd rather not do. Does anyone know a way to configure the printer to print from the tabloid tray?

Thanks,
Matthew K. Vossler, M.S.
Medical Physicist
Cleveland Clinic Wooster
Dept. of Radiation Oncology

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Walsh, Tom
> **Sent:** Wednesday, March 22, 2006 11:53 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Tabloid Printing
>
> We have an HP Color LaserJet 5500n and I am trying to get the Pinnacle (v7.6c) to print tabloid. I have set the printer in Pinnacle up to print tabloids, but it prints tabloid to the letter size paper. How do I direct it to the tabloid paper tray?

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Tabloid Printing
Fecha:	jueves, 23 de marzo de 2006 1:44:05
Archivos adjuntos:	

Matthew

Here is an email I've sent a few times to the list on how to configure the Lexmark C910/912.
Configure 2 queues - 1 for letter, 1 for tabloid.

Regards

Nick

##########
Chuan

Following is an email I have sent a few times before regarding setting up Lexmark C910, C912 etc
I checked the site ftp.lexmark.com
The package is still under driver/unix/Drivers and can be accessed via browser. (User guide under Docs)
V4.8.2 is the version I have used and is straight forward.

Regards

Nick

I checked with lexmark support and all drivers etc are available on the ftp site: ftp.lexmark.com (use anonymous login).

go to dir driver/unix/Drivers

The latest version is under V5.1.2 which I haven't used.

The version I have used is under V4.8.2 and includes the documentation in pdf

Regards

Nick

Joe

I had a look at the Lexmark site (www.lexmark.com) and found that they it had been updated.
The link to the downloads for the C910 is:

http://downloads.lexmark.com/cgi-perl/downloads.cgi?ccs=229:1:0:331:0:0&os_group=Solaris&target=#publications

The package I am familiar with is:
drivers-solaris2-sparc.pkg.Z

However there is now a new package:
print-drivers-solaris2-sparc.pkg.Z

The documentation for this is at:
http://www.lexmark.com/publications/pdfs/print_drivers/en/ug.pdf

It recommends you use the pkgadd utility to install the package. Which would get installed in /opt/lexmark.
I haven't tested this new version, so can't say what the advantages/disadvantages are.
The version I have used of the **drivers-solaris2-sparc.pkg.Z** worked well, but dosen't have support for the C912 the model that supercedes the C910, the one that we, as Pinnacle users, would be interested in.

If I get a chance to test it, I will let you know how it works.

Regards

Nick

At 09:06 PM 27/07/2004 -0700, you wrote:

> With Lexmark printers there is an equivalent utility
> - lexprt. I don't
> think this is on the system as standard, but can be

> downloaded from
> lexmark. This will allow you to define separate
> queues for the A4 tray, A3
> tray, transparency etc so you can select the output
> without having to
> change settings on the printer manually.
>

Nick, where (which directory) do we put this
downloaded file in Pinnacle?
Thanks.

Joe

At 01:08 PM 28/11/2005 -0800, you wrote:

Dear all,
we are commissioning Pinnacle 7.6c system at our institution. We found out that our exiting Lexmark C910 color printer can not print the tabloid format paper (11x17) from Pinnacle (regular letter sized paper printing no problem). Philips tech support told us the Laxmark C910 is not supported by Pinnacle and they tried some tricks and apprarently not working. We would like to know if any one here happen to have met the same problem before and would like to share the ideas? thank you all,

Sincerely,

C. Wu

Chuan Wu, Ph.D
University of California - Davis
Dept. of Radiation Oncology
4501 X Steet, G-126
Sacramento, CA 95817
(Office) 916-734-5428
http://www.pbase.com/chuanwu

##

At 03:22 PM 22/03/2006 -0500, you wrote:

We are having the same issue with our Lexmark C910 printer. Phillips says that they can only direct the printer to print to the default (i.e., letter size) tray. Their suggested workaround was to manually change the paper when we want to print tabloid, which we'd rather not do. Does anyone know a way to configure the printer to print from the tabloid tray?

Thanks,
Matthew K. Vossler, M.S.
Medical Physicist
Cleveland Clinic Wooster
Dept. of Radiation Oncology

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Walsh, Tom

Sent: Wednesday, March 22, 2006 11:53 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Tabloid Printing

We have an HP Color LaserJet 5500n and I am trying to get the Pinnacle (v7.6c) to print tabloid. I have set the printer in Pinnacle up to print tabloids, but it prints tabloid to the letter size paper. How do I direct it to the tabloid paper tray?

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Tabloid Printing
Fecha:	jueves, 23 de marzo de 2006 17:29:37
Archivos adjuntos:	

Can anyone offer advice on Pinnacle printer selection?

Is there any choice? (are there more than one model OK'd/supported by Phillips?)

I'm nursing along my 6 y/o Lexmark printers (1200C and B&W, 1625) and considering replacement
Does this discussion about format issues with the HP5500 weigh against that model in the larger picture?

If you feel your printer(s) are particularly reliable and/or economical would you share your experience.?

(reply directly, or to list if you think it appropriate)

Many TIA
Martin

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Tabloid Printing
Fecha:	jueves, 23 de marzo de 2006 17:52:58
Archivos adjuntos:	

Pinnacle now ships with a Ricoh CL7000 Color Printer...

Ours is very nice...

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com
No trees were killed in the creation of this message.
However, Billions of electrons were terribly inconvenienced.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Martin Fraser
Sent: Thursday, March 23, 2006 9:58 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Tabloid Printing

Can anyone offer advice on Pinnacle printer selection?

Is there any choice? (are there more than one model OK'd/supported by Phillips?)

I'm nursing along my 6 y/o Lexmark printers (1200C and B&W, 1625) and considering replacement Does this discussion about format issues with the HP5500 weigh against that model in the larger picture?

If you feel your printer(s) are particularly reliable and/or economical would you share your experience.?

(reply directly, or to list if you think it appropriate)

Many TIA
Martin

De:	DAVID E WEIMER
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Printer
Fecha:	jueves, 23 de marzo de 2006 18:16:15
Archivos adjuntos:	

Our purchase included a RICOH, Aficio, AP3800C. Seeing as most of the printers in our system are HP's, getting service and replacing things like toner, have always been a little more difficult. However, we had a little ordering snafu last week and had to use a HP5500N that was already on the network. There is no comparison in print quality. The RICOH wins, hands down.

David Weimer, M.S.

De:	Lori A Young
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Stereotactic Treatment Planning
Fecha:	miércoles, 29 de marzo de 2006 23:52:37
Archivos adjuntos:	

Our institution recently purchased Pinnacle for external beam and IMRT treatment planning. We are looking into the possiblity of converting from FastPlan to Pinnacle for stereotactic treatment planning. If anyone has commissioned and is currently using Pinnacle for stereotactic cases, I would be highly interested in your feedback regarding how would you rate the performance of Pinnacle versus other stereotactic treatment planning systems you may have used in the past. Are you satisfied with Pinnacle? If not, what are some of the deficiencies, problem areas, etc.? Finally, if your department had funds available, would you continue to stick with Pinnacle or would you prefer to use another system specifically designed for stereotactic planning? Any feedback from institutions having experience with FastPlan and Pinnacle stereotactic treatment planning would be appreciated.

Thank you for your time.

Lori Young

Lori A. Young, Ph.D., P.E. Phone: (206) 598-4736 [Office]
Dept of Radiation Oncology (206) 598-6218 [FAX]
Box 356043 E-mail: layoung@u.washington.edu
Seattle, WA 98195-6043
---

account will not be distributed unless that account is also subscribed.
##

De:	Sapareto, Steve
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Stereotactic Treatment Planning
Fecha:	jueves, 30 de marzo de 2006 5:20:07
Archivos adjuntos:	

Lori
We have used Pinnacle for quite a few years for Stereotactic Radiosurgery and Therapy with a Radionics circular collimator system. We have had no difficulty and have been very pleased with it. The majority of our cases involve CT/MR fusion. The only concern you might have is whether it will support your localization system (it supports the old Radionics but not the MR compatible localizer fiducials for coordinates. I do not know if it supports the other vendor systems.

Stephen Sapareto, Ph.D.
Director of Medical Physics
Department of Radiation Oncology
Banner Good Samaritan Medical Center
1111 E McDowell Rd
Phoenix, AZ 85006
(602)239-4500

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Lori A Young
Sent: Wednesday, March 29, 2006 2:24 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Stereotactic Treatment Planning

Our institution recently purchased Pinnacle for external beam and IMRT treatment planning. We are looking into the possiblity of converting from FastPlan to Pinnacle for stereotactic treatment planning. If anyone has commissioned and is currently using Pinnacle for stereotactic cases, I would be highly interested in your feedback regarding how would you rate the performance of Pinnacle versus other stereotactic treatment

planning systems you may have used in the past. Are you satisfied with Pinnacle? If not, what are some of the deficiencies, problem areas, etc.? Finally, if your department had funds available, would you continue to stick with Pinnacle or would you prefer to use another system specifically designed for stereotactic planning?
Any feedback from institutions having experience with FastPlan and Pinnacle stereotactic treatment planning would be appreciated.

Thank you for your time.

Lori Young

Lori A. Young, Ph.D., P.E. Phone: (206) 598-4736 [Office]
Dept of Radiation Oncology (206) 598-6218 [FAX]
Box 356043 E-mail: layoung@u.washington.edu
Seattle, WA 98195-6043

##########
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##########

De:	Dimitris Mihailidis, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	brachytherapy in pinnacle 7.4f
Fecha:	jueves, 30 de marzo de 2006 14:01:35
Archivos adjuntos:	

Here is an interesting situation that I was not aware of until yesterday.
We are running v7.4f (DMPO+Bio) on 2 sunblades, 1 sunfire and 1 U10 stations. We also have commissioned 192Ir source for Mammosite. Never had any problem until yesterday, when we tried to open a Mammo patient on the sunblade and crashed with the know fatal error. Anything we tried did not allow us to access the patient (including rebuilding the database). The patient was completed with dose distributions and DVHs turned on. If I copied the patient without dose, then I was able to access it. BUT as soon as I computed dose HAVING DVHs ON crushed. We did not have that problem before, last week we opened the patient on the sunblade and created hardcopies for the plan and DVHs, no problem. The interesting thing is that when we access the patient plan on U10 station the problem goes away. It does not crush whether DVHs are on of off. Philips told me that is a known bug for 7.xx versions and brachy and gave me a 'fix' which makes the access of the patient plan possible on sunblaldes and sunfire stations but did not explain why I don't have the problem on U10 station.
What is you experience with this?? One more thing, the only difference between the U10 and the other newer stations is that the U10 is not licensed for DMPO and Bio, only the standard 7.4f with IMRT (although it should be irrelevant).
Thank you,
Dimitris Mihailidis
Chalreston Radiaton Therapy

sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Dimitris Mihailidis, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	brachytherapy in pinnacle 7.4f
Fecha:	jueves, 30 de marzo de 2006 14:04:04
Archivos adjuntos:	

Here is an interesting situation that I was not aware of until yesterday.
We are running v7.4f (DMPO+Bio) on 2 sunblades, 1 sunfire and 1 U10 stations. We also have commissioned 192Ir source for Mammosite. Never had any problem until yesterday, when we tried to open a Mammo patient on the sunblade and crashed with the know fatal error. Anything we tried did not allow us to access the patient (including rebuilding the database). The patient was completed with dose distributions and DVHs turned on. If I copied the patient without dose, then I was able to access it. BUT as soon as I computed dose HAVING DVHs ON crushed. We did not have that problem before, last week we opened the patient on the sunblade and created hardcopies for the plan and DVHs, no problem. The interesting thing is that when we access the patient plan on U10 station the problem goes away. It does not crush whether DVHs are on of off. Philips told me that is a known bug for 7.xx versions and brachy and gave me a 'fix' which makes the access of the patient plan possible on sunblaldes and sunfire stations but did not explain why I don't have the problem on U10 station.
What is you experience with this?? One more thing, the only difference between the U10 and the other newer stations is that the U10 is not licensed for DMPO and Bio, only the standard 7.4f with IMRT (although it should be irrelevant).
Thank you,
Dimitris Mihailidis
Chalreston Radiaton Therapy

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##

De:	Dimitris Mihailidis, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	brachytherapy in pinnacle 7.4f
Fecha:	jueves, 30 de marzo de 2006 14:16:11
Archivos adjuntos:	

Here is an interesting situation that I was not aware of until yesterday.
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De:	Dimitris Mihailidis, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	brachytherapy in pinnacle 7.4f
Fecha:	jueves, 30 de marzo de 2006 14:21:41
Archivos adjuntos:	

Here is an interesting situation that I was not aware of until yesterday.
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Dimitris Mihailidis
Chalreston Radiaton Therapy

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##

De:	Fanqing Guo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Print the error message window in Pinnacle 7.6c
Fecha:	jueves, 30 de marzo de 2006 16:08:45
Archivos adjuntos:	

I can't print the error message window with "click on window to be printed". If an error message window pops up, all other windows will freeze. Does anybody know to get around this?

Fanqing Guo, Ph.D.
Physics Fellow / Resident
Radiation Oncology Department
UC Davis Cancer Center
4501 X St., Sacramento, CA 95817
Phone: (916)734-5848; Fax: (916)734-8011

De:	Lee Zarger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Print the error message window in Pinnacle 7.6c
Fecha:	jueves, 30 de marzo de 2006 16:51:04
Archivos adjuntos:	

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can you do a screen capture with the xv program?

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Fanqing Guo
Sent: Wednesday, March 29, 2006 6:33 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Print the error message window in Pinnacle 7.6c

I can't print the error message window with "click on window to be printed". If an error message window pops up, all other windows will freeze. Does anybody know to get around this?

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##

De:	David Djajaputra
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Image Fusion Question
Fecha:	jueves, 30 de marzo de 2006 19:28:31
Archivos adjuntos:	

Dear Syntegra Experts:

I'm having problem trying to make sense of this fusion problem so I'm turning to the experts on this list for enlightenment...

We have 3 image sets of a patient: our own CT (let's call it CT-a), and a CT-PET set done elsewhere (call these CT-b and PET-b).

1. If I load CT-b as the primary set (for planning), load PET-b as a fusion set, and open up Syntegra, these two sets are already lined up (registered) perfectly (as they should be since they both come from a CT-PET scanner). No automatic or manual fusion is needed. So these two sets use the same coordinate system.

2. Now I load CT-a as the primary set, and load CT-b and PET-b as secondary sets for fusion. I fuse CT-a and CT-b together. If I do "Copy This Transformation" to PET-b, it should also fuse CT-a and PET-b, right? In my case, it doesn't. If I do that, I expect to see PET-b and CT-b lined up together, but actually PET-b ends up inferior to CT-b by some 10 cm (the other two directions seem to line up).

So why doesn't this work?

(In case you wonder why we don't fuse CT-a and PET-b directly, we actually did. But the dosimetrist was not very happy with the result of the CT-PET automatic fusion, so I suggested this CT-CT fusion as an alternative.)

Thanks for any suggestion/solution,

David

De:	Sharpe, Michael
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Stereotactic Treatment Planning
Fecha:	jueves, 30 de marzo de 2006 19:50:36
Archivos adjuntos:	

Hi Lori,

We are in the process of consolidating our SRS/SRT with the rest of our external beam activities. Like Steve' shop we use Radionics hardware, although there are other systems on the list, including the Leksell system used with Gamma-Knife.

Mike

Michael B. Sharpe, Ph.D.
Assistant Professor
University of Toronto
Princess Margaret Hospital
610 University Avenue, Rm 5-962,
Toronto, CANADA M5G 2M9

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Lori A Young
Sent: Wednesday, March 29, 2006 4:24 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Stereotactic Treatment Planning

Our institution recently purchased Pinnacle for external beam and IMRT treatment planning. We are looking into the possiblity of converting from FastPlan to Pinnacle for stereotactic treatment planning. If anyone has commissioned and is currently using Pinnacle for stereotactic cases, I would be highly interested in your feedback regarding how would you rate the performance of Pinnacle

versus other stereotactic treatment planning systems you may have used in the
past. Are you satisfied with Pinnacle? If not, what are some of the deficiencies, problem areas, etc.? Finally, if your department had funds available, would you continue to stick with Pinnacle or would you prefer to use another system specifically designed for stereotactic planning? Any feedback from institutions having experience with FastPlan and Pinnacle stereotactic treatment planning would be appreciated.

Thank you for your time.

Lori Young

-
Lori A. Young, Ph.D., P.E. Phone: (206) 598-4736 [Office]
Dept of Radiation Oncology (206) 598-6218 [FAX]
Box 356043 E-mail: layoung@u.washington.edu
Seattle, WA 98195-6043

-

De:	forest.gary@marshfieldclinic.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Image Fusion Question
Fecha:	jueves, 30 de marzo de 2006 22:39:39
Archivos adjuntos:	HTML.mht (3.63 KB).msg ATT00009.txt

We have seen strange things like this occur, what we found was that if the CT-a was done head first, but the CT-b and PET-b were done feet first and during import of the CT-b and PET-b set the user pressed the 'Change Treatment Position' button (to make the scan seem like a head first scan) odd things during the fusion process happened. My experience has been that if you rotate the CT-b and PET-b sets to somewhat align with the CT-a set in syntegra before auto fusing the CT-a and CT-b things seem to work. Mileage may vary.

In talking to Philips about this, it seems to have something to do with different size reconstruction matrices for the CT-b and PET-b sets.

Hope this helps

Gary Forest
Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

------Original Message------
From: "David Djajaputra" <ddjajaputra@unmc.edu>
Date: Thu Mar 30, 2006 -- 11:48:03 AM
To: <pinnacle-users@explode.unsw.edu.au>
Subject: Image Fusion Question

Dear Syntegra Experts:

I'm having problem trying to make sense of this fusion problem so I'm turning to the experts on this list for enlightenment...

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Thanks for any suggestion/solution,

David

----------}]mCl#AtT:----------

De:	Li Ding
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Copy beams from one trial to the other
Fecha:	viernes, 31 de marzo de 2006 6:04:21
Archivos adjuntos:	

Does anybody know how to copy beams from one trial to the other for an IMRT Plan?

Li Ding
RBOI
Ocala FL
lding@rboi.com

De:	Jo Vanregemorter
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Image Fusion Question+extra question
Fecha:	viernes, 31 de marzo de 2006 8:58:08
Archivos adjuntos:	

Hi,

to my experience: all movable data sets move together as long as you do not use the "button" move sec data set to prim center ...
then you don't need to 'Copy This Transformation' which indeed does not work (all the time)

to take your case: i take CTa as primary, use the manual buttons to drag/ rotate the CTb to be in a similar position as CTa, use the fusion (CT to CT, mutual information algor.) this usually works fine. the PETb then has moved together with CTb and as they are co-registered PETb is now also in the correct position.

BUT i have an extra question: if we use PET-CT from Siemens (biograph) images the co-registered PET and CT seem to be off by 1 cm in the AP direction only. Siemens and Philips-Pinnacle know about this but Siemens nor Philips-Pinnacle seems to have a solution? anyone else using this combination of images?

jo

J. Vanregemorter
Deskundige Medische Stralingsfysica ZNA
p/a Lindendreef 1-B2020 Antwerpen-Belgium

Tel +32 3 2804134 Fax +32 3 2810719
Mobile +32 486539070

jo.vanregemorter@zna.be
www.zna.be

-----Oorspronkelijk bericht-----
Van: David Djajaputra [mailto:ddjajaputra@unmc.edu]
Verzonden: donderdag 30 maart 2006 19:06
Aan: pinnacle-users@explode.unsw.edu.au
Onderwerp: Image Fusion Question

Dear Syntegra Experts:

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Thanks for any suggestion/solution,

David

De:	Lee Zarger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Copy beams from one trial to the other
Fecha:	viernes, 31 de marzo de 2006 16:00:47
Archivos adjuntos:	

Just copy the trial. If you mean copying beams from plan to plan then make the patient a phantom and copy to phantoml

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Li Ding
Sent: Thursday, March 30, 2006 10:45 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Copy beams from one trial to the other

Does anybody know how to copy beams from one trial to the other for an
IMRT Plan?

Li Ding
RBOI
Ocala FL
lding@rboi.com

De:	Alison Scott
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Copy beams from one trial to the other[Scanned]
Fecha:	viernes, 31 de marzo de 2006 16:46:32
Archivos adjuntos:	

The case we had recently involved a clinician who wanted to sum two trials (phases) to give an overall dose distribution.
Since both plans were already done, the simple solution (copy one trial, create the combined plan, copy this trial and delete some beams to produce phase 2) was not an option.
I could solve it by editing the unix files but we are loathe to do that for a clinical patient so the planner recreated each beam by hand (luckily it wasn't an IMRT plan).

Does anybody know another work around?
The ability to add trials together seems like a really useful feature, would it be possible to write a script to do this?

Alison Scott
Physicist, Clatterbridge Centre for Oncology

> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of
> Lee Zarger
> Sent: 31 March 2006 14:29
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: Copy beams from one trial to the other[Scanned]
>
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> Just copy the trial. If you mean copying beams from plan to
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> -----Original Message-----
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> [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Li Ding
> Sent: Thursday, March 30, 2006 10:45 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: Copy beams from one trial to the other
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> Li Ding
> RBOI
> Ocala FL
> lding@rboi.com
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De:	Li Ding
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Copy beams from one trial to the other[Scanned]
Fecha:	viernes, 31 de marzo de 2006 16:53:51
Archivos adjuntos:	

This is exactly what I want to do for two IMRT trials, trying to add trials together.

Li Ding
RBOI
Ocala Florida

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Alison Scott
Sent: Friday, March 31, 2006 9:39 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Copy beams from one trial to the other[Scanned]

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Alison Scott
Physicist, Clatterbridge Centre for Oncology

> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Lee
> Zarger

> Sent: 31 March 2006 14:29
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: Copy beams from one trial to the other[Scanned]
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> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Li Ding
> Sent: Thursday, March 30, 2006 10:45 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: Copy beams from one trial to the other
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> Does anybody know how to copy beams from one trial to the other for an

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unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##########

De: Linda Miller
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: Copy beams from one trial to the other
Fecha: viernes, 31 de marzo de 2006 17:43:41
Archivos adjuntos:

I have used this feature in RadCalc and it works like a charm! The greatest use for this feature is as follows:
A H&N IMRT patient was losing weight and pulling away from the mask but was still held immobile by the mask. I rescanned the patient with bbs at the isocenter, exported the imrt beams from RadCalc onto the new CT and verified that the tumor was still being covered and the skin dose was still acceptable. That RadCalc feature was invaluable!

Linda Miller, MS
East Texas Medical Center
Tyler, Texas

>>> OHMM@ccf.org 03/31/06 9:04 AM >>>
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RadCalc as a medium to accomplish this. Send from Pinnacle to RadCalc,
then export back to Pinnacle again, but into the other trial. I am only
familiar with this program, but other second MU check programs may be
able to do the same thing? If you have neither, as far as I know,
you're out of luck (unless you are familiar enough with UNIX to be able
to copy beam data to and fro...) I have asked the Pinnacle support /
engineering teams for this feature since about 1998; any idea if it will
be in v8?

Mike

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Li Ding
Sent: Friday, March 31, 2006 9:44 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Copy beams from one trial to the other[Scanned]

This is exactly what I want to do for two IMRT trials, trying to add
trials together.

Li Ding
RBOI
Ocala Florida

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Alison
Scott
Sent: Friday, March 31, 2006 9:39 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Copy beams from one trial to the other[Scanned]

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Does anybody know another work around?
The ability to add trials together seems like a really useful feature,
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Alison Scott
Physicist, Clatterbridge Centre for Oncology

> -----Original Message-----

> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Lee
> Zarger
> Sent: 31 March 2006 14:29
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: Copy beams from one trial to the other[Scanned]
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> lding@rboi.com

http://www.etmc.org/mail/

Thank you.
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A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: Copy beams from one trial to the other
Fecha: viernes, 31 de marzo de 2006 17:45:19
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Thank you.
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A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Copy beams from one trial to the other[Scanned]
Fecha:	viernes, 31 de marzo de 2006 17:49:18
Archivos adjuntos:	

Sorry I misunderstood you- what we routinely do here is for instance if the first course is an ap/pa lung, when the
conedown plan is being done, the dosimetrist routinely copies the initial trial and "turns off(makes the dose 0)" the initial course treatment while planning the conedown. Then "turns it back on(makes the dose the proper prescription agagin)" the initial course prescription for the composite.
Just a matter of getting into the habit I think.

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> #########
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> ***
> **************************
> This e-mail is confidential and privileged. If you are not
> the intended
> recipient please accept our apologies; please do not
> disclose, copy or
> distribute information in this e-mail or take any action in
> reliance on its
> contents: to do so is strictly prohibited and may be unlawful. Please
> inform us that this message has gone astray before deleting
> it. Thank you
> for your co-operation.
> ***
> **************************
>

De:	Ohm, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Copy beams from one trial to the other
Fecha:	viernes, 31 de marzo de 2006 17:59:25
Archivos adjuntos:	

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##

De:	Brodeur, Marylene
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Instructions to move from setup marks to isocenter change from 6.2b to 7.6c
Fecha:	viernes, 31 de marzo de 2006 18:19:40
Archivos adjuntos:	image001.jpg

Hello all,

I don't know if this was addressed here before, but it has such potential for error that I thought to share it.
We are now implementing 7.6c from 6.2b. It seems like the instructions to move to the isocenter have changed for the left-right motion. It used to read:

"Move the table LEFT/RIGHT .."
"Move the table UP/DOWN .."
"Move the table IN/OUT ..".

With 7.6, it prints out:
"Move the laser LEFT/RIGHT .."
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For example, to move the **laser** RIGHT 10cm, requires to move the **table** LEFT 10cm.

This lead to some confusion at sim, since they didn't read the whole line, but only focused on the L/R direction and distance (LEFT x.xx cm or RIGHT x.xx cm).

Fortunately, the first few cases were significant enough to be obvious, and they moved the table in the opposite direction of what was read. Still, physics had to point out that the instruction is not wrong if you read the whole line.

I wonder how long this might have been done wrong if we hadn't noticed right away? 5mm in the wrong direction makes the iso 1cm off. And with today's tight margins and weird angles that are not intuitive, the potential for unknowingly missing part of the target volume is there.

At our center, we re-sim patients for offcords and boosts etc, so for the next few weeks we have a mix of 6.2 plans (move table) and 7.6 plans (move lasers), which increases the risk for error.

Is there a way to change the instructions back to “Move the ***table*** LEFT/ RIGHT..” ?

Thanks,

Marylene Brodeur, M.S.
Medical Physicist

St. Mary's Medical Center
2900 First Avenue
Huntington, WV, 25701
(304) 526-8946
mbrodeur@st-marys.org

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Instructions to move from setup marks to isocenter change from 6.2b to 7.6c
Fecha:	viernes, 31 de marzo de 2006 18:35:03
Archivos adjuntos:	image001.jpg

We have seen the same thing. Pinnacle did this to accommodate AcQSim users. Inexplicable, they put the isocenter shift instructions in the CT-Density table in the physics module.
You have to change it to 'Table' there, then save, and you should be OK.

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Brodeur, Marylene
Sent: Friday, March 31, 2006 10:06 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Instructions to move from setup marks to isocenter change from 6.2b to 7.6c

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Medical Physicist

St. Mary's Medical Center
2900 First Avenue
Huntington, WV, 25701
(304) 526-8946
mbrodeur@st-marys.org

De:	Johnston, Ann
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Instructions to move from setup marks to isocenter change from 6.2b to 7.6c
Fecha:	viernes, 31 de marzo de 2006 18:44:44
Archivos adjuntos:	

We had this same problem and it started with 7.6 You have to go into physics and edit your CT to Density table to make it table instead of laser.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Brodeur, Marylene
Sent: Friday, March 31, 2006 11:06 AM
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De:	Ohm, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Instructions to move from setup marks to isocenter change from 6.2b to 7.6c
Fecha:	viernes, 31 de marzo de 2006 18:48:05
Archivos adjuntos:	

Under Beams - Isocenter - Details, you can specify one of 3 methods for shifts being relative to: Table, Laser or Patient. It may be a preference to save as well, under preferences or physics. It does clearly print which method is being used.

Mike

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
On Behalf Of Brodeur, Marylene
Sent: Friday, March 31, 2006 11:06 AM
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Thanks,

Marylene Brodeur, M.S.

Medical Physicist

De:	Silgen, Patrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Syntegra
Fecha:	viernes, 31 de marzo de 2006 19:55:45
Archivos adjuntos:	

I would like to hear from Syntegra users out there. In our clinic we perform image fusion manually. We are considering purchasing Syntegra and I would like to know if you have found the software to be worth the $ spent. It would seem to be that anything would be an improvement over manual fusion, but is Syntegra worth the money?

Thanks.

Pat Silgen
Methodist Hospital Minnesota

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	question
Fecha:	viernes, 31 de marzo de 2006 20:07:02
Archivos adjuntos:	

Is there a "distance measuring tool" in the Irreg plan window to measure the distance between digitized point for QA purposes?

Thanks,
KPK

De:	Therezo, ET
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: question
Fecha:	viernes, 31 de marzo de 2006 20:18:14
Archivos adjuntos:	

---

if your CAX is 0,0,0 doesn't it give you the X,Y,Z coordinates of the other points?

> -----Original Message-----
> **From:** Knight, Kim [mailto:kim.knight@christushealth.org]
> **Sent:** Friday, March 31, 2006 9:54 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** question
>
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> Thanks,
> KPK

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Copy beams from one trial to the other[Scanned]
Fecha:	viernes, 31 de marzo de 2006 20:25:02
Archivos adjuntos:	

There is a clunky script workaround, or at least my implementation is. As far as I know, it does things you can't do directly in Pinnacle - copy a beam from one trial to another by address - but it does not involve outside unix shenanigans. I'll be happy to share the (sequence of) scripts with anyone who wants to email me personally, but it's strictly caveat emptor - you'd have to know how to read them, what to do with them, and that there's probably no end to the messes that could be made ...

Dave

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> Alison.Scott@ccotrust.nhs.uk 3/31/2006 9:39 AM >>>
The case we had recently involved a clinician who wanted to sum two trials (phases) to give an overall dose distribution.
Since both plans were already done, the simple solution (copy one trial, create the combined plan, copy this trial and delete some beams to produce phase 2) was not an option.
I could solve it by editing the unix files but we are loathe to do that for a clinical patient so the planner recreated each beam by hand (luckily it wasn't an IMRT plan).

Does anybody know another work around?
The ability to add trials together seems like a really useful feature, would it be possible to write a script to do this?

Alison Scott
Physicist, Clatterbridge Centre for Oncology

> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of
> Lee Zarger
> Sent: 31 March 2006 14:29
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: Copy beams from one trial to the other[Scanned]
>
>
> Just copy the trial. If you mean copying beams from plan to
> plan then make the patient a phantom and copy to phantoml
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au

> [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Li Ding
> Sent: Thursday, March 30, 2006 10:45 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: Copy beams from one trial to the other
>
>
>
> Does anybody know how to copy beams from one trial to the other for an
> IMRT Plan?
>
> Li Ding
> RBOI
> Ocala FL
> lding@rboi.com
>
>
>
>

> e-mail and delete this message, along with any attachments
> from your computer immediately.
>
>
> ##
> To unsubscribe (yourself or other account) from the
> pinnacle-users mailing list, send the message
> unsubscribe pinnacle-users <e-mail address>
> to majordomo@explode.unsw.edu.au.
>
> Note: To avoid non-delivery error messages being sent to all list
> members, the list has been configured so that messages can only be
> sent from a subscribed account. Messages sent from a users secondary
> account will not be distributed unless that account is also
> subscribed.
> ##
> #########
> **
> **************************
> This e-mail is confidential and privileged. If you are not
> the intended
> recipient please accept our apologies; please do not
> disclose, copy or
> distribute information in this e-mail or take any action in
> reliance on its
> contents: to do so is strictly prohibited and may be unlawful. Please
> inform us that this message has gone astray before deleting
> it. Thank you
> for your co-operation.
> **
> **************************
>
****
This e-mail is confidential and privileged. If you are not the intended
recipient please accept our apologies; please do not disclose, copy or
distribute information in this e-mail or take any action in reliance on its
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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Syntegra
Fecha:	viernes, 31 de marzo de 2006 20:29:36
Archivos adjuntos:	

We LOVE Syntegra. We use it to fuse MR and CT for stereotactic and it saves a ton of time. The fusions are almost always perfect.

Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Silgen, Patrick
Sent: Friday, March 31, 2006 10:46 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Syntegra

I would like to hear from Syntegra users out there. In our clinic we perform image fusion manually. We are considering purchasing Syntegra and I would like to know if you have found the software to be worth the $ spent. It would seem to be that anything would be an improvement over manual fusion, but is Syntegra worth the money?

Thanks.

Pat Silgen
Methodist Hospital Minnesota

De:	Lee Zarger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Instructions to move from setup marks to isocenter change from 6.2b to 7.6c
Fecha:	viernes, 31 de marzo de 2006 20:37:04
Archivos adjuntos:	image001.jpg

This could be scary- we always double check our shifts visually on DRR's- we put both the new and old iso in 3D on the plan eval DRR's, that way the therapists
know visually how the shift will look.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Brodeur, Marylene
Sent: Friday, March 31, 2006 11:06 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Instructions to move from setup marks to isocenter change from 6.2b to 7.6c

Hello all,

I don't know if this was addressed here before, but it has such potential for error that I thought to share it.
We are now implementing 7.6c from 6.2b. It seems like the instructions to move to the isocenter have changed for the left-right motion. It used to read:

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For example, to move the **laser** RIGHT 10cm, requires to move the **table** LEFT 10cm.

This lead to some confusion at sim, since they didn't read the whole line, but only focused on the L/R direction and distance (LEFT x.xx cm or

RIGHT x.xx cm).

Fortunately, the first few cases were significant enough to be obvious, and they moved the table in the opposite direction of what was read. Still, physics had to point out that the instruction is not wrong if you read the whole line.

I wonder how long this might have been done wrong if we hadn't noticed right away? 5mm in the wrong direction makes the iso 1cm off. And with today's tight margins and weird angles that are not intuitive, the potential for unknowingly missing part of the target volume is there.

At our center, we re-sim patients for offcords and boosts etc, so for the next few weeks we have a mix of 6.2 plans (move table) and 7.6 plans (move lasers), which increases the risk for error.

Is there a way to change the instructions back to "Move the ***table*** LEFT/RIGHT.." ?

Thanks,

Marylene Brodeur, M.S.
Medical Physicist

St. Mary's Medical Center
2900 First Avenue
Huntington, WV, 25701
(304) 526-8946
mbrodeur@st-marys.org

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De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: question
Fecha:	viernes, 31 de marzo de 2006 20:43:33
Archivos adjuntos:	

I figured out what to do, as I was trying to find an easier way.

Kim P. Knight, RT (R)(T), A.R.R.T., CMD
Chief Radiation Therapist
Cabrini Center for Cancer Care
Alexandria, LA 71301

Phone: 318-448-6937
Fax: 318-483-4097

Email: kim.knight@christushealth.org

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Therezo, ET
> **Sent:** Friday, March 31, 2006 12:12 PM
> **To:** 'pinnacle-users@explode.unsw.edu.au'
> **Subject:** RE: question
>
> if your CAX is 0,0,0 doesn't it give you the X,Y,Z coordinates of the other points?
>
> > -----Original Message-----
> > **From:** Knight, Kim [mailto:kim.knight@christushealth.org]
> > **Sent:** Friday, March 31, 2006 9:54 AM
> > **To:** pinnacle-users@explode.unsw.edu.au
> > **Subject:** question

Is there a "distance measuring tool" in the Irreg plan window to measure the distance between digitized point for QA purposes?

Thanks,
KPK

De:	Angela Height
A:	pinnacle-users@explode.unsw.edu.au; Marylene.Brodeur@st-marys.org;
Cc:	
Asunto:	Re: Instructions to move from setup marks to isocenter change from 6.2b to 7.6c
Fecha:	viernes, 31 de marzo de 2006 21:48:13
Archivos adjuntos:	

Yes - go to the "Beams" menu, on the page where you select your beam and energy, in the "ISOCENTER" section, click "details" next to Isocenter.

Shortcut - (from the beam spreadsheet for example) right click on "ISOCENTER" (or it will say the name of the POI that is the isocenter for your beam)

You can select the shifts to be listed as laser motion, table motion, or relative to patient. Take your pick! :)

Please note that you have to change this for EVERY BEAM in order for it to be changed on your beam data page.

Angela Height CMD
St. Jospeh Mercy Hospital
Ann Arbor, Michigan

>>> Marylene.Brodeur@st-marys.org 3/31/2006 11:06 AM >>>
Hello all,

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read the whole line.

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LEFT/RIGHT.." ?

Thanks,

Marylene Brodeur, M.S.
Medical Physicist

St. Mary's Medical Center
2900 First Avenue
Huntington, WV, 25701
(304) 526-8946
mbrodeur@st-marys.org

De:	justcdj@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: question
Fecha:	viernes, 31 de marzo de 2006 21:58:42
Archivos adjuntos:	

Within any individual planar view, there is the little "Tape Measure" icon that does direct, point to point measurements...
Going between planes???

Chris James

-----Original Message-----
From: Knight, Kim <kim.knight@christushealth.org>
To: pinnacle-users@explode.unsw.edu.au
Sent: Fri, 31 Mar 2006 12:29:54 -0600
Subject: RE: question

I figured out what to do, as I was trying to find an easier way.

Kim P. Knight, RT (R)(T), A.R.R.T., CMD
Chief Radiation Therapist
Cabrini Center for Cancer Care
Alexandria, LA 71301

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> **To:** 'pinnacle-users@explode.unsw.edu.au'
> **Subject:** RE: question
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> if your CAX is 0,0,0 doesn't it give you the X,Y,Z coordinates of the

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De:	Angela Height
A:	pinnacle-users@explode.unsw.edu.au; Marylene.Brodeur@st-marys.org;
Cc:	
Asunto:	Re: Instructions to move from setup marks to isocenter change from 6.2b to 7.6c
Fecha:	viernes, 31 de marzo de 2006 22:15:43
Archivos adjuntos:	

Yes - go to the "Beams" menu, on the page where you select your beam and energy, in the "ISOCENTER" section, click "details" next to Isocenter.

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Medical Physicist

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(304) 526-8946
mbrodeur@st-marys.org

De:	Qiuwen Wu, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Qiuwen Wu, PhD;
Asunto:	RE: Image Fusion Question+extra question
Fecha:	lunes, 03 de abril de 2006 15:04:44
Archivos adjuntos:	

I can confirm that Pinnacle has the same problem when importing GE CT/PET images in DICOM v4.4, i.e., the CT and PET images are not aligned in the AP direction. This defeats the whole purpose of CT/PET scanner. The problem is caused by the wrong interpretation of the PET image by Pinnacle (a BUG, not a feature). I have reported this to Philips and have not heard from them yet on this.

Q. Wu

Qiuwen Wu, Ph.D.
Department of Radiation Oncology
William Beaumont Hospital
Royal Oak, MI 48073
qwu@beaumont.edu

>>> joris.vanregemorter@zna.be 03/31/06 1:40 AM >>>

BUT i have an extra question: if we use PET-CT from Siemens (biograph) images the co-registered PET and CT seem to be off by 1 cm in the AP direction only. Siemens and Philips-Pinnacle know about this but Siemens nor Philips-Pinnacle seems to have a solution? anyone else using this combination of images?

jo

J. Vanregemorter
Deskundige Medische Stralingsfysica ZNA
p/a Lindendreef 1-B2020 Antwerpen-Belgium

Tel +32 3 2804134 Fax +32 3 2810719
Mobile +32 486539070

jo.vanregemorter@zna.be
www.zna.be

De:	Yibing Hu
A:	pinnacle-users;
Cc:	
Asunto:	multidata scanning data to pinnacle?
Fecha:	martes, 04 de abril de 2006 0:32:22
Archivos adjuntos:	

Hi all:

I've scanned some data with our multidata water tank. We didn't purchase the option
from multidata to convert the files for pinnacle. I wonder if anyone knows this can be done
with regular text edit software? The manual says pinnacle takes csv data from multidata
export. But I followed the steps and it didn't work.

Thanks for your input!

Harry

De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Unix Emulator
Fecha:	martes, 04 de abril de 2006 0:37:34
Archivos adjuntos:	

List Members,

In the past, there has been discussions regarding inexpensive "unix emulation software" to run on windows pc's. Can anybody reccomend specific products? Specifically "user friendly" ones.

Thanks,

Joe Herrick
Reno, NV

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Unix Emulator
Fecha:	martes, 04 de abril de 2006 1:50:30
Archivos adjuntos:	

Joe

Not sure about Unix, but what is common is Cygwin (www.cygwin.com) which is a Linux environment for windows. Allows you to run linux programs in a window on a windows PC. Has most features of Unix/Linux such as Xterminal

Regards

Nick

At 03:14 PM 3/04/2006 -0700, you wrote:
>List Members,
>
>In the past, there has been discussions regarding inexpensive "unix
>emulation software" to run on windows pc's. Can anybody reccomend
>specific products? Specifically "user friendly" ones.
>
>Thanks,
>
>Joe Herrick
>Reno, NV
>
>
>
>
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##

De:	Carolan, Martin
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Unix Emulator
Fecha:	martes, 04 de abril de 2006 3:48:05
Archivos adjuntos:	

Joe,

Another product you might consider is Microsoft's (!@#$) Services for Unix, also known as 'SFU'. It can be downloaded from the Microsoft site but it is a big file. Our local Microsoft Office was happy to send me a free CD once the guy on the phone stopped denying there was any such product and checked his product database. It emulates Unix (including shells, perl, network authentication of Unix users etc, etc) on the PC and allows the establishment of NFS on the PC which is accessible from the Pinnacle. It has many features of which we only use a few %.

Martin C

==========
Martin Carolan, PhD
Principal Physicist

Illawarra Cancer Care Centre, Wollongong Hospital
Private Mail Bag 8808, South Coast Mail Centre NSW 2521
Australia

Mob. 04224 12096
Ph. 61 2 4222 5704
Fax. 61 2 4222 5793
==========

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Joe Herrick
Sent: Tuesday, 4 April 2006 8:14 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Unix Emulator

List Members,

In the past, there has been discussions regarding inexpensive "unix emulation software" to run on windows pc's. Can anybody reccomend specific products? Specifically "user friendly" ones.

Thanks,

Joe Herrick
Reno, NV

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##

De:	Charland, Paule
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Pop question-time limited: Varian users only
Fecha:	martes, 04 de abril de 2006 18:59:33
Archivos adjuntos:	

For Varian users only. Pop question, time limited.

--> Can the Clinac21EX do a dynamic wedge and step-and-shoot simultaneously?

The winner of this contest please contact Varian and let them know.

Tip: I am told that option was enabled in Pinnacle 6.2b and disabled in 7.4f.

Paule
p.s. Linacs are tied up here, can't try it myself right now.

Paule Madeleine Charland PhD DABR
Medical Physicist
Grand River Regional Cancer Centre
Medical Physics Department
835 King Street West
Kitchener, Ontario
Canada N2G 1G3
paule.charland@grhosp.on.ca
PHONE: 519-749-4300 ext 5758
FAX 519-749-4394
http://www.grandriverhospital.on.ca
Professor (Adj), Physics U. Waterloo

De:	Cynthia Seier
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	SYNTEGRA/DMPO
Fecha:	martes, 04 de abril de 2006 19:39:52
Archivos adjuntos:	

We are considering getting the Syntegra package from ADAC. We presently have the 7.4 version. For those of you who have been using it for some time, we would like to know if it is worth the dollars spent & does it save you a lot of time? Also would like to hear some feedback on DMPO.

Thank you!
Cindy

De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pop question-time limited: Varian users only
Fecha:	martes, 04 de abril de 2006 19:42:09
Archivos adjuntos:	

The machine will allow delivery of a step-and-shoot using dynamic wedge, but the planning will not be correct since Pinnacle will overlay the wedged distribution on all of the segments, ie it doesn't take the dynamic nature of the jaw motion into account.

Andrew O. Jones, PhD
System Director, Radiation Physics
Department of Radiation Oncology
Geisinger Medical Center
N. Academy Ave
Danville, PA 17822
570 271-6304

>>> paule.charland@grhosp.on.ca 04/04/06 12:40 PM >>>
For Varian users only. Pop question, time limited.

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Paule Madeleine Charland PhD DABR
Medical Physicist
Grand River Regional Cancer Centre
Medical Physics Department
835 King Street West
Kitchener, Ontario

Canada N2G 1G3
paule.charland@grhosp.on.ca
PHONE: 519-749-4300 ext 5758
FAX 519-749-4394
http://www.grandriverhospital.on.ca
Professor (Adj), Physics U. Waterloo

De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pop question-time limited: Varian users only
Fecha:	martes, 04 de abril de 2006 19:44:52
Archivos adjuntos:	

The machine will allow delivery of a step-and-shoot using dynamic wedge, but the planning will not be correct since Pinnacle will overlay the wedged distribution on all of the segments, ie it doesn't take the dynamic nature of the jaw motion into account.

Andrew O. Jones, PhD
System Director, Radiation Physics
Department of Radiation Oncology
Geisinger Medical Center
N. Academy Ave
Danville, PA 17822
570 271-6304

>>> paule.charland@grhosp.on.ca 04/04/06 12:40 PM >>>
For Varian users only. Pop question, time limited.

--> Can the Clinac21EX do a dynamic wedge and step-and-shoot simultaneously?

The winner of this contest please contact Varian and let them know.

Tip: I am told that option was enabled in Pinnacle 6.2b and disabled in 7.4f.

Paule
p.s. Linacs are tied up here, can't try it myself right now.

Paule Madeleine Charland PhD DABR
Medical Physicist
Grand River Regional Cancer Centre
Medical Physics Department
835 King Street West
Kitchener, Ontario

Canada N2G 1G3
paule.charland@grhosp.on.ca
PHONE: 519-749-4300 ext 5758
FAX 519-749-4394
http://www.grandriverhospital.on.ca
Professor (Adj), Physics U. Waterloo

De:	Bud Baker
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: SYNTEGRA/DMPO
Fecha:	martes, 04 de abril de 2006 20:15:11
Archivos adjuntos:	

Syntegra doesn't really save any time unless you have another version of fusion software that I am unaware of.. but it does work well and on a Sun Blade is relatively fast..evaluate how much fusion you would do and that may drive the cost vs. benefit ratio.. we never bill for fusion; Syntegra here in our shop is only a tool for our physicians to better define targets primarily for GBMs.. NB we have had issues with other institutions (and initially our own) MRI or CT image viewers due to non-dicom formats on their CDs used for import.. finally we do not do PET fusions, which requires a separate license and cost more $

Bud Baker, CMD
Medical Physics
Payson Center for Cancer Care
250 Pleasant St.
Concord, NH 03301
603-230-6041

>>> CSeier@shhservices.com 04/04/06 1:27 PM >>>

We are considering getting the Syntegra package from ADAC. We presently have the 7.4 version. For those of you who have been using it for some time, we would like to know if it is worth the dollars spent & does it save you a lot of time? Also would like to hear some feedback on DMPO.

Thank you!
Cindy

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pop question-time limited: Varian users only
Fecha:	martes, 04 de abril de 2006 20:41:01
Archivos adjuntos:	

In 6.2b version of ADAC it is possible to plan Varian enhanced dynamic wedge (EDW) with step-and-shoot beams (not necessarily IMRT).

Warning: ADAC does not perform planning correctly since it assumes that jaw motion starts from the initial jaw position during each segment. In fact, the moving jaw will sweep across the filed during the treatment without ever going back.

Note that ADAC knows about this very unfortunate situation in 6 2b. Note also that ADAC never (as far as I know it) notified its users that it didn't calculate dose distributions correctly. Note that 7.6c version does not allow one to use EDW with step-and-shoot beams.

In my very personal view, the option of EDW plus step-end-shoot beam is potentially very useful. However, ADAC should adequately model what Varian actually does during EDW delivery for fields containing MLC segments.

Vadim Kuperman

--- "Charland, Paule" <paule.charland@grhosp.on.ca> wrote:

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> Professor (Adj), Physics U. Waterloo
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>

De:	Bud Baker
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: SYNTEGRA/DMPO
Fecha:	martes, 04 de abril de 2006 20:41:33
Archivos adjuntos:	

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Bud Baker, CMD
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>>> CSeier@shhservices.com 04/04/06 1:27 PM >>>

We are considering getting the Syntegra package from ADAC. We presently have the 7.4 version. For those of you who have been using it for some time, we would like to know if it is worth the dollars spent & does it save you a lot of time? Also would like to hear some feedback on DMPO.

Thank you!
Cindy

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pop question-time limited: Varian users only
Fecha:	martes, 04 de abril de 2006 21:28:43
Archivos adjuntos:	

In 6.2b version of ADAC it is possible to plan Varian enhanced dynamic wedge (EDW) with step-and-shoot beams (not necessarily IMRT).

Warning: ADAC does not perform planning correctly since it assumes that jaw motion starts from the initial jaw position during each segment. In fact, the moving jaw will sweep across the filed during the treatment without ever going back.

Note that ADAC knows about this very unfortunate situation in 6 2b. Note also that ADAC never (as far as I know it) notified its users that it didn't calculate dose distributions correctly. Note that 7.6c version does not allow one to use EDW with step-and-shoot beams.

In my very personal view, the option of EDW plus step-end-shoot beam is potentially very useful. However, ADAC should adequately model what Varian actually does during EDW delivery for fields containing MLC segments.

Vadim Kuperman

--- "Charland, Paule" <paule.charland@grhosp.on.ca> wrote:

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> http://www.grandriverhospital.on.ca
> Professor (Adj), Physics U. Waterloo
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De:	Linda Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pop question-time limited: Varian users only
Fecha:	miércoles, 05 de abril de 2006 2:35:05
Archivos adjuntos:	

Vadim,

Are you saying that the Varian Linac can deliver this correctly?

Does the Eclipse planning system configure the delivery of the step and shoot segments such that the exposed areas never fall under the moving jaw at that point in time? How do they coordinate the timing of both the moving jaw and the segments?

Why would this be useful, even if it is possible? I would expect that in IMRT, the goal is to deliver a specific dose distribution...wouldn't the objectives take care of this?

In forward planning, the approach is to block specific dose cloud levels. My planning staff toyed with this but we never tried it.

L.Smith

----- Original Message -----
From: "Vadim Kuperman" <vadimkuperman@yahoo.com>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Tuesday, April 04, 2006 2:28 PM
Subject: Re: Pop question-time limited: Varian users only

> In 6.2b version of ADAC it is possible to plan Varian
> enhanced dynamic wedge (EDW) with step-and-shoot beams
> (not necessarily IMRT).

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: graticule
Fecha:	miércoles, 05 de abril de 2006 17:04:02
Archivos adjuntos:	

Is there anyway to "turn off" the graticule in the Dose Planar window in version 7.4?

Thanks,
Kim

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pop question-time limited: Varian users only
Fecha:	miércoles, 05 de abril de 2006 17:46:50
Archivos adjuntos:	

Linda,

1. Regarding Varian delivery: delivered MUs as a function of the moving jaw position are calculated based on the treatment STT table (e.g., Med. Phys., 32, 1256, 2005). To the best of my knowledge, Varian simply follows the same recipe to deliver EDW with or without multiple control points in the beam.

2. I don't know Eclipse well enough to answer your second question.

3. Can the option of EDW with MLC be useful? Yes, in some instances you can potentially obtain desirable dose distributions using it. Note that ADAC didn't calculate dose distributions correctly in 6.2b for a combination of EDW plus step-and-shoot. To "solve" the problem of incorrect dose calculations, ADAC simply removed the possibility of this type of treatment delivery in 7.6c.

4. I readily admit that the combination of EDW and step-and-shoot beam can be useful in a very limited number of cases. Thus, I am not advocating for its implementation in ADAC.

Vadim Kuperman

--- Linda Smith <lsmi80@optonline.net> wrote:

> Vadim,
>
> Are you saying that the Varian Linac can deliver
> this correctly?
>

> Does the Eclipse planning system configure the
> delivery of the step and
> shoot segments such that the exposed areas never
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> My planning staff toyed with this but we never tried
> it.
>
> L.Smith
>
>
> ----- Original Message -----
> From: "Vadim Kuperman" <vadimkuperman@yahoo.com>
> To: <pinnacle-users@explode.unsw.edu.au>
> Sent: Tuesday, April 04, 2006 2:28 PM
> Subject: Re: Pop question-time limited: Varian users
> only
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> account will not be distributed unless that account
> is also subscribed.
>
##
>

De:	justcdj@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Dynamic wedge vs. IMRT
Fecha:	miércoles, 05 de abril de 2006 19:05:51
Archivos adjuntos:	

While a dynamic wedge applies a single gradient across the entire length of the field, the MLC can apply customized gradients to 0.5cm or 1.0cm sections of the field. Applying both seems to be layering a correction on top of another correction. In the regions where the EDW isn't sufficient, the MLC adds more correction, and where there's too much, the MLC would need to correct in the opposite direction.

In essence you would be modulating a gradient field instead of a uniform field. Different starting point - Same results. Since the software was designed to produce custom gradients for each leaf pair, why muddy the water by starting with a bias? The MLC provides 40 or 60 localized EDW's.

Chris James, M.S.
Medical Physicist
MidState Medical Center
435 Lewis Ave.
Meriden, CT 06451
(203) 694-8017

De:	Lemond, Tim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Bad DICOM Transfer
Fecha:	miércoles, 05 de abril de 2006 19:40:53
Archivos adjuntos:	

We're trying to send CT images from Pinnacle to a Siemens Sensation 64 CT Wizard application. The patient name number of slices, etc., transfers without any errors. When we try to open the images in the Siemens viewer we get "internal error has occurred in viewer" and the image area is blank.

Pinnacle can receive and read images from the Siemens just fine.

We have the same problem trying to send from our Philips AcQsim to Siemens.

Has anyone experienced this type of problem?

Thanks, Tim

De:	justcdj@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Dynamic wedge vs. IMRT
Fecha:	miércoles, 05 de abril de 2006 19:53:59
Archivos adjuntos:	

While a dynamic wedge applies a single gradient across the entire length of the field, the MLC can apply customized gradients to 0.5cm or 1.0cm sections of the field. Applying both seems to be layering a correction on top of another correction. In the regions where the EDW isn't sufficient, the MLC adds more correction, and where there's too much, the MLC would need to correct in the opposite direction.

In essence you would be modulating a gradient field instead of a uniform field. Different starting point - Same results. Since the software was designed to produce custom gradients for each leaf pair, why muddy the water by starting with a bias? The MLC provides 40 or 60 localized EDW's.

Chris James, M.S.
Medical Physicist
MidState Medical Center
435 Lewis Ave.
Meriden, CT 06451
(203) 694-8017

De:	Richard Lanzendorfer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Copy beams from one trial to the other
Fecha:	miércoles, 05 de abril de 2006 22:31:29
Archivos adjuntos:	

Could this be done if the initial plan (4 field + AP/PA MLB on scan #1) with vaginal marker & step/shoot forward planning needs to be added to an IMRT cervix boost plan (patient refused HDR) on scan #2 without vaginal marker. My goal is to get a composite dose distribution without redigitizing control points from the initial plan. I'm lazy and we do have rad calc on our site.
I could save one of the plans to phantom but the beams will be lost in the process.Will the RAD CALC solution work if I want to send the initial plan to the rescan IMRT plan?
Thank you in advance.

Rich Lanzendorfer CMD

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Alan Cassady; AVEN OKAMURA; ED PRICE; EMILY ROBINSON; JAMES CONANT; LES UYEDA; WAYNE KOJIMA;
Asunto:	Hetero plans for Chestwall
Fecha:	miércoles, 05 de abril de 2006 22:51:50
Archivos adjuntos:	

We are finally making the jump to all heterogeniety corrected plans in Pinnacle. One question has been asked regarding chestwall cases. Sometimes the chestwall PTV is only 3-4 cm wide and the prescription point ends up on the lung-rib interface.

How does Pinnacle handle the dose and MU calculation in these cases? Does anyone have words of wisdom to share?

De:	Linda Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pop question-time limited: Varian users only
Fecha:	jueves, 06 de abril de 2006 4:10:58
Archivos adjuntos:	

This would not work in my opinion.

The jaws would move and cover the intended step and shoot segments.

I have asked our Varian rep for some details but have not heard back yet.
To me, it seems that someone would have had to have spent a huge amount of effort to develop a very complicated algorithm for very little return.

Has anyone asked Varian the direct question before?

A Doubtful,
L.Smith

> Linda,
>
> 1. Regarding Varian delivery: delivered MUs as a
> function of the moving jaw position are calculated
> based on the treatment STT table (e.g., Med. Phys.,
> 32, 1256, 2005). To the best of my knowledge, Varian
> simply follows the same recipe to deliver EDW with or
> without multiple control points in the beam.

De:	Meyer_J@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Backup/Restore
Fecha:	jueves, 06 de abril de 2006 9:16:04
Archivos adjuntos:	

We are trying to find a way to Backup/Restore patients to DVD without interrupting the clinical routine. We were told by another Pinnacle user to create a new institution (e.g. "Backup") and transfer the patients to be written on DVD to it. Apparently it is then possible to Backup the patients from the Backup Institution to DVD without interfering with the clinical institution in which everybody else is working on. Unfortunately it did not work for us, i.e. colleagues who were planning patients in the clinical institution lost there work.
How do other people go about this problem?

Thanks
Jürgen

_____

Jürgen Meyer, Ph.D. | Universität Würzburg | Klinik für Strahlentherapie | Josef-Schneider-Str. 11 | D-97080 Würzburg | Germany |

De:	Lee Zarger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Hetero plans for Chestwall
Fecha:	jueves, 06 de abril de 2006 14:25:48
Archivos adjuntos:	

We make sure the normalization point is not at this interface and not in lung.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Scott DUBE
Sent: Wednesday, April 05, 2006 3:52 PM
To: pinnacle-users@explode.unsw.edu.au
Cc: Alan Cassady; AVEN OKAMURA; ED PRICE; EMILY ROBINSON; JAMES CONANT;
LES UYEDA; WAYNE KOJIMA
Subject: Hetero plans for Chestwall

We are finally making the jump to all heterogeniety corrected plans in Pinnacle. One question has been asked regarding chestwall cases. Sometimes the chestwall PTV is only 3-4 cm wide and the prescription point ends up on the lung-rib interface.

How does Pinnacle handle the dose and MU calculation in these cases? Does anyone have words of wisdom to share?

De:	hugo.tremblay@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Réf. : Hetero plans for Chestwall
Fecha:	jueves, 06 de abril de 2006 14:57:07
Archivos adjuntos:	pic16897.jpg

Scott,

My thougths:

Prescribe to point dose A.
Normalise to point dose A.
Doc choose one isodose.
The isodoses calculation will be trustable in the tissue (if their is any).
Tell your DOC that the real isodoses can be dirtorted at this interface.

We do hand calculation and use the (SPD (Source Point Distance) - effective depth) for the SSD parameter of the hand calc.
Our home-made hand calc program uses this SSD calculation to perform its ISL correction.
We accept -12% for chest wall and -5% for normal breats (scatter is missing compare to flat water phantom calculation at SSD = SPD - eff depth).
If the hand calc goes beyond these limits, we investigate.

Hope this helps,

Hugo

De :
"Scott DUBE" <sdube@queens.org>@explode.unsw.edu.au

Envoyé par :
owner-pinnacle-users@explode.unsw.edu.au

Pour :
pinnacle-users@explode.unsw.edu.au

cc :
"Alan Cassady" <ACASSADY@queens.org>, "AVEN OKAMURA" <AOKAMURA@queens.org>, "ED PRICE" <EPRICE@queens.org>, "EMILY ROBINSON" <EROBINSON@queens.org>, "JAMES CONANT" <JCONANT@queens.org>, "LES UYEDA" <LUYEDA@queens.org>, "WAYNE KOJIMA" <WKOJIMA@queens.org>, (ccc : Hugo Tremblay/CH de la Sagamie/Reg02/SSSS)
Objet :
Hetero plans for Chestwall

2006-04-05 15:51
Veuillez répondre à
pinnacle-users

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account will not be distributed unless that account is also subscribed.
##
(Embedded image moved to file: pic16897.jpg)

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Backup/Restore
Fecha:	jueves, 06 de abril de 2006 15:30:23
Archivos adjuntos:	

I create Unix files on the Home Directory for Archive this takes about 4 minutes for a 1.4 GB file. I then FTP them off the system.
Once they are on a windows PC, I create a DVD using Roxio CD Creator and ISO 9660 as the CD standard.

This morning I created 10 backup files in less than 20 minutes, copied them off to a PC and am burning DVD's during the day without any system interruption.

The only thing the staff cannot do is open a file, or import new scans during the backup. They will get the DB locked error message, but if they have a plan open and are doing contours on it they can continue to work. It takes a few minutes of negotiation to make sure everyone is on the same page...

I always restore to a new institution for the Dosi staff and they transfer the plans to the active institution as appropriate.
I do overnight backups by using a KRON job that runs at 2:00AM

Greg

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Meyer_J@klinik.uni-wuerzburg.de
Sent: Thursday, April 06, 2006 1:51 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Backup/Restore

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Jürgen

_____

Jürgen Meyer, Ph.D. | Universität Würzburg | Klinik für Strahlentherapie | Josef-Schneider-Str. 11 | D-97080 Würzburg | Germany |

De:	Charland, Paule
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Réf. : Hetero plans for Chestwall
Fecha:	jueves, 06 de abril de 2006 15:59:53
Archivos adjuntos:	

>Our home-made hand calc program uses this SSD calculation to perform its
>ISL correction.
>We accept -12% for chest wall and -5% for normal breats (scatter is missing
>compare to flat water phantom calculation at SSD = SPD - eff depth).

I am curious, -12% is this with physical wedges and wedge off-axis accounted for in your hand calc program?

Regards,

Paule

Paule Madeleine Charland PhD DABR
Medical Physicist
Grand River Regional Cancer Centre
Medical Physics Department
835 King Street West
Kitchener, Ontario
Canada N2G 1G3
paule.charland@grhosp.on.ca
PHONE: 519-749-4300 ext 5758
FAX 519-749-4394
http://www.grandriverhospital.on.ca
Professor (Adj), Physics U. Waterloo

De:	Bossart, Elizabeth
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Hetero plans for Chestwall
Fecha:	jueves, 06 de abril de 2006 17:58:22
Archivos adjuntos:	

When we have a case where the prescription point will end up in an undesirable location we normalize to max dose. The hard part has been the explanations to one or two physicians who don't really understand the concept -- they don't like prescribing to a 90% or 88% of maximum dose line because they are used to seeing isodoses in terms of a particular point. All in all, they are getting used to the idea -- it just takes a bit of time.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Scott DUBE
Sent: Wednesday, April 05, 2006 3:52 PM
To: pinnacle-users@explode.unsw.edu.au
Cc: Alan Cassady; AVEN OKAMURA; ED PRICE; EMILY ROBINSON; JAMES CONANT;
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Subject: Hetero plans for Chestwall

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How does Pinnacle handle the dose and MU calculation in these cases? Does anyone have words of wisdom to share?

unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
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##

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send
the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
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##

De:	justcdj@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hetero plans for Chestwall
Fecha:	jueves, 06 de abril de 2006 18:30:33
Archivos adjuntos:	

The max dose happens at a point.
The Cartesian co-ordinates of that point are given on the point dose summary page.
If you give them that point as their reference, do you think it might aid their understanding?
"You can lead a horse to water..."

Chris James

-----Original Message-----
From: Bossart, Elizabeth <EBossart@med.miami.edu>
To: pinnacle-users@explode.unsw.edu.au
Sent: Thu, 6 Apr 2006 11:02:58 -0400
Subject: RE: Hetero plans for Chestwall

When we have a case where the prescription point will end up in an undesirable location we normalize to max dose. The hard part has been the explanations to one or two physicians who don't really understand the concept -- they don't like
prescribing to a 90% or 88% of maximum dose line because they are used to seeing
isodoses in terms of a particular point. All in all, they are getting used to the idea -- it just takes a bit of time.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Scott DUBE
Sent: Wednesday, April 05, 2006 3:52 PM
To: pinnacle-users@explode.unsw.edu.au
Cc: Alan Cassady; AVEN OKAMURA; ED PRICE; EMILY ROBINSON; JAMES CONANT; LES UYEDA; WAYNE KOJIMA
Subject: Hetero plans for Chestwall

We are finally making the jump to all heterogeniety corrected plans in Pinnacle. One question has been asked regarding chestwall cases. Sometimes the chestwall PTV is only 3-4 cm wide and the prescription point ends up on the lung-rib interface.

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Does anyone have words of wisdom to share?

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De:	Robert Baker
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hetero plans for Chestwall
Fecha:	jueves, 06 de abril de 2006 20:00:58
Archivos adjuntos:	

My thoughts on placing the calibration point on the chest-lung interface is simply DEAD WRONG!
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By the way, I have seen this done recently when consulting.
My 2cents worth.
Robert J Baker, Ph. D., DABR

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De:	Colliander, Sandra
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Hetero plans for Chestwall
Fecha:	jueves, 06 de abril de 2006 20:46:10
Archivos adjuntos:	

I seem to remember that there was a protocol that recommended putting the point at the outside edge of the rib cage, if the usual 2/3 distance put it in the lung. I'm afraid I cannot remember which protocol it was. Sandra

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Robert Baker
Sent: Thursday, April 06, 2006 10:39 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Hetero plans for Chestwall

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De:	Scott Mange
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hetero plans for Chestwall
Fecha:	jueves, 06 de abril de 2006 21:43:01
Archivos adjuntos:	

Dear Mr. Baker (and Group),

Forgive me for taking issue with what you've said below. I do not wish to hurt feelings but I fear your statement stems from a not very well thought out understanding of what the computer does in order to compute dose distributions. This lack of understanding afflicts far too many of us in the radiation therapy field and ADAC doesn't help the problem (CMS is better at making the process clear).

I've never been very good at explaining this, no matter how many times I've tried, so forgive me if what I'm about to say doesn't make a lot of sense.

The location of the calibration/calculation point does not matter. It can be in the penumbra, at the chest wall/lung interface or under a block. It doesn't matter so long as you prescribe a certain dose (say 180cGy) to a particular dose line (Say the 95%).

The reason for this is because the process the computer goes through in order to calculate the dose lines.

If you tell the computer you want a certain dose to the calc. point, the computer uses some number of MUs to model the dose from that beam. After the computer knows how many MUs to use, the dose at the calc. point is no longer needed.

If the MUs based on the calc point dose make the dose distribution too "hot", you prescribe to a higher dose line, and that brings the MUs down (the dose to the calc point down also).

If the MUs based on the calc point dose make the dose distribution too "cold", you prescribe to a lower dose line, and that brings the MUs up.

Now here is the important point and the part I think Mr. Baker is really getting at, the calculated dose to the calibration point may not be accurate if its at the interface or in the penumbra or under a block. But

the accuracy of the dose to the calculation point does not affect the accuracy to the rest of the dose distribution or the MUs the computer calculates.

I cannot address the accuracy of the dose distribution in the penumbra, chest wall/lung interface, or under blocks but I can say these do not affect the overall dose distribution or MUs.

Try an experiment. Using a regular tangent pair on a regular sized breast, put the weight/calc point at the isocenter and come up with a plan. Normalize at the isocenter. Prescribe 180cGy to an isodose line that best covers the breast and note the computer MUs.

Do the same again, but this time, normalize on the dose maximum. Prescribe, 180cGy to the line that best covers the breast and note the MUs. This should be close to the first trial. There may be some differences due to rounding error, etc.

Do the same again, but this time, put the weight point in the penumbra, or out of the beam or along the chest wall/lung interface if you're using hetero corrections. Normalize on the calc point. Adjust the weights to get a good dose distribution. Prescribe 180cGy to the isodose line that best covers the breast and note the MUs. Again, these should be close to the original plan.

I hope this has been helpful and informative.

Sincerely yours,

Scott Mange

At 01:39 PM 4/6/2006, you wrote:
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De:	Scott Mange
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hetero plans for Chestwall
Fecha:	jueves, 06 de abril de 2006 21:51:20
Archivos adjuntos:	

Dear Mr. Baker (and Group),

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De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hetero plans for Chestwall
Fecha:	jueves, 06 de abril de 2006 22:10:35
Archivos adjuntos:	

Well said Scott. Put the point in a spot (usually a homogeneous area to resemble the water phantom our measurements are made from) so that we can verify with a hand calc that the monitor units the planning system is using for that point are accurate to the best of our knowledge. It doesn't really matter where that calc point is, the physician will prescribe to the isodose line that usually goes all the way to the chestwall interface thus covering the breast volume. This is a line relative to that point. We trust that the planning systems algorithm is correctly calculating all the other million points within the treatment volume and adding them together to make lines of reference or lines of absolute dose. That's my two cents,

Bryan

Bryan Murray, BSRT (T), CMD
Medical Dosimetrist
UT Southwestern Medical Center at Dallas
Department of Radiation Oncology
5801 Forest Park Road
Dallas, TX 75390-9183
(214)645-8544 Telefax (214)645-7617

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hetero plans for Chestwall
Fecha:	jueves, 06 de abril de 2006 22:21:37
Archivos adjuntos:	

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(214)645-8544 Telefax (214)645-7617

De:	hugo.tremblay@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Réf. : RE: Hetero plans for Chestwall
Fecha:	jueves, 06 de abril de 2006 22:56:36
Archivos adjuntos:	pic29029.jpg

Hi there,

As long as the normalisation point is the same than the prescription point, the MU calculation of Pinnacle will be correct if you choose the isodose that
cover your PTV.

The following exercice with Pinnacle can convince anyone that the most important thing for MU calculation with Pinnacle
is to prescribe and normalise to the same point and then choose the prescription isodose:

Part 1:
1- Use a flat water system in Pinnacle, 10x10 field size, SSD=90 and d=10
2- Prescribe to dose point P1 200 cGy in a region out of field (at this step, do not care about which isodose to prescribe)
3- Normalise the isodoses to the same dose point P1
4- Look the isodose that cross the isocenter (about 1500%)
5- Edit your prescription to prescribe 200 cGy to this isodose (step 4)
6- Note the number of MU calculated by Pinnacle (my test gives me

Part 2:
1- Use the same geometry of part 1
2- Prescribe 200 cGy to isocenter at isodose 100%
3- Normalise to isocenter
4- You get the same number of MU of Part 1 (my test gives me 248 MU)

The only difference between the two parts is the isodoses values. It is not practical for dosimetrist to prescribe and display the 1500% isodoses. Doc are not used to prescribe to 1500% isodose. At first look, it does not make sense but the results are the same if you follow the rule "prescribe and normalise to the same point" !!!

The only good point to prescribe and normalise to a point where you have

electonic equilibrium is to get a decent hand calculation agreement. If you prescribe to an interface, the hand calculation will fails since it calculates in a flat water system. We then ask our dosimetrist to use a as much as possible a point where electronic equilibrium exists to get decent hand calc results. However for chest wall, this is difficult to achieve and that is why we tolerate -12% only for chest wall.

Hope this helps,

Hugo

De :
"Lee Zarger" <LZarger@hungerford.org>@explode.unsw.edu.au

Envoyé par :
owner-pinnacle-users@explode.unsw.edu.au

Pour :
<pinnacle-users@explode.unsw.edu.au>

cc :
(ccc : Hugo Tremblay/CH de la Sagamie/Reg02/SSSS)

Objet :
RE: Hetero plans for Chestwall

2006-04-06 08:11

Veuillez répondre à
pinnacle-users

We make sure the normalization point is not at this interface and not in lung.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Scott DUBE
Sent: Wednesday, April 05, 2006 3:52 PM
To: pinnacle-users@explode.unsw.edu.au
Cc: Alan Cassady; AVEN OKAMURA; ED PRICE; EMILY ROBINSON; JAMES CONANT;
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(Embedded image moved to file: pic29029.jpg)

De:	Baier_K@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Hetero plans for Chestwall
Fecha:	jueves, 06 de abril de 2006 23:09:07
Archivos adjuntos:	

Dear Mr Baker and all group members participating this discussion,
the point where I agree with Scott is that all dose distributions result from dose to certain grid points. The accuracy of dose calculation will vary among these points. The highest reliability will be in regions of low gradients and sufficient electronic equilibrium. I do not believe in that the concept of one single prescription point is state of the art.
Why not use really representative numbers as mean or median of a distribution ?

Kurt

Kurt Baier, Universitaet Wuerzburg, Klinik fuer Strahlentherapie, D-97080 Wuerzburg

De:	Jo Vanregemorter
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Backup/Restore
Fecha:	viernes, 07 de abril de 2006 9:49:30
Archivos adjuntos:	

---

we use the back-up tool in pinnacle to create a .tar file, FTP to a pc and write a CD

while using the back-up tool, the database is locked and Philips advises us not to use the planning tool simultaneously (although you can but not make a new patient etc)

we avoid DVD because restoring from DVD takes very long and the long-time storage on dvd (vs CD) is somewhat questionable? (reported at a Pinnacle users meeting in BENELUX)

jo

J. Vanregemorter
Deskundige Medische Stralingsfysica ZNA
p/a Lindendreef 1-B2020 Antwerpen-Belgium

Tel +32 3 2804134 Fax +32 3 2810719
Mobile +32 486539070

jo.vanregemorter@zna.be
www.zna.be

-----Oorspronkelijk bericht-----
Van: Meyer_J@klinik.uni-wuerzburg.de [mailto:Meyer_J@klinik.uni-wuerzburg.de]
Verzonden: donderdag 6 april 2006 08:51
Aan: pinnacle-users@explode.unsw.edu.au
Onderwerp: Backup/Restore

We are trying to find a way to Backup/Restore patients to DVD without interrupting the clinical routine. We were told by another Pinnacle user to create a new institution (e.g. "Backup") and transfer the patients to be written on DVD to it. Apparently it is then possible to Backup the patients from the Backup Institution to DVD without interfering with the clinical institution in which everybody else is working on. Unfortunately it did not work for us, i.e. colleagues who were planning patients in the clinical institution lost there work.
How do other people go about this problem?

Thanks
Jürgen

_____

Jürgen Meyer, Ph.D. | Universität Würzburg | Klinik für Strahlentherapie | Josef-Schneider-Str. 11 | D-97080 Würzburg | Germany |

De:	John Duhon
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Hetero plans for Chestwall
Fecha:	viernes, 07 de abril de 2006 16:18:03
Archivos adjuntos:	

Scott, Let me add a twist to the conversation. I was just presented with a young patient that came to us for left sided chest wall radiation with a tissue expander. Come to find out these expanders have a magnet in them which is used to localize the fluid port. Her CT sim is completely washed out with artifact. The plastic surgeon refuses to remove it, so we have been asked to "do the best we can". My calculation point will fall in a big chunk of metal. I have some ideas on how to best handle it, but wanted to see what folks on the list think.

John Duhon
Lafayette, LA

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Wednesday, April 05, 2006 2:52 PM
To: pinnacle-users@explode.unsw.edu.au
Cc: Alan Cassady; AVEN OKAMURA; ED PRICE; EMILY ROBINSON; JAMES CONANT; LES
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De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hetero plans for Chestwall
Fecha:	viernes, 07 de abril de 2006 16:35:36
Archivos adjuntos:	

Hello list,

Another thing to consider in all this is to check whether the depth is 'right' in the MU calc.

Should you be using a depth that skims tangentially to the chest wall? One can get some significant partial voluming -or rather lack of partial volume- effects simply based on the surface threshold . Shifting the dose point might help a bit, but for chest wall treatments this is a challenge, especially when we're treating chicken-bones.

If my MUs look suspiciously high, I might suspect the depth. I like to perform a 'sensitivity' check of the depths by using the measuring tool from the dose point to the surface. I try to keep in mind the set-up uncertainty and estimate a reasonable depth for MU calculation. This depth can then be easily verified with a 2nd check... and it puts my mind to ease knowing that this is probably closer to what is happening on a day-to-day basis.

Parminder S. Basran, PhD MCCPM
Sunnybrook Health Sciences Centre
parminder.basran@sunnybrook.ca <=new

the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Charland, Paule
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: - RE: Hetero plans for Chestwall -
Fecha:	viernes, 07 de abril de 2006 17:21:25
Archivos adjuntos:	

If you believe in the infallible algorithm, it does not matter where you prescribe. If you believe in error analysis, you keep your calc pt away from voxels you don't trust. Error will propagate everywhere if the point you choose for scaling the dose (MU) has a big error associated with it.

Metal is something that was never tested here so we try to avoid it when we can. What if really can't avoid it? Turning off the heterogeneity correction or overwriting the density might not necessarily do any better.

Just need that infallible algorithm that will predict dose in and around metal.

Paule

Paule Madeleine Charland PhD DABR
Medical Physicist
Grand River Regional Cancer Centre
Medical Physics Department
835 King Street West
Kitchener, Ontario
Canada N2G 1G3
paule.charland@grhosp.on.ca
PHONE: 519-749-4300 ext 5758
FAX 519-749-4394
http://www.grandriverhospital.on.ca
Professor (Adj), Physics U. Waterloo

-----Original Message-----

From: John Duhon [mailto:jduhon@oncologics.net]
Sent: Friday, April 07, 2006 9:55 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: [SPAM] - RE: Hetero plans for Chestwall - Found word(s) remove list list error in the Text body

Scott, Let me add a twist to the conversation. I was just presented with a young patient that came to us for left sided chest wall radiation with a tissue expander. Come to find out these expanders have a magnet in them which is used to localize the fluid port. Her CT sim is completely washed out with artifact. The plastic surgeon refuses to remove it, so we have been asked to "do the best we can". My calculation point will fall in a big chunk of metal. I have some ideas on how to best handle it, but wanted to see what folks on the list think.

John Duhon
Lafayette, LA

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Wednesday, April 05, 2006 2:52 PM
To: pinnacle-users@explode.unsw.edu.au
Cc: Alan Cassady; AVEN OKAMURA; ED PRICE; EMILY ROBINSON; JAMES CONANT; LES
UYEDA; WAYNE KOJIMA
Subject: Hetero plans for Chestwall

We are finally making the jump to all heterogeniety corrected plans in Pinnacle. One question has been asked regarding chestwall cases. Sometimes the chestwall PTV is only 3-4 cm wide and the prescription point ends up on the lung-rib interface.

How does Pinnacle handle the dose and MU calculation in these cases? Does anyone have words of wisdom to share?

To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message unsubscribe pinnacle-users <e-mail address> to majordomo@explode.unsw.edu.au.

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##

De:	Scott Mange
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: - RE: Hetero plans for Chestwall -
Fecha:	viernes, 07 de abril de 2006 18:26:13
Archivos adjuntos:	

Dear Professor Charland,

I've often thought it would be a GREAT idea if someone could come up with a planning system that not only allowed one to calculate MUs and isodose lines but one that also displayed the level of uncertainty of the calculated dose, perhaps with a color-wash. Could you imagine looking at a breast tangent to find most of the breast colored a please dark blue but near the chest wall/lung interface and apex of the breast bright red bands to show relatively high degrees of uncertainty in the dose calculation. The same could be used for the tissue expander magnet. There would be a large red dot centered on the magnet and most of the rest of the display blue-ish.

Unfortunately we don't have that.

I also need to take issue with your statement that one must keep your calc pt. away from voxels you don't trust. If you are calculating the dose to a specific point, you may very well be right but you're not using that point to scale the MUs. You are using the entire dose display and prescribing to an isodose line. It is this prescribing to an isodose line that scales the MUs. I say again, the location of the weight point(s) does not matter.

As for the magnet in the tissue expander, I had the company send me a sample tissue expander. I cut it up and found the metal to be thin except for the magnet. The metal part of the expander looks a bit like a small (3.5cm diameter) soda can cut in half. The can is cut about 1cm down from the pop top. The walls are about the same thickness as a soda can also.

The magnet is about 1.2cm diameter by ~4mm deep and is centered in the middle of the can.

The point here is, most of the metal is too thin to worry about and the parts you

worry about are too far away from the patient's tissues to worry about.

You should be OK turning off the heterogeneity and still get a fairly accurate dose distribution even with a 6X beam.

Respectfully yours,

Scott Mange

At 10:49 AM 4/7/2006, you wrote:

> If you believe in the infallible algorithm, it does not matter where you prescribe. If you believe in error analysis, you keep your calc pt away from voxels you don't trust. Error will propagate everywhere if the point you choose for scaling the dose (MU) has a big error associated with it.
>
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>
> Just need that infallible algorithm that will predict dose in and around metal.
>
> Paule
>
> Paule Madeleine Charland PhD DABR
> Medical Physicist
> Grand River Regional Cancer Centre
> Medical Physics Department
> 835 King Street West
> Kitchener, Ontario
> Canada N2G 1G3
> paule.charland@grhosp.on.ca
> PHONE: 519-749-4300 ext 5758
> FAX 519-749-4394
> http://www.grandriverhospital.on.ca
> Professor (Adj), Physics U. Waterloo

De:	vincent.lalande@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Réf. : RE: - RE: Hetero plans for Chestwall -
Fecha:	viernes, 07 de abril de 2006 19:46:35
Archivos adjuntos:	Hello all.pdf MU_cal.pdf

Hello,

Please look at the following attached files:

(See attached file: Hello all.pdf)

(See attached file: MU_cal.pdf)

Vincent

De:	Charland, Paule
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: - RE: Hetero plans for Chestwall -
Fecha:	viernes, 07 de abril de 2006 20:10:07
Archivos adjuntos:	

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I agree with you but that's me not reading and explaining well and semantic (norm, calc, weight, prescription and isodoses). You explained it well. I jumped on 'it does not matter'. It is really that rescaling of the isodose line with prescription, whatever those voxels are that matters. The dose distribution is fixed by the algorithm and you can move the 'calc pt' around and you'll always have the same relative distribution. Assigning isodose with prescription with attention to the normalization point is the key. I'll stop here before I add more confusion.

>The point here is, most of the metal is too thin to worry about and the parts you worry about are too far away from the patient's tissues to worry about.
> You should be OK turning off the heterogeneity and still get a fairly accurate dose distribution even with a 6X beam.

Cases like that I try with and without heterogeneous calc to see the influence on dose. That's how I like it: thin enough not too worry about it.

Cheers,

Paule

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Metal is something that was never tested here so we try to avoid it when we can. What if really can't avoid it? Turning off the heterogeneity correction or overwriting the density might not necessarily do any better.

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Paule

Paule Madeleine Charland PhD DABR
Medical Physicist
Grand River Regional Cancer Centre
Medical Physics Department
835 King Street West
Kitchener, Ontario
Canada N2G 1G3
paule.charland@grhosp.on.ca
PHONE: 519-749-4300 ext 5758
FAX 519-749-4394
http://www.grandriverhospital.on.ca
Professor (Adj), Physics U. Waterloo

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: - RE: Hetero plans for Chestwall -
Fecha:	viernes, 07 de abril de 2006 20:23:35
Archivos adjuntos:	

Let me add my opinion to the existing spectrum:

1. I think that the question asked is not whether location of the reference point makes a fundamental difference for ADAC dose calculations (it does not!). The real problem is with independent verification of MUs.

2. In the latter case one can correctly conclude that not all points are “equal”. Indeed, it makes a lot of sense to choose a point located in a region with low dose gradient and sufficient side scatter if planned dose at this point is eventually compared to another program (e.g., Rad Calc) which utilizes much less sophisticated algorithm for dose calculation.

Vadim Kuperman

--- Scott Mange <smange@ameritech.net> wrote:

> Dear Professor Charland,
>
> I've often thought it would be a GREAT idea if
> someone could come up with a
> planning system that not only allowed one to
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> >FAX 519-749-4394
>
><http://www.grandriverhospital.on.ca>http://www.grandriverhospital.on.ca

> >Professor (Adj), Physics U. Waterloo
>

De:	vincent.lalande@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Réf. : RE: - RE: Hetero plans for Chestwall -
Fecha:	viernes, 07 de abril de 2006 21:37:12
Archivos adjuntos:	Hello all.pdf

Hello all
Sorry there is a little mistake in the definition of ND(prescription) in my last e-mail
The corrections are made in the following attachement
It is a copy and paste mistake :)))

(See attached file: Hello all.pdf)

Vincent

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: - RE: Hetero plans for Chestwall -
Fecha:	viernes, 07 de abril de 2006 22:32:49
Archivos adjuntos:	

This is one of the more enlightening discussions I've seen on this list.
My understanding is that the convolution/ superposition algorithm is robust enough to make calc point placement irrelevant, at least as it pertains to the final MU calculation.

Now I have a follow-up question, and it's particular to the Pinnacle PB electron algorithm:
If it is true that placement of the calc point is irrelevant for a photon plan, would the same hold true for an electron plan? In other words,
if you use Pinnacle MU's for electrons, would it make a difference where you place the calc point, as long as you prescribe to an isodose volume?

I suppose I could run some of the same tests described for photons, but maybe Scott, Vincent et al could make it easy for me.
Thanks!

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296

account will not be distributed unless that account is also subscribed.
##

De:	Charland, Paule
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Prescription
Fecha:	viernes, 07 de abril de 2006 23:15:49
Archivos adjuntos:	

Thanks for this, it is nicely detailed. I'm afraid we would not present this to our planners. Our therapists keep rotating in planning and we use simple instructions: Prescribe to % of point dose = norm pt = 'calc pt' (usually not the isocenter). 'Ref pt'(what is sometimes refer to as calc pt..) would be whatever point in Pinnacle.

-----Original Message-----
From: vincent.lalande@ssss.gouv.qc.ca
[mailto:vincent.lalande@ssss.gouv.qc.ca]
Sent: Friday, April 07, 2006 3:12 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Réf. : RE: - RE: Hetero plans for Chestwall -

Hello all
Sorry there is a little mistake in the definition of ND(prescription) in my last e-mail
The corrections are made in the following attachement
It is a copy and paste mistake :)))

(See attached file: Hello all.pdf)

Vincent

reply e-mail and destroy all copies of the original message.

De:	Provost, Daniel
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Réf. : RE: - RE: Hetero plans for Chestwall -
Fecha:	viernes, 07 de abril de 2006 23:43:32
Archivos adjuntos:	

Question: Version 11.4 of Pinnacle comes out and the point you chose to normalize your plan is now different by 20%, compared to the same plan with version 7.6. What do you do? How do you avoid such circumstances?

Daniel

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of vincent.lalande@ssss.gouv.qc.ca
Sent: Friday, April 07, 2006 3:12 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Réf. : RE: - RE: Hetero plans for Chestwall -

Hello all
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(See attached file: Hello all.pdf)

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the message
unsubscribe pinnacle-users <e-mail address>
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##

De:	Scott Mange
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Réf. : RE: - RE: Hetero plans for Chestwall -
Fecha:	sábado, 08 de abril de 2006 0:07:50
Archivos adjuntos:	

What do you do? Call the manufacturer to complain!

How do you avoid such circumstances? Buy from someone else!

;-)

Scott Mange

At 05:15 PM 4/7/2006, you wrote:
>Question: Version 11.4 of Pinnacle comes out and the point you chose to
>normalize your plan is now different by 20%, compared to the same plan with
>version 7.6. What do you do? How do you avoid such circumstances?
>
>Daniel
>
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of
>vincent.lalande@ssss.gouv.qc.ca
>Sent: Friday, April 07, 2006 3:12 PM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Réf. : RE: - RE: Hetero plans for Chestwall -
>
>
>
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>
>(See attached file: Hello all.pdf)
>
>Vincent
>
>**********

>The information contained in this email and document(s) attached are for the
>exclusive use of the addressee and may contain confidential, privileged and
>non-disclosable information. If the recipient of this e-mail is not the
>addressee, such recipient is strictly prohibited from reading, photocopying,
>distributing or otherwise using this e-mail or its content in any way.
>
>
>##
>To unsubscribe (yourself or other account) from the pinnacle-users mailing
>list, send the message
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De:	vincent.lalande@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Réf. : RE: - RE: Hetero plans for Chestwall -
Fecha:	sábado, 08 de abril de 2006 0:13:02
Archivos adjuntos:	pic30136.jpg

Hello Joe,
We don't use MU calculations for electrons
We use only the isodose distribution
Our MU is calculated by ourself (PDD and meausurement)
We cannot answer your question because we don't know the algorith MU calculation....
Sorry
Regards
Vincent Lalande
CSSSC

De :
"Joe Grant" <jgrant@carti.com>@explode.unsw.edu.au

Envoyé par :
owner-pinnacle-users@explode.unsw.edu.au

Pour :
<pinnacle-users@explode.unsw.edu.au>

cc :
(ccc : Vincent Lalande/CH de la Sagamie/Reg02/SSSS)

Objet :
RE: - RE: Hetero plans for Chestwall -

2006-04-07 16:11

Veuillez répondre à

pinnacle-users

This is one of the more enlightening discussions I've seen on this list.
My understanding is that the convolution/ superposition algorithm is robust enough to make calc point placement irrelevant, at least as it pertains to the final MU calculation.

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Thanks!

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296

(Embedded image moved to file: pic30136.jpg)

De:	vincent.lalande@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Réf. : RE: Réf. : RE: - RE: Hetero plans for Chestwall -
Fecha:	sábado, 08 de abril de 2006 0:19:30
Archivos adjuntos:	pic16145.jpg

Dear Daniel,
Version 11.4 ??? Are you sure?
We heard about 8.0 and 7.6 but not 11.4
We are not able to answer to you...
Regards
Vincent Lalande
CSSSC

De :
"Provost, Daniel" <dprovost@hrsrh.on.ca>@explode.unsw.edu.au
Envoyé par :
owner-pinnacle-users@explode.unsw.edu.au
Pour :
'"pinnacle-users@explode.unsw.edu.au"' <pinnacle-users@explode.unsw.edu.au>
cc :
(ccc : Vincent Lalande/CH de la Sagamie/Reg02/SSSS)
Objet :
RE: Réf. : RE: - RE: Hetero plans for Chestwall -

2006-04-07 17:15
Veuillez répondre à
pinnacle-users

Question: Version 11.4 of Pinnacle comes out and the point you chose to normalize your plan is now different by 20%, compared to the same plan with version 7.6. What do you do? How do you avoid such circumstances?

Daniel

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of
vincent.lalande@ssss.gouv.qc.ca
Sent: Friday, April 07, 2006 3:12 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Réf. : RE: - RE: Hetero plans for Chestwall -

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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##
(Embedded image moved to file: pic16145.jpg)

De:	justcdj@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Réf. : RE: - RE: Hetero plans for Chestwall -
Fecha:	sábado, 08 de abril de 2006 0:41:13
Archivos adjuntos:	

If you are willing to take 1000 measurements of all combinations of energies in all cone sizes with a number of inserts in each cone at 5 distances for each combination, Pinnacle does one bang-up job of MU calcs for e-'s. Use patient CT for distributions, then calc the beams on the "water phantom" option at whatever distance in the range measured (100cm to 120cm). Any digitized insert shape will give you MU's that you can verify with direct measurements to a percent or so. Truly amazing.

The only drawback: You have no life for the weeks it takes to measure, enter data and model.

This kind of quality calculation comes at a price...

Chris James
Meriden, CT

-----Original Message-----
From: vincent.lalande@ssss.gouv.qc.ca
To: pinnacle-users@explode.unsw.edu.au
Sent: Fri, 7 Apr 2006 17:42:48 -0400
Subject: Réf. : RE: - RE: Hetero plans for Chestwall -

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CSSSC

De :
"Joe Grant" <jgrant@carti.com>@explode.unsw.edu.au

Envoyé par :
owner-pinnacle-users@explode.unsw.edu.au

Pour :
<pinnacle-users@explode.unsw.edu.au>

cc :
(ccc : Vincent Lalande/CH de la Sagamie/Reg02/SSSS)

Objet :

RE: - RE: Hetero plans for Chestwall -

2006-04-07 16:11

Veuillez répondre à

pinnacle-users

This is one of the more enlightening discussions I've seen on this list.
My understanding is that the convolution/ superposition algorithm is robust enough to make calc point placement irrelevant, at least as it pertains to the final MU calculation.

Now I have a follow-up question, and it's particular to the Pinnacle PB electron algorithm:
If it is true that placement of the calc point is irrelevant for a photon plan, would the same hold true for an electron plan? In other words,
if you use Pinnacle MU's for electrons, would it make a difference where you place the calc point, as long as you prescribe to an isodose volume?

I suppose I could run some of the same tests described for photons, but maybe Scott, Vincent et al could make it easy for me.
Thanks!

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296

(Embedded image moved to file: pic30136.jpg)

=

Attached Image: pic30136.jpg

[Image removed]

De:	Linda Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Réf. : RE: - RE: Hetero plans for Chestwall -
Fecha:	sábado, 08 de abril de 2006 22:47:24
Archivos adjuntos:	

Fortunately, this has not happened in my experience.

The only possibility of this happening these days is if we all start using monte carlo and prescribe in a air/tissue interface, and compare it to a significantly inferior algorithm.

However, if we think about the algorithms we were using fifteen years ago, one could hardly blame our vendors for progress made.

L

----- Original Message -----
From: "Scott Mange" <smange@ameritech.net>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Friday, April 07, 2006 5:58 PM
Subject: RE: Réf. : RE: - RE: Hetero plans for Chestwall -

> What do you do? Call the manufacturer to complain!
>
> How do you avoid such circumstances? Buy from someone else!
>
> ;-)
>
> Scott Mange
>
> At 05:15 PM 4/7/2006, you wrote:
>>Question: Version 11.4 of Pinnacle comes out and the point you chose to
>>normalize your plan is now different by 20%, compared to the same plan
>>with
>>version 7.6. What do you do? How do you avoid such circumstances?
>>
>>Daniel
>>
>>-----Original Message-----
>>From: owner-pinnacle-users@explode.unsw.edu.au
>>[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of

>>vincent.lalande@ssss.gouv.qc.ca
>>Sent: Friday, April 07, 2006 3:12 PM
>>To: pinnacle-users@explode.unsw.edu.au
>>Subject: Réf. : RE: - RE: Hetero plans for Chestwall -
>>
>>
>>
>>Hello all
>>Sorry there is a little mistake in the definition of ND(prescription) in
>>my
>>last e-mail
>>The corrections are made in the following attachement
>>It is a copy and paste mistake :)))
>>
>>(See attached file: Hello all.pdf)
>>
>>Vincent
>>
>>**********
>>The information contained in this email and document(s) attached are for
>>the
>>exclusive use of the addressee and may contain confidential, privileged
>>and
>>non-disclosable information. If the recipient of this e-mail is not the
>>addressee, such recipient is strictly prohibited from reading,
>>photocopying,
>>distributing or otherwise using this e-mail or its content in any way.
>>
>>
>>##########
>>To unsubscribe (yourself or other account) from the pinnacle-users mailing
>>list, send the message
>>unsubscribe pinnacle-users <e-mail address>
>>to majordomo@explode.unsw.edu.au.
>>
>>Note: To avoid non-delivery error messages being sent to all list
>>members, the list has been configured so that messages can only be
>>sent from a subscribed account. Messages sent from a users secondary
>>account will not be distributed unless that account is also subscribed.
>>##########
>
>
>
> ##########
> To unsubscribe (yourself or other account) from the pinnacle-users mailing
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##

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Réf. : RE: - RE: Hetero plans for Chestwall -
Fecha:	sábado, 08 de abril de 2006 23:17:01
Archivos adjuntos:	

Vincent,

That's OK, we do the same thing. But we've been thinking about doing the hundreds (OK, dozens) of hours of work necessary to do the electron modeling, incl output factors for MU's. I thought that, if the same philosophy regarding irrelevancy of calc point placement would hold true for electrons, that would be incentive to do the job. That's what prompted my question.
It would be a major clinical benefit in that we would not have to worry about shifting of Dmax, D_90, etc due to heterogeneity, obliquity, etc.
Unfortunately, there is relatively little useful information from Pinnacle about the PB algorithm, compared to the abundance of info about conv/superposition.

Thanks for the info about the photon calc. That in itself is a major boost in my understanding.

Regards-

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of vincent.lalande@ssss.gouv.qc.ca
Sent: Friday, April 07, 2006 3:43 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Réf. : RE: - RE: Hetero plans for Chestwall -

Hello Joe,
We don't use MU calculations for electrons
We use only the isodose distribution
Our MU is calculated by ourself (PDD and meausurement)

We cannot answer your question because we don't know the algorith MU calculation....
Sorry
Regards
Vincent Lalande
CSSSC

De :
"Joe Grant" <jgrant@carti.com>@explode.unsw.edu.au
Envoyé par :
owner-pinnacle-users@explode.unsw.edu.au
Pour :
<pinnacle-users@explode.unsw.edu.au>
cc :
(ccc : Vincent Lalande/CH de la Sagamie/Reg02/SSSS)
Objet :
RE: - RE: Hetero plans for Chestwall -

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(Embedded image moved to file: pic30136.jpg)

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to majordomo@explode.unsw.edu.au.

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##

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: - RE: Hetero plans for Chestwall -
Fecha:	lunes, 10 de abril de 2006 15:50:10
Archivos adjuntos:	

This discussion regarding isodose normalization and prescription point selection instigated by Dr. Baker can really be separated two different subjects. First, the remark that it doesn't matter where you put the normalization point is incorrect. As someone stated earlier, error is propagated. What I think should have also been said is what is the source of error and why is it there. It is irrelevant whether or not Pinnacle can calculate things correctly. Remember it is a model. It is better than most other planning systems but it is still a model based on measured data. And this is the key point: It is measured data. As we are of course aware TPS data is typically measured with an ion chamber with a finite volume. When the measurements are made, there is error when we scan at the edge of the field. We are sampling a large change in dose with a large volume (relatively). This large volume measurement leads to an inaccurate measurement of the dose distribution. Placing a normalization point in this area is incorrect because of this error. This error does not show up in-field because of the small dose-variation. Averaging here isn't quite as problematic because he average of 99.5, 100, 100.5 is 100 and all three values are within 0.5%.

Now to Dr. Baker's point, regarding placing a dose calculation point inside lung. Pinnacle can handle this correctly because it does account for changes in photon fluence. This is a totally different situation than placing a calc point at the edge of a beam. However, it does assume that (1) your model is accurate; (2) Your CT data is correctly acquired i.e. CT #s are good and (3) You CT-Density Table is built correctly.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420

Fax: 601-960-3317

De:	Eagle, Anton L
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: - RE: Hetero plans for Chestwall -
Fecha:	lunes, 10 de abril de 2006 17:31:46
Archivos adjuntos:	

Actually... what Scott Mange said previously IS correct... the location of a normalization point does not matter.

The assertion that "the error is propagated" is like saying the uncertainty in the dose calculation at your normalization point becomes the uncertainty everywhere - when you pick that point for normalization. This, of course, does not happen. If you examine Scott's argument, he is talking about scaling the dose based on the isodose lines... not a single point. This process makes the location, the uncertainty, and the actual dose at the normalization point irrelevant. It just provides a scaling factor.

As stated previously though, the location of your calc point can have a dramatic affect on the accuracy of your hand calc, and for that reason only, some care in choosing this point is advantageous.

Anton Eagle
Medical Physicist,
Rocky Mountain Cancer Centers

-----Original Message-----
From: JGarrett@mbhs.org [mailto:JGarrett@mbhs.org]
Sent: Monday, April 10, 2006 7:27 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: - RE: Hetero plans for Chestwall -

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Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

retain or otherwise use this message. If received in error, please immediately inform the sender and then delete this message without disclosing its contents to anyone.

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: - RE: Hetero plans for Chestwall -
Fecha:	lunes, 10 de abril de 2006 17:54:03
Archivos adjuntos:	

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OK, let's look at an analytical example of this problem.Imagine, if you will a scanned 20x20 field. I think we can all agree that the error at CAX is negligible, yet the error at the field edge is not. It may not be 20%, but it is there. Let's just say that the actual values for points at (0,0) and (10,0) are 100% and 50%, respectively. However, let's say that your scanned data show values of 100% and 60%, respectively. That is an 18% error. Now, if you normalize at the field edge (remember you modeled your beam to what was measured i.e. 60%) the CAX value is 167% not 200%. If that is not propagation of error, I'm really not quite sure what is.

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##

De:	hugo.tremblay@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Réf. : RE: - RE: Hetero plans for Chestwall -
Fecha:	lunes, 10 de abril de 2006 18:32:09
Archivos adjuntos:	pic09815.jpg

Good summary Anton,

Hugo

De :
"Eagle, Anton L" <Anton.Eagle@USONCOLOGY.COM>@explode.unsw.edu.au
Envoyé par :
owner-pinnacle-users@explode.unsw.edu.au

Pour :
'"pinnacle-users@explode.unsw.edu.au"' <pinnacle-users@explode.unsw.edu.au>
cc :
(ccc : Hugo Tremblay/CH de la Sagamie/Reg02/SSSS)
Objet :
RE: - RE: Hetero plans for Chestwall -

2006-04-10 11:09
Veuillez répondre à
pinnacle-users

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Medical Physicist,
Rocky Mountain Cancer Centers

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From: JGarrett@mbhs.org [mailto:JGarrett@mbhs.org]
Sent: Monday, April 10, 2006 7:27 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: - RE: Hetero plans for Chestwall -

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1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

(Embedded image moved to file: pic09815.jpg)

De:	Eagle, Anton L
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: - RE: Hetero plans for Chestwall -
Fecha:	lunes, 10 de abril de 2006 18:51:06
Archivos adjuntos:	

Again... you are talking about normalizing based on looking at the dose only at a point (an unrealistic scenario). Scott is talking about normalizing based on looking at the overall dose distribution (a typical scenario). Thus, your example does match up with the originally stated scenario.

Let me try and example of my own... and maybe this will be cleared up.

Let's imagine a plan being prescribe to 5000 cGy with two potential normalization points... A and B... both of which have the same calculated dose of 4750 cGy (95%). Now, lets say the uncertainty in the dose calc at A is +/- 20%, and the uncertainty in the dose calc at B is +/- 1%.

Now, let's say that based on looking at the isodose distribution, you decide that you want to prescribe to the 95% line (thus the two potential normalization points). If you normalize to point A... your monitor units will increase by 5.26% (original monitor units divided by 0.95). The uncertainty in this increase is zero... 5.26% is 5.26% no matter how you arrive at that value. If you normalize to point B, your monitor units will increase by the same 5.26%, with again, an uncertainty of zero.

The difference in your scenario and mine, is that you are imagining that someone is changing the MUs based on the dose at just one point, without regard to what happens to the rest of the dose over the rest of the field. This is something that no one would realistically do (hopefully).

In your scenario, if you normalize to a point at the edge of the field, the entire field heats up by 167%... i.e. the dose almost doubles everywhere!... again, something you probably would never really want to do. However, if you DID want this result, then there would be nothing wrong in picking that point.

Anton Eagle
Medical Physicist,
Rocky Mountain Cancer Centers

-----Original Message-----
From: JGarrett@mbhs.org [mailto:JGarrett@mbhs.org]
Sent: Monday, April 10, 2006 9:46 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: - RE: Hetero plans for Chestwall -

"The assertion that "the error is propagated" is like saying the
uncertainty
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but it is there. Let's just say that the actual values for points at (0,0)
and (10,0) are 100% and 50%, respectively. However, let's say that your
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Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Janelle.Morrier.chs@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Réf. : RE: - RE: Hetero plans for Chestwall -
Fecha:	lunes, 10 de abril de 2006 19:22:37
Archivos adjuntos:	

OK, let's continue with the example :

Imagine, if you will a scanned 20x20 field. I think we can all agree that the error at CAX
is negligible, yet the error at the field edge is not. It may not be 20%, but it is there. Let's just say that the actual values for points at (0,0) and (10,0) are 100% and 50%, respectively. However, let's say that your scanned data show values of 100% and 60%, respectively. That is an 18% error. Now, if you normalize at the field edge (remember you modeled your beam to what was measured i.e. 60%) the CAX value is 167% not 200%. If that is not propagation of error, I'm really not quite sure what is.

If you prescribes AND normalizes at the point (10,0), you will have isodose lines up to 167% around the CAX, according to your example. Your physician will than choose the isodose that best cover his PTV, let's say the 150%, and you will set the prescription to ex. 200cGy at 150% of point (10,0). Now, no matter if the real value of that point (10,0) is 50% or 60%, the choosen isodose will still be set at 200cGy. The dose in the penumbra region will remain uncertain, but the MU will be properly calculated.

The solution there again is based on the theoritical analysis posted earlier by Vincent.

janelle

to majordomo@explode.unsw.edu.au.

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##

De:	Charland, Paule
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: [SPAM] - Réf. : RE: - RE: Hetero plans for Chestwall - - Found word(s) list error in the Text body
Fecha:	lunes, 10 de abril de 2006 19:26:00
Archivos adjuntos:	

Sounds like we are all very busy in the clinic, left to read and respond to our emails very quickly. Expression calc pt is ambiguous.

1) The prescription (conversion to cGy) happens on an isodose (many voxels are involved);
2) Prescription point (and percent to this point) with normalization point serve as pointer to that isodose (1);
3) Reference point is for hand calc purposes, won't change what Pinnacle thinks the MUs are;
4) The conversion to cGy on the isodose is a crucial step (1) where the entire distribution gets rescaled by the same factor. You hope that factor does not have a 20% error in it.

Which means, you can have a prescription point= normalization point right on a big chunk of metal that has a big dose error associated with it. But luckily, you prescribe at 70% and end up on an isodose which is far from the metal. Hence the error does not propagate everywhere but stays more localized to the metal (you hope the metal has not completely skewed the entire distribution). Your reference point is a tattoo on the toenail: the dose there is Zero but pinnacle gives you a depth and field and the MUs to do your hand calc and wishes you the best.

-Paule

-----Original Message-----
From: hugo.tremblay@ssss.gouv.qc.ca
[mailto:hugo.tremblay@ssss.gouv.qc.ca]
Sent: Monday, April 10, 2006 11:58 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: [SPAM] - Réf. : RE: - RE: Hetero plans for Chestwall - - Found

word(s) list error in the Text body

Good summary Anton,

Hugo

De :

"Eagle, Anton L" <Anton.Eagle@USONCOLOGY.COM>@explode.unsw.edu.au

Envoyé par :

owner-pinnacle-users@explode.unsw.edu.au

Pour :

'"pinnacle-users@explode.unsw.edu.au"' <pinnacle-users@explode.unsw.edu.au>

cc :

(ccc : Hugo Tremblay/CH de la Sagamie/Reg02/SSSS)

Objet :

RE: - RE: Hetero plans for Chestwall -

2006-04-10
11:09

Veuillez répondre
à

pinnacle-
users

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1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
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account will not be distributed unless that account is also subscribed.
##
(Embedded image moved to file: pic09815.jpg)

De:	Goshorn, Bruce
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Réf. : RE: - RE: Hetero plans for Chestwall -
Fecha:	lunes, 10 de abril de 2006 19:33:44
Archivos adjuntos:	

I thought we did... I thought Picker set up a specific protocol just for that.

-----Original Message-----
From: Janelle.Morrier.chs@ssss.gouv.qc.ca
[mailto:Janelle.Morrier.chs@ssss.gouv.qc.ca]
Sent: Monday, April 10, 2006 10:52 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Réf. : RE: - RE: Hetero plans for Chestwall -

OK, let's continue with the example :

Imagine, if you will a scanned 20x20 field. I think we can all agree that the error at CAX
is negligible, yet the error at the field edge is not. It may not be 20%, but it is there. Let's just say that the actual values for points at (0,0) and (10,0) are 100% and 50%, respectively. However, let's say that your scanned data show values of 100% and 60%, respectively. That is an 18% error. Now, if you normalize at the field edge (remember you modeled your beam to what was measured i.e. 60%) the CAX value is 167% not 200%. If that is not propagation of error, I'm really not quite sure what is.

If you prescribes AND normalizes at the point (10,0), you will have isodose lines up to 167% around the CAX, according to your example. Your physician will than choose the isodose that best cover his PTV, let's say the 150%, and you will set the prescription to ex. 200cGy at 150% of point (10,0). Now, no matter if the real value of that point (10,0) is 50% or 60%, the choosen isodose will still be set at 200cGy. The dose in the penumbra region will remain uncertain, but the MU will be properly calculated.

The solution there again is based on the theoritical analysis posted earlier by Vincent.

janelle

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De:	Goshorn, Bruce
A:	Goshorn, Bruce; "pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Réf. : RE: - RE: Hetero plans for Chestwall -
Fecha:	lunes, 10 de abril de 2006 19:41:50
Archivos adjuntos:	

Sorry... my apologies. Responded to the wrong email. Probably didn't add much value to the current argument - unless it was normalized in some manner.

-----Original Message-----
From: Goshorn, Bruce
Sent: Monday, April 10, 2006 11:24 AM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: Réf. : RE: - RE: Hetero plans for Chestwall -

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-----Original Message-----
From: Janelle.Morrier.chs@ssss.gouv.qc.ca
[mailto:Janelle.Morrier.chs@ssss.gouv.qc.ca]
Sent: Monday, April 10, 2006 10:52 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Réf. : RE: - RE: Hetero plans for Chestwall -

OK, let's continue with the example :

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is negligible, yet the error at the field edge is not. It may not be 20%, but it is there. Let's just say that the actual values for points at (0,0) and (10,0) are 100% and 50%, respectively. However, let's say that your scanned data show values of 100% and 60%, respectively. That is an 18% error. Now, if you normalize at the field edge (remember you modeled your beam to what was measured i.e. 60%) the CAX value is 167% not 200%. If that is not propagation of error, I'm really not quite sure what is.

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The solution there again is based on the theoritical analysis posted earlier by Vincent.

janelle

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##

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Hetero plans for Chestwall -
Fecha:	lunes, 10 de abril de 2006 22:03:46
Archivos adjuntos:	

To all participants of a very enlightening discussion about heterogeneity corrections:

1. Let me add another argument that, I hope, will elucidate the problem. I basically agree with those who have stated that the reference point should not matter. However, this conclusion assumes that the doses at different spatial locations are calculated independently from each other. That is, as soon as x-ray fluence has been determined, the doses at different spatial locations are calculated independently. As a result, having a bad reference point won't really "hurt" doses at other locations. Consequently, one can state that the location of a reference point doesn't matter if correctly calculated doses are used eventually (by prescribing to a certain isodose line).

2. Another scenario is also possible: let us assume that the dose is calculated first at the reference point (which is also the prescription point). Doses at different spatial locations (I,J) can the be determined by using the following equation: D(I,J)=A(I-Io, J-Jo)xD(Io,Jo), where matrix A is defined by the existing accessories (e.g., wedges and blocks) and patient geometry (which, in turns, defines pdds and off-axis ratios); coordinates (Io, Jo) define the reference point. In the latter case error in D(Io,Jo) will propagate everywhere and the only possible solution will be to change the reference point. If this is not done, all doses at different grid points will be erroneously calculated. In this case normalization of the global dose distribution by a chosen isodose line will not help. I suspect that

some of the participants implicitly assume that the latter case actually takes place. So, in fact, both points of view can be correct depending on which approach is used for dose calculation.

3. Now, I do suspect (without any proof) that all modern TPS utilize the former approach. But you can never be certain...

Vadim Kuperman

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Hetero plans for Chestwall
Fecha:	lunes, 10 de abril de 2006 22:10:50
Archivos adjuntos:	

"If you prescribes AND normalizes at the point (10,0), you will have isodose
lines up to 167% around the CAX, according to your example. Your physician will than choose the isodose that best cover his PTV, let's say the 150%, and you will set the prescription to ex. 200cGy at 150% of point (10,0). Now, no matter if the real value of that point (10,0) is 50% or 60%, the choosen isodose will still be set at 200cGy."

It will not be 200, if there is an 18% error in the measured value. 200 at 150% =>222 cGy at 167% (which is 100%, cax) or 133 cGy at 100% (which is 60% measured). However, 60% is actually 50% (because of the inaccuracy in measurement) so we have 133 at 50% and 266 cGy at 100%. So instead of delivering 222 cGy at cax you have now delivered 266 cGy because of the error of measurement at the edge of the field.

Again I submit that the error isn't 18%, at least I hope not, but there is some error there.

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De:	Eagle, Anton L
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Hetero plans for Chestwall
Fecha:	lunes, 10 de abril de 2006 23:16:44
Archivos adjuntos:	

" It will not be 200, if there is an 18% error in the measured value."

Again... you are focusing on that one point... coordinate (10,0). And again, that misses the point of the argument. No one is arguing that the dose at (10,0) isn't 18% off... it is. But the MUs for the field do not depend on the dose calc at coordinate (10,0). That point is just one of an infinite set of points that all fall on the 50% isodose line... and any other point on that line is just as good for normalizing as any other. And finally, it should logically be clear, that if all other points on the 50% isodose line provide the exact same result for normalization, and if all points on the 50% isodose line have different uncertainties, then clearly the uncertainty in the dose calc at any one point CANNOT have an affect on the resulting normalization.

-Anton

-----Original Message-----
From: JGarrett@mbhs.org [mailto:JGarrett@mbhs.org]
Sent: Monday, April 10, 2006 2:04 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Hetero plans for Chestwall

"If you prescribes AND normalizes at the point (10,0), you will have isodose
lines up to 167% around the CAX, according to your example. Your physician will than choose the isodose that best cover his PTV, let's say the 150%, and you will set the prescription to ex. 200cGy at 150% of point (10,0). Now, no matter if the real value of that point (10,0) is 50% or 60%, the choosen isodose will still be set at 200cGy."

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Again I submit that the error isn't 18%, at least I hope not, but there is some error there.

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##

De:	hugo.tremblay@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Summary trial of Hetero plans for Chestwall
Fecha:	martes, 11 de abril de 2006 17:00:20
Archivos adjuntos:	

Scott M and Vincent,

Thank you for your detailed explanations,

Paule,

Thank you for the correct definitions,

I agree with you.

One should always make sure that the whole distribution makes sens especially with strong artifacts such as metal implants.

Vadim,

Not all TPS normalise the same way but Pinnalce works that way. Have you read Vincent's PDF attachment? This is an analytical proof. Scott's example is another proof. The only way to get convinced is to do the exercice.

All others,

For teaching purposes, it is excellent to place all important points inside the field where transient equilibirum exists. You do not make mistakes by teaching this. Professional in radiotherapy must be aware of this.

Finally,

One can put the prescription point almost anywhere (into the grid calculation) but the normalisation point must be the same in order to get good MUs from Pinnacle. Prescription isodose must be choosen carefully. The isododes distribution must makes sens (artifacts, BAD CT data, WRONG CT to density table etc...).

However, an unusual location of the prescription point would have some drawbacks:

1- Bad agreement with your handcalc if the reference point (dose point choosen in the MU window) is in a region of high electronic desequilibrium
2- Unusual isodoses value to display
3- Each time you change the grid size (grip resolution or other important calculation parameters) and recalculate, you must verify again that the choosen isodose covers your PTV (or you region of interest).

For those last reasons, it is relevant to place the prescription and normalisation point inside the field where transient electronic equilibrium exists. However, all this debate started from Dr Scott Dube's question about chestwall. For thin chest wall, you do not have the choice. You have to put the point somewhere. You can tell you dosimetrist to put the point (norm AND prescription) either dose maximum or at the interface even if you are treating with heterrogeneity corrections ON. It does not matter for Pinnacle MU calcultations. You do not have to stress your dosimetrist on this issue. However, always double check the final choosen isodose.

Best regards,

Hugo

Sounds like we are all very busy in the clinic, left to read and respond to our emails very quickly. Expression calc pt is ambiguous.

1) The prescription (conversion to cGy) happens on an isodose (many voxels are involved);
2) Prescription point (and percent to this point) with normalization point serve as pointer to that isodose (1);
3) Reference point is for hand calc purposes, won't change what Pinnacle thinks the MUs are;
4) The conversion to cGy on the isodose is a crucial step (1) where the entire distribution gets rescaled by the same factor. You hope that factor does not have a 20% error in it.

Which means, you can have a prescription point= normalization point right on a big chunk of metal that has a big dose error associated with it. But luckily, you prescribe at 70% and end up on an isodose which is far from the metal. Hence the error does not propagate everywhere but stays more localized to the metal (you hope the metal has not completely skewed the entire distribution). Your reference point is a tattoo on the toenail: the dose there is Zero but pinnacle gives you a depth and field and the MUs to do your hand calc and wishes you the best.

-Paule

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Prescription Volume
Fecha:	martes, 11 de abril de 2006 18:03:28
Archivos adjuntos:	

"... However, all this debate started from Dr Scott Dube's question about chestwall. ..."

> Gosh, I am not a PhD and only have a MS. (That might explain a few things.) But here is something else to consider. The ICRU now says that IMRT plans should be prescribed to a volume. For example, you would prescribe 70 Gy to 95% of the PTV. There is no prescription point or normalization point. That is how our Tomotherapy plans are performed.

How will that change things?

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Prescription Volume
Fecha:	martes, 11 de abril de 2006 18:19:14
Archivos adjuntos:	

Scott,
Where can I get a copy of the ICRU report to show my Doc, so he can write his prescription correctly for IMRTs. I have been trying to get him to prescribe to a volume, but I need to shoe him documentatin.

Thanks,
Kim Knight, CMD

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Prescription Volume
Fecha:	martes, 11 de abril de 2006 18:26:44
Archivos adjuntos:	

Dose prescription to a volume in Pinnacle is stated as percentage of mean dose to a volume. This is different than the percentage coverage of a volume. For example, your prescription might state "Prescribe 6600 cGy in 30 fractions to 97% of mean dose to PTV 66". This may achieve 95% coverage of PTV 66 with 6600 cGy. An easy way to ensure 95% coverage is to pull up a tabular dvh and divide the volume of the PTV that gets 6600 cGy by the total volume of the PTV.

Bryan

Bryan Murray, BSRT (T), CMD
Medical Dosimetrist
UT Southwestern Medical Center at Dallas
Department of Radiation Oncology
5801 Forest Park Road
Dallas, TX 75390-9183
(214)645-8544 Telefax (214)645-7617

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Prescription Volume
Fecha:	martes, 11 de abril de 2006 19:28:18
Archivos adjuntos:	

An easier way is to use the "specify max dose" setting in the DVH. Set that to the prescription value then look at the number for "Percent > Max" shown on the DVH.

Steve T

==========
Stephen K. Thompson, M.S.
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Bryan Murray
Sent: Tuesday, April 11, 2006 9:05 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Prescription Volume

Dose prescription to a volume in Pinnacle is stated as percentage of mean dose to a volume. This is different than the percentage coverage of a volume. For example, your prescription might state "Prescribe 6600 cGy in 30 fractions to 97% of mean dose to PTV 66". This may achieve 95% coverage of PTV 66 with 6600 cGy. An easy way to ensure 95% coverage is to pull up a tabular dvh and divide the volume of the PTV that gets 6600 cGy by the total volume of the PTV.

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Medical Dosimetrist
UT Southwestern Medical Center at Dallas
Department of Radiation Oncology
5801 Forest Park Road
Dallas, TX 75390-9183
(214)645-8544 Telefax (214)645-7617

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Hetero plans for Chestwall -
Fecha:	martes, 11 de abril de 2006 19:33:40
Archivos adjuntos:	

It it hit me this morning what several of you have been saying regarding the normalization point not being significant. You are right in that the relative values or collection of points of the same relative values will have the same shape and distribution regardless of where you place the normalization point. It can be CAX, field edge or outside of the field and the shape is going to remain the same. HOWEVER, your doctor is going to choose an isodose line to which he/she will prescribe a dose. If this line is in error by 5%, 10%, 20% whatever, it WILL BE propagated through to the MU calculation. So why in the world would want to normalize to a value that most likely has a greater chance of error than other regions in the plan? Just because you can normalize to that value doesn't mean you should.

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##

De:	Royal, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Prescription Volume
Fecha:	martes, 11 de abril de 2006 19:57:23
Archivos adjuntos:	

Before using the "specify max dose" button, we set the DVH dose grid to 1 cGy. Then we look at the Percent>Max.

James Royal
Medical Physicist
Nebraska Methodist Hospital

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Thompson, Stephen K
Sent: Tuesday, April 11, 2006 11:58 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Prescription Volume

An easier way is to use the "specify max dose" setting in the DVH. Set that to the prescription value then look at the number for "Percent > Max" shown on the DVH.

Steve T

==========
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thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au

[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Bryan Murray
Sent: Tuesday, April 11, 2006 9:05 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Prescription Volume

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De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT Dose Prescription
Fecha:	miércoles, 12 de abril de 2006 4:41:59
Archivos adjuntos:	

"Where can I get a copy of the ICRU report to show my Doc, so he can write his prescription correctly for IMRTs."

> Oops, I was wrong. There is no explicit mention of IMRT prescriptions in ICRU Report 50 or 62. The correct document is "Intensity Modulated Radiation Therapy: Current Status and Issues of Interest" from the IMRT Collaborative Working Group (CWG) with representatives from AAPM and ASTRO. It was published in IJROBP 2001; 51(4): 880-916.

On page 904 it says:

"The CWG suggests that, as a minimum, the dose that covers 95% (D95) and 100% (D100) of both the CTV and the PTV and the percentage of the CTV and PTV receiving the prescribed dose (V100) be obtained from a DVH and reported."

So since you need to report the dose received by a volume you might as well prescribe to a volume. I kow this is a very weak argument and will not likely convince any physician to change the way s/he prescribes.

But I will ask the people at Tomotherapy and see why they chose to design their planning system to prescribe the dose to a percentage of the PTV volume.

Stay tuned...

to majordomo@explode.unsw.edu.au.

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De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT Dose Prescription
Fecha:	miércoles, 12 de abril de 2006 15:35:01
Archivos adjuntos:	

Thanks Scott!

Kim

Kim P. Knight, RT (R)(T), A.R.R.T., CMD
Chief Radiation Therapist
Cabrini Center for Cancer Care
Alexandria, LA 71301

Phone: 318-448-6937
Fax: 318-483-4097

Email: kim.knight@christushealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Tuesday, April 11, 2006 9:31 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT Dose Prescription

"Where can I get a copy of the ICRU report to show my Doc, so he can write his prescription correctly for IMRTs."

> Oops, I was wrong. There is no explicit mention of IMRT prescriptions in ICRU Report 50 or 62. The correct document is "Intensity Modulated Radiation Therapy: Current Status and Issues of Interest" from the IMRT Collaborative Working Group (CWG) with representatives from AAPM and ASTRO. It was published in IJROBP 2001; 51(4): 880-916.

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But I will ask the people at Tomotherapy and see why they chose to design their planning system to prescribe the dose to a percentage of the PTV volume.

Stay tuned...

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Hetero plans for Chestwall
Fecha:	miércoles, 12 de abril de 2006 21:40:36
Archivos adjuntos:	

OK, After several threatening phone calls and emails (just kidding) I have put more thought (no time for experiments) into this question and have pretty much come to the same conclusion as others that the point of normalization is not as important to the MU calc as I was attempting to justify. I still don't think it is a good idea for other reasons which could argue about but I agree that the MU calculation would still be accurate as long as it is chosen away from areas of inaccurate measurements.

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Mississippi Baptist Medical Center
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Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Chris Lee
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hetero plans for Chestwall
Fecha:	jueves, 13 de abril de 2006 3:22:48
Archivos adjuntos:	

Hi Jeffrey,
Now I'm confused. I thought your previous posting about the error in the placement of the normalisation point being propagated to the MU calc was reasonable. Please share with me the arguments that where presented to you which changed your mind on the subject. I want to put this topic out of my mind once and for all and move on with my life.

Regards,

Chris Lee
Director,
East Coast Medical Physics
Sydney, AUSTRALIA

----- Original Message -----
From: <JGarrett@mbhs.org>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Thursday, April 13, 2006 5:09 AM
Subject: RE: Hetero plans for Chestwall

> OK, After several threatening phone calls and emails (just kidding) I have
> put more thought (no time for experiments) into this question and have
> pretty much come to the same conclusion as others that the point of
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> could argue about but I agree that the MU calculation would still be
> accurate as long as it is chosen away from areas of inaccurate
> measurements.
>
> Jeffrey A. Garrett, MS, DABR
> Chief Physicist
> Mississippi Baptist Medical Center
> 1225 North State Street

> Jackson, MS 39202
>
> Office: 601-968-1725
> Cancer Center: 601-968-1416 or 1420
> Fax: 601-960-3317
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account will not be distributed unless that account is also subscribed.
##

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	gibbott@mdanderson.org; jkapatoes@tomotherapy.com;
Asunto:	P.S. IMRT Dose Prescription
Fecha:	jueves, 13 de abril de 2006 21:02:32
Archivos adjuntos:	

It sounds like there was no specific document which compelled Tomotherapy to use a prescription specification of dose to a percentage of the PTV. This was just another example of them running ahead of the pack.

And they were smart to do so. Here is what RTOG 0522 says about dose prescriptions:

"6.1.2.4 All plans must be normalized such that 95% of the volume of PTV1 is covered with the prescription dose of 70 Gy."

http://www.rtog.org/members/protocols/0522/0522.pdf

Once the protocol centers start the ball rolling, it soon becomes universal.

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Document Scanners
Fecha:	viernes, 14 de abril de 2006 0:25:16
Archivos adjuntos:	

Have any pinnacle users found a device to scan in the 11x17" graphic plan printouts? we cannot find one to handle stock larger than legal.

What solution have you arrived at if you, like I, are staggering towards an electronic medical record?

Naturally a direct transfer is the preferred solution but I don't see avoiding scanning, at least in the case of old patient data.

thanks
Martin Fraser

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Document Scanners
Fecha:	viernes, 14 de abril de 2006 0:35:50
Archivos adjuntos:	

We print the Pinnacle plan as a PostScript file and ftp it to the IMPAC server. Then we use Adobe Acrobat to create a pdf file and import that into IMPAC using eScan.

>>> mwfraser@comcast.net 04/13/06 12:10PM >>>
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Naturally a direct transfer is the preferred solution but I don't see avoiding scanning, at least in the case of old patient data.

thanks
Martin Fraser

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Document Scanners
Fecha:	viernes, 14 de abril de 2006 4:50:00
Archivos adjuntos:	

Scott,

IMPAC assured me that only TIFF files can be imported. Is this correct? Do you have to perform pdf to TIFf conversion? Finally, what version of IMPAC are you using?

Vadim Kuperman

--- Scott DUBE <sdube@queens.org> wrote:

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De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Document Scanners
Fecha:	viernes, 14 de abril de 2006 4:51:49
Archivos adjuntos:	

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Vadim Kuperman

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De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Document Scanners
Fecha:	viernes, 14 de abril de 2006 5:03:44
Archivos adjuntos:	

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Vadim Kuperman

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>

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Document Scanners
Fecha:	viernes, 14 de abril de 2006 5:06:59
Archivos adjuntos:	

I have never done it, but from what I understand when you import the pdf into impac using escan, iiit converts it to TIFF. Someone please correct me if I am wrong.

Pat

>From: Vadim Kuperman <vadimkuperman@yahoo.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: pinnacle-users@explode.unsw.edu.au
>Subject: RE: Document Scanners
>Date: Thu, 13 Apr 2006 19:29:45 -0700 (PDT)
>
>Scott,
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> Is this correct? Do you have to perform pdf to TIFf
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De:	Bjørne Riis
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Document Scanners
Fecha:	viernes, 14 de abril de 2006 15:54:55
Archivos adjuntos:	

Martin Fraser schrieb:
> Have any pinnacle users found a device to scan in the 11x17" graphic plan printouts? we cannot find one to handle stock larger than legal.
>
> What solution have you arrived at if you, like I, are staggering towards an electronic medical record?
>
> Naturally a direct transfer is the preferred solution but I don't see avoiding scanning, at least in the case of old patient data.
>
> thanks
> Martin Fraser
>
>

Hello Martin

I write some scripts to create a PDF and jpeg output direct from
Pinnacle, using Gostscript.

(Gostscript is preinstalled on the SUN)

Maybe this can solve your problem?

Bjørne

--

Achtung ich bin Wortblind.
Diese Nachricht wurde ohne Berücksichtigung der momentan
gültigen Rechtschreib- und Gramatikregeln verfasst.

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De:	Qiuwen Wu, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Document Scanners
Fecha:	viernes, 14 de abril de 2006 15:57:54
Archivos adjuntos:	

We have implemented a PDFWriter printer driver on Pinnacle using Ghostscript, so Pinnacle can directly print to pdf files. These files can be imported to EMR system (not implemented yet) later.

Qiuwen Wu, Ph.D.
Department of Radiation Oncology
William Beaumont Hospital
Royal Oak, MI 48073
qwu@beaumont.edu

>>> sdube@queens.org 04/13/06 6:19 PM >>>
We print the Pinnacle plan as a PostScript file and ftp it to the IMPAC server. Then we use Adobe Acrobat to create a pdf file and import that into IMPAC using eScan.

>>> mwfraser@comcast.net 04/13/06 12:10PM >>>
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thanks
Martin Fraser

De:	Qiuwen Wu, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Document Scanners
Fecha:	viernes, 14 de abril de 2006 15:58:09
Archivos adjuntos:	

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Qiuwen Wu, Ph.D.
Department of Radiation Oncology
William Beaumont Hospital
Royal Oak, MI 48073
qwu@beaumont.edu

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De:	Qiuwen Wu, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Document Scanners
Fecha:	viernes, 14 de abril de 2006 16:08:36
Archivos adjuntos:	

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De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Document Scanners
Fecha:	viernes, 14 de abril de 2006 16:08:42
Archivos adjuntos:	

Ed,

If I understand you correctly, it is the IMPAC
software which handles the pdf-tiff conversion during
import. Please confirm. I was told by IMPAC that
users would have to prepare TIFF files for import.

Vadim Kuperman

--- Ed Mok <edmok@pacbell.net> wrote:

> You are correct. At this time IMPAC will convert the
> PDF files into TIFF
> files before import into escan. They told me that
> they are working on the
> using PDF as native files and hopefully will be
> available in the near
> future.
>
> Ed Mok
>
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On
> Behalf Of Pat Meek
> Sent: Thursday, April 13, 2006 7:59 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: Document Scanners
>
>
> I have never done it, but from what I understand

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> into impac using escan, iiit converts it to TIFF.
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> >From: Vadim Kuperman <vadimkuperman@yahoo.com>
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De:	Ed Mok
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Document Scanners
Fecha:	viernes, 14 de abril de 2006 16:11:01
Archivos adjuntos:	

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Ed Mok

-----Original Message-----
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Sent: Thursday, April 13, 2006 7:59 PM
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if I am wrong.

Pat

>From: Vadim Kuperman <vadimkuperman@yahoo.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: pinnacle-users@explode.unsw.edu.au
>Subject: RE: Document Scanners
>Date: Thu, 13 Apr 2006 19:29:45 -0700 (PDT)
>
>Scott,
>
>IMPAC assured me that only TIFF files can be imported.
> Is this correct? Do you have to perform pdf to TIFf conversion?
>Finally, what version of IMPAC are you using?
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>Vadim Kuperman
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>--- Scott DUBE <sdube@queens.org> wrote:
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> > into IMPAC using eScan.
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> > >>> mwfraser@comcast.net 04/13/06 12:10PM >>>
> > Have any pinnacle users found a device to scan in
> > the 11x17" graphic
> > plan printouts? we cannot find one to handle stock
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##

De:	Papanikolaou, Niko
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT with Varian mack8 80 MLC
Fecha:	viernes, 14 de abril de 2006 18:41:01
Archivos adjuntos:	

Is any one doing IMRT with Pinnacle on a Varian that is outfitted with with an 80 leaf MLC (Mack4, not the millenium MLC). We cannot get it to work with Pinnacle and IMPAC, although the MLC workstation is fully licensed for dMLC. We are getting an MLC tolerance error.

Thanks

Niko Papanikolaou

De:	Bjørne Riis
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Document Scanners
Fecha:	viernes, 14 de abril de 2006 19:50:34
Archivos adjuntos:	

Qiuwen Wu, PhD schrieb:
> We have implemented a PDFWriter printer driver on Pinnacle using
> Ghostscript, so Pinnacle can directly print to pdf files. These files
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How do you manage the Printer port redirection?

Thanks for information
Bjørne

>
>
>
> Qiuwen Wu, Ph.D.
> Department of Radiation Oncology
> William Beaumont Hospital
> Royal Oak, MI 48073
> qwu@beaumont.edu <mailto:qwu@beaumont.edu>
>
>
> >>> sdube@queens.org 04/13/06 6:19 PM >>>
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Achtung ich bin Wortblind.
Diese Nachricht wurde ohne Berücksichtigung der momentan
gültigen Rechtschreib- und Gramatikregeln verfasst.

De:	Bjørne Riis
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Asunto:	Re: Document Scanners
Fecha:	viernes, 14 de abril de 2006 19:50:37
Archivos adjuntos:	

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De:	Ratkewicz, Alexander E.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT with Varian mack8 80 MLC
Fecha:	viernes, 14 de abril de 2006 20:16:27
Archivos adjuntos:	

It seems to me that we had a similar problem with a 120 leaf MLC: check the MLC Resolution parameter in the IMPAC Machine Characterization (0.01) and the Leaf Position Decimal Places in Pinnacle (1). I think the IMPAC parameter had to match what Varian expects (I can't remember what system was giving the tolerance error). I hope this helps.

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
> **Sent:** Friday, April 14, 2006 9:26 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** IMRT with Varian mack8 80 MLC
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De:	Ratkewicz, Alexander E.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT with Varian mack8 80 MLC
Fecha:	viernes, 14 de abril de 2006 20:18:25
Archivos adjuntos:	

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De:	Ratkewicz, Alexander E.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT with Varian mack8 80 MLC
Fecha:	viernes, 14 de abril de 2006 20:28:39
Archivos adjuntos:	

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A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT with Varian mack8 80 MLC
Fecha:	viernes, 14 de abril de 2006 20:30:57
Archivos adjuntos:	

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> Thanks
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> Niko Papanikolaou

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	PDF into eScan
Fecha:	viernes, 14 de abril de 2006 22:35:49
Archivos adjuntos:	

We started using eScan when we implemented Version 8.2. It will import a PDF and then store it as a TIFF.

The cool thing about Adobe Acrobat is that you can create a single document from multiple pages and add comments to the images.

>>> vadimkuperman@yahoo.com 04/13/06 04:29PM >>>
Scott,

IMPAC assured me that only TIFF files can be imported. Is this correct? Do you have to perform pdf to TIFf conversion? Finally, what version of IMPAC are you using?

Vadim Kuperman

De:	Ed Mok
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Document Scanners
Fecha:	sábado, 15 de abril de 2006 7:24:13
Archivos adjuntos:	

Vadim,
IMPAC will handle the pdf-to-tiff conversion. All you have to do is to place the PDF file in the spedifed folder. IMPAC will then pickup the PDF file and convert to tiff and import. You can also convert to tiff youself directly and put the tiff file in that folder.
What is nice about PDF file is, as Scott Dube mentioned, you can combine several documents (like, the isodose curves, DVH and printout) into one file, put it in the order that you prefer. Also you can place comments amd even digital signatures in PDF files. So supposedly you can email the pdf files to the physician, and they will sign it digitally, indicate the isodose curve that they prescribed to and email it back. You then can import it into IMPAC. However to do all these we feel is too labor intensive. We are waiting for IMPAC to support PDF in their program before we start importing the treatment plans.

Ed Mok

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Vadim Kuperman
Sent: Friday, April 14, 2006 7:05 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Document Scanners

Ed,

If I understand you correctly, it is the IMPAC software which handles the pdf-tiff conversion during import. Please confirm. I was told by IMPAC that users would have to prepare TIFF files for import.

Vadim Kuperman

--- Ed Mok <edmok@pacbell.net> wrote:

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> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On
> Behalf Of Pat Meek
> Sent: Thursday, April 13, 2006 7:59 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: Document Scanners
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> I have never done it, but from what I understand
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> > > subscribed.
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>##
> > > To unsubscribe (yourself or other account) from
> the pinnacle-users
> > > mailing list, send the message unsubscribe
> pinnacle-users <e-mail
> > > address> to majordomo@explode.unsw.edu.au.
> > >
> > > Note: To avoid non-delivery error messages being
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> >_____
> >Do You Yahoo!?
> >Tired of spam? Yahoo! Mail has the best spam
> protection around
> >http://mail.yahoo.com
> >
> >
>
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> >To unsubscribe (yourself or other account) from the
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##

De:	shzjy_list
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	pixcel sizes of Dicom formated DRR
Fecha:	lunes, 17 de abril de 2006 16:34:38
Archivos adjuntos:	

Hi erveryone
Now I need to exoprt my DRR file to siemens oncor rtt worksation. The Dicom film I got in the RTT havs a size of 2048x2048 pixcels.Maybe it is too large for the registration. I need to reduce this number to 1024x1024. Someone told me only need to change the config of pinnacle, and this can only be done in the command line.
Who knows how to do it?

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: pixcel sizes of Dicom formated DRR
Fecha:	lunes, 17 de abril de 2006 19:12:44
Archivos adjuntos:	

We had this problem on our Impac workstation. If you call Phillips they can give you a script that will shrink down the resolution for export to your R & V. It seems to work well for us.

Pat

>From: "shzjy_list" <shzjy_list@126.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: pinnacle-users@explode.unsw.edu.au
>Subject: pixcel sizes of Dicom formated DRR
>Date: Mon, 17 Apr 2006 22:14:36 +0800 (CST)
>
>Hi erveryone
> Now I need to exoprt my DRR file to siemens oncor rtt worksation. The
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>
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>

sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: pixcel sizes of Dicom formated DRR
Fecha:	martes, 18 de abril de 2006 1:26:01
Archivos adjuntos:	

Enter the following command in a script or the PinnacleInit file:

DICOM.ComputeOffScreen=0;

Regards

Nick

At 10:14 PM 17/04/2006 +0800, you wrote:

> Hi erveryone
> Now I need to exoprt my DRR file to siemens oncor rtt worksation. The Dicom film I got in the RTT havs a size of 2048x2048 pixcels.Maybe it is too large for the registration. I need to reduce this number to 1024x1024. Someone told me only need to change the config of pinnacle, and this can only be done in the command line.
> Who knows how to do it?

De:	Damian Speakman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Eclipse-Varis vs Adac-Impac
Fecha:	martes, 18 de abril de 2006 14:47:50
Archivos adjuntos:	

Hi all,

My institution is thinking of making the switch from Adac-Impac to Eclipse-Varis and I was wondering if any of you have had experience with the Eclipse-Varis combo. If so, please post or send me any pros & cons of the Eclipse Varis setup as it compares with Adac Impac.

Thanks in advance,

Damian Speakman CMD
damian.speakman@bmhcc.org

De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Eclipse-Varis vs Adac-Impac
Fecha:	martes, 18 de abril de 2006 15:44:20
Archivos adjuntos:	

Hello Damian

What you are saying is that you have a chevy now but are thinking about buying a ford. There is a difference though.

It will be a lot of work configuring and commissioning both a new verification system and planning system. Your staff will have to learn how to use it too.

We have Eclipse and it works fine, but use it only for IMRT planning. We have it because we started IMRT planning using CadPlan and Varian made us an attractive offer.

We have Pinnacle for all of our other 3-D CT planning. I personally feel that Pinnacle has less black-box feel. I have a better idea about what the sofware is doing in Pinnacle than with Eclipse. Our pre-treatment QA of every IM field is the only way for us to be sure that the Eclipse calculation is ok.

One negative is that Varis lacks a QA mode to "treat" an IMRT field for verification purposes. The latest Varis version I saw was still not very user friendly.

I know that Impac is changing from Multi-ACCESS to Mosaiq, but Varian is planning a similar stunt with Varis very soon too. That's also something to consider...

Good luck
Ian

Ian Norton

Clinic for Radiation Oncology

University Hospital Zurich
Raemistrasse 100
CH-8091 Zurich
Switzerland

Tel.: +41 -(0)44-255-3251

ian.norton@usz.ch
http://www.usz.ch

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Damian Speakman
Gesendet: Dienstag, 18. April 2006 14:39
An: pinnacle-users@explode.unsw.edu.au
Betreff: Eclipse-Varis vs Adac-Impac

Hi all,

My institution is thinking of making the switch from Adac-Impac to Eclipse-Varis and I was wondering if any of you have had experience with the Eclipse-Varis combo. If so, please post or send me any pros & cons of the Eclipse Varis setup as it compares with Adac Impac.

Thanks in advance,

Damian Speakman CMD
damian.speakman@bmhcc.org

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT Planning question
Fecha:	martes, 18 de abril de 2006 18:55:37
Archivos adjuntos:	

Here's a situation which I'm sure someone has faced before:

I have a 4-5 cm GTV (new primary) smack in the middle of a previously treated region. It is an apical lesion, under a prior Supraclav (part of a Breast treatment from several years ago).

I want to look at IMRT but how do I set contours and dose constraints to reflect that the Tumor has received zero dose, but the immediately surrounding tissue had experienced a dose gradient (from 20 to 40 Gy, roughly)
Philips suggestion is to contour the isodose lines, carve out the Target, turn off the prior dose and set constraints for each defined line/volume.

This would work but I won't see a proper composite dose.

I guess I'll follow that path for the treatment plan, then turn ON the prior dose to better see the composite (though dose to PTV will be wrong in that view).

Has anyone devised a more clever (or simple) solution?

Thanks,
Martin

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT Planning question
Fecha:	martes, 18 de abril de 2006 19:02:49
Archivos adjuntos:	

Here's a situation which I'm sure someone has faced before:

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Has anyone devised a more clever (or simple) solution?

Thanks,
Martin

De:	Lee Zarger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT Planning question
Fecha:	martes, 18 de abril de 2006 20:15:24
Archivos adjuntos:	

Can you reproduce the original plan? If so, then set the tumor objective for the total dose you want and don't optimize
the original plan's beams.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Martin Fraser
Sent: Tuesday, April 18, 2006 12:28 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT Planning question

Here's a situation which I'm sure someone has faced before:

I have a 4-5 cm GTV (new primary) smack in the middle of a previously treated region. It is an apical lesion, under a prior Supraclav (part of a Breast treatment from several years ago).

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##

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hot Spots in 3d treatment planning.
Fecha:	jueves, 20 de abril de 2006 22:10:07
Archivos adjuntos:	

"... And I am really trying to formulate a plan of attack to whip my current center into shape..."

> You will never whip your center into shape. You can only convince them that getting into shape is in the best interest of the patient.

We follow ICRU 50 guidelines that say dose uniformity must range between 95% anf 107% of the prescribed dose.

Also, ICRU 50 says a hot spot is considered clinically meaningful if its minimum diameter exceeds 15 mm.

Now that we are using heterogeneity corrected plans (which took years of convincing) we do use 6X, 16X, and 6X/16X in the thorax as needed and trust eth Pinnacle plan to be accurate.

We also use 6X, 16X, and 6X/16X beams for breast tangents. After many years of usign TLD to measure skin dose we are confident that if a breast is so large that it needs 16X then the superficial dose wil be adequate because the exit dose is higher with 16X and the range of electrons generated within the breast is longer whic also increases the superficial dose.

In our experience, you need to show the docs peer reviewed articles, in-house comparative plans, phantom measurements, and patient TLD measurements to convince them to change their practice.

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##

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	First Webex program is filled!
Fecha:	jueves, 20 de abril de 2006 22:10:08
Archivos adjuntos:	

Hello Everyone,

I have already received too many applications for the first class - please hold off on more requests until we specify dates and times for the upcoming sessions.

I will schedule a second class and offer this to the group who has already sent in requests. More information will be sent, shortly.

Thanks for your interest - I am glad that these will be of assistance to our users!

Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support USA 1-800-722-9377
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Philips Webex Training Sessions
Fecha:	jueves, 20 de abril de 2006 22:10:08
Archivos adjuntos:	

Hello All,

We are going to be starting a series of free Webex based training sessions, available to our customers. We will begin with Physics topics, to review the changes since v7.4f, and then we will move on to IMRT and other special subjects in future programs.

The first program is set for next week, Wednesday the 26th of April from 11:00am to 12:30pm EDT (UTC/GMT -4 hours)

Several more will follow so do not worry if you can't make this one. **This first session is limited to 10 attendees**, so please send an email requesting registration and the access information to **pros.support@philips.com**, attention to Marc Mlyn.

Please do not send an email to me directly - I will receive all of your emails to the above address.

We look forward to increasing the number and quality of these continuing education programs for you in the next few months.

Best Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support USA 1-800-722-9377
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com

De:	Will Christia
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hot Spots in 3d treatment planning.
Fecha:	viernes, 21 de abril de 2006 16:59:12
Archivos adjuntos:	

All,

Measuring a hot spot minimum diameter of 15 mm seems kind of antiquated in the 3D world. Is that the same as a 1.77cc volume dose? We've always considered 0.1cc as insignificant. Are we too stringent or are we mixing clinical practice with dose reporting standards when we shouldn't? What if the dose is oblong? Any thoughts?

Cheers,

Will Christian
Satilla Regional Cancer Center

Scott DUBE <sdube@queens.org> wrote:

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De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hot Spots in 3d treatment planning.
Fecha:	viernes, 21 de abril de 2006 17:06:36
Archivos adjuntos:	

What if the hot spot is in the target? Then why would we not want it? If this is truly target then more radiation is better cell kill. So if I'm running a very high dose in the center of the target I'm achieving my goal. The analogy is SRS where "hot spots" can be as much as 100% or brachytherapy where dose inhomogeneity is a fact of life.

AJ

Andrew O. Jones, PhD
System Director, Radiation Physics
Department of Radiation Oncology
Geisinger Medical Center
N. Academy Ave
Danville, PA 17822
570 271-6304

>>> willchristiansrctc@yahoo.com 04/21/06 10:01 AM >>>
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De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hot Spots in 3d treatment planning.
Fecha:	viernes, 21 de abril de 2006 22:16:38
Archivos adjuntos:	

What if the hot spot is in the target? Then why would we not want it? If this is truly target then more radiation is better cell kill. So if I'm running a very high dose in the center of the target I'm achieving my goal. The analogy is SRS where "hot spots" can be as much as 100% or brachytherapy where dose inhomogeneity is a fact of life.

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De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Hot Spots and RTOG 0522
Fecha:	viernes, 21 de abril de 2006 22:41:31
Archivos adjuntos:	

"... Measuring a hot spot minimum diameter of 15 mm seems kind of antiquated in the 3D world..."

> ICRU 50 was developed in a 3D world. But you are correct that there are more modern criteria. Take a look at RTOG 0522:

http://www.rtog.org/members/protocols/0522/0522.pdf

Item 6.1.2.4 says in part,

"No more that 20% of the PTV1 should receive >110% of the prescribed dose"

and

'No more than 1% or 1 cc of the tissue outside the PTVs should receive >110% of the prescribed dose to the PTV1"

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De:	arnie cohen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hot Spots in 3d treatment planning.
Fecha:	viernes, 21 de abril de 2006 23:54:34
Archivos adjuntos:	

A necessary condition for the existance of a hot spot (as defined in ICRU 50) is that it be OUTSIDE of the PTV. Also, the size of the hot spot is defined (generally) as having a MINIMUM dimension of 15mm. And remember that ICRU 50 & 62 only deal with 3D conformal distributions and not IMRT..

Regards to all,

Arnie

Arnold Cohen, MS, DABR, DABMP

A. Z. Cohen MedPhysics
Locum Tenens and regional consulting
12728 58th Ave SE
Snohomish WA 98296-8976
425.338.5507
arniezc@comcast.net

Andrew Jones wrote:
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> Andrew O. Jones, PhD
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> 570 271-6304
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De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hot Spots in 3d treatment planning.
Fecha:	lunes, 24 de abril de 2006 18:51:56
Archivos adjuntos:	

MHO ... your acceptance, or not, of hot spots should be in keeping with your confidence in your knowledge of the target. Inhomogeneous distributions are acceptable in brachy and SRS because, presumably, you're confident that what you're treating is target. In multi-fraction EBRT land, it ain't necessarily so - labeling something a PTV does not mean that normal tissues will not take up residence, possibly more often than you think.

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Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> aojones@geisinger.edu 4/21/2006 10:34 AM >>>
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System Director, Radiation Physics
Department of Radiation Oncology

Geisinger Medical Center
N. Academy Ave
Danville, PA 17822
570 271-6304

>>> willchristiansrctc@yahoo.com 04/21/06 10:01 AM >>>
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De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hot Spots in 3d treatment planning.
Fecha:	lunes, 24 de abril de 2006 19:40:22
Archivos adjuntos:	

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De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hot Spots in 3d treatment planning.
Fecha:	lunes, 24 de abril de 2006 19:57:49
Archivos adjuntos:	

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De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hot Spots in 3d treatment planning.
Fecha:	miércoles, 26 de abril de 2006 0:58:12
Archivos adjuntos:	

I know brachytherapists (and physicists) who believe that brachy is the gold standard against which IGRT/IMRT should be compared. Regardless of whether I buy that or not, after working with repeat CT scans for hundreds of prostate patients, I am less certain than you that current EB IGRT can, on average, do just as well as an "ideal" implant in terms of precision of dose placement for prostate, because a larger spectrum of uncertainties come to bear in EBRT. Yes, MR can give a very clear delineation of a single random sample. My point is that if that random sample is not representative, IGRT (as typically understood, i.e. daily guidance) can only do so much to correct the situation.

Suppose you have a prostate patient with high Gleason and PSA, and the doc decides to treat SVs as well as prostate. Even if you only include the 2cm proximal to the prostate (Kestin IJROBP 54:3), variations in rectal filling can still account for >2.5cm of ant-post motion of the accounted SVs and well over a cm at the base of the prostate (Crook RadiotherOncol 37, Balter IJROBP 31, Yan SemRadOnc 15:3, Meldolesi IJROBP 63) - while the apex moves hardly at all. This is a rotation and probably a deformation (Wu IJROBP 64:5). How are you going to address it with a (currently feasible) online correction scheme? If it happens occasionally, no big deal. If it happens more often than not, meaning the planning observation was biased ... well, then I'd be glad I didn't have to figure a hot spot into the compromise I'm forced to accept in the localization. In a recent meeting we had with some of the Tomo folks, there came an assertion that daily guidance allows you to "nail" the!
rectal-prostatic border every day. It ain't necessarily so.

And if you don't have daily volumetric imaging or a validated surrogate ... what then? Then you have all the afore-mentioned uncertainties but even less knowledge. I think it's too much to assume that the field is @ a standard of MR-based delineation and volumetric IGRT.

Precision of target definition is a factor, but it's not the only factor. And IGRT, in the daily online correction sense, is not the be-all, end-all of image feedback, especially when deformations or non-correctable rotations are involved, and even more especially when your planning snapshot winds up being atypical (biased) - yet online IGRT is as far as most clinics go. In short, if I have limited confidence in the planning scan (I do, for prostate) and knowledge that online IGRT is helpless to correct some deformations/

rotations (I do), then I'm still very cautious about where I will consciously allow hot spots.

Apologies for the tome ... Dave

>>> aojones@geisinger.edu 4/24/2006 1:02 PM >>>
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De:	Li Ding
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Physical Wedge Modeling Problem
Fecha:	miércoles, 26 de abril de 2006 20:10:40
Archivos adjuntos:	

I have been doing Varian machine modeling recently. After complete the models, I do isodose calculations to compare with isodose plots generated by Omnipro-accept. I got everything OK except for 6 MV 45 degree physical wedge for 35 x 20 field. (35 cm in non-wedge direction.) The isodose distribution at wedge toes calculated with Pinnacle was 5% lower than plots by Omnipro. I used the same set of measurement data, and the model itself looks fine. What could go wrong? Has anybody had similar problem?

Li Ding
RBOI Ocala

De:	Cameron Ditty
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Physical Wedge Modeling Problem
Fecha:	miércoles, 26 de abril de 2006 21:24:22
Archivos adjuntos:	

Li,

It has been a while since I have used OmniPro, I am now at a facility that uses PTW instead of Welhofer. A good start would be to rescan at the depth of the inconsistancy and determine which software is wrong (assuming that OmniPro is infact GENERATING the curves). If you find that your scans agree with the planning software, then you are in the clear as far as your models, but are left scratching your head about the validity of the other curves generated by OmniPro. If the scans agree with OmniPro, then you might want to try adjusting the wedge scatter factor for that wedge. I have not had this problem, but I have just recently modeled our beam data and remember reading about it in the physics guide. I believe that the scatter factor affects the toe and heel of the wedge, and is set from the agreement of large fields. According to the documentation, for a varian the value should be ~ 0.5.

My suggestions are just that, suggestions so please take them with a grain of salt, but hopefully they can help you.

Cameron

On 4/26/06, **Li Ding** <LDing@rboi.com> wrote:

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>
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De:	Eugene Lief
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Enhanced Dynamic Wedge output factors.
Fecha:	miércoles, 26 de abril de 2006 21:52:20
Archivos adjuntos:	

Dear Pinnacle experts:

We have about 5% disagrement in EDW60 factors for Varian 18MV 20*20 asymmetric fields. I suspect that our mistake was to enter EDW output factors for the largest wedged fields 30*40 during commissioning. The problem is the field of that size is asymmetric in the wedged direction, and Pinnacle might not appreciate it, given the fact that it plots (and possibly interpolates) the EDW factor based on the equivalent square rather than the distance from the thin end.

My question is: can we use 30*40 EDW factros during commissioning, or shall we stay within the maximum symmetrical size 20*40?

Thank you,

Gene Lief
Maimonides Cancer Center
Brooklyn, NY
of. 718-765-2734, cell 347-668-2420

De:	Scott Mange
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Elekta Synergy Modelling
Fecha:	jueves, 27 de abril de 2006 0:32:21
Archivos adjuntos:	

Dear Friends,

Has anyone that's modelled an Elekta Synergy using ver. 7.4 contact me off-line?

We're in the process of installing a Synergy and I'm trying to get a jump on the modelling. I'd like to be sent a someone's machine model, NOT FOR CLINICAL USE, but to make sure Impac will accept the output and also to test the communications between Impac and Elekta.

I need a Synergy model just for testing purposes.

Can anyone help?

Thanks.

Scott Mange
Ireland Cancer Center at Community Health Partners
Dept. of Radiation Oncology
41201 Schadden Road
Elyria, OH 44035
(440) 324-0447 Direct
(440) 324-0440 General
smange@ameritech.net

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De:	graham.freestone@ksa.ch
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Physical Wedge Modeling Problem
Fecha:	jueves, 27 de abril de 2006 8:56:56
Archivos adjuntos:	

Hi Li,

I can't comment on the Omnipro/Varian combination, but I have a fair amount of experience modelling Siemens linacs: the 45 degree hard wedge is the hardest to model (as it is the thickest wedge on the central axis). 6X is harder to model than 15/18X. I usually have to make a compromise at the toe end of the wedge, getting the match as close as possible at the most clinically relevant depths e.g. dmax to 10cm, with less emphasis on the deeper profiles. The (calculated) deeper profiles sag at the toe end compared to the measured values.

For the largest field size with Siemens HW45 i.e. 25x30cm I would not be surprised at 5% difference at the toe for 20 or 30cm deep, which is something you might have to live with.
You may also find that you may have to split off a large field size model for this field size. I usually have a 4x4, 20x20, 25x30cm models for the hard wedges. There are small differences between the 4 and 20cm models e.g. spectrum, jaw/MLC transmission, but there are usually significant differences between the 20cm and 25x30cm model e.g. spectrum, OAS, MSF, arbitrary profile.

You can try adjusting the MSF: this will affect only the wedged profile, and mostly at the toe end. Or the OAS also affects mainly the toe end, but also affect the non-wedged direction profiles. I generally find I have to make the profiles for the non-wedged direction higher than a 'perfect' match to get a good fit at the heel end of the wedged profiles (which do not respond much to MSF & OAS tweaking), and then use OAS/MSF to tweak the toe end.

Good luck!

Freundliche Grüsse

Graham Freestone

Medizin Phyziker Senior,

Institut für Radio-Onkologie,
Kantonsspital Aarau AG,
CH5001 Aarau,
Switzerland

Tel: +41 62 838 9569
Fax: +41 62 838 5223
Email: graham.freestone@ksa.ch

De:	Salanitro, Paula
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: SUN/ADAC 20" monitors (CRT type)
Fecha:	jueves, 27 de abril de 2006 16:10:41
Archivos adjuntos:	

We have a working monitor that was replaced with a flat panel. We are interested in selling it. I can talk to our admin. if you're interested.

"There are only two ways to live your life. One is as though nothing is a miracle. The other is as if everything is." - Albert Einstein

Paula R. Salanitro, MS
Sr. Medical Physicist
Paoli Memorial Hospital
610-648-1124
fax 610-647-2006

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Royal, James
Sent: Thursday, April 27, 2006 9:38 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: SUN/ADAC 20" monitors (CRT type)

Dear Fellow Pinnacle users:

Have any of you had your SUN 20" CRT monitors die/nearing death, and need to be replaced by newer flat panel monitors currently provided by Philips?

If so, did you have to pay the $1,600 price difference to upgrade (even if you have their full-service contract???) The other option we were given was a refurbished CRT monitor.

Thanks.

James Royal
Medical Physicist
Nebraska Methodist Hospital

De:	Royal, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	SUN/ADAC 20" monitors (CRT type)
Fecha:	jueves, 27 de abril de 2006 16:28:52
Archivos adjuntos:	

Dear Fellow Pinnacle users:

Have any of you had your SUN 20" CRT monitors die/nearing death, and need to be replaced by newer flat panel monitors currently provided by Philips?

If so, did you have to pay the $1,600 price difference to upgrade (even if you have their full-service contract???) The other option we were given was a refurbished CRT monitor.

Thanks.

James Royal
Medical Physicist
Nebraska Methodist Hospital

sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	hugo.tremblay@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Réf. : Physical Wedge Modeling Problem
Fecha:	jueves, 27 de abril de 2006 16:42:51
Archivos adjuntos:	pic03919.jpg

Hello Li and Graham,

I had about the same experience than Graham with wedge 45-60 (Varian Linac with v7.4). Those thick wedges are difficult to model. The model was splitted (spectrum, arbitrary profile, OAS, jaw trans, wedge scattor) and we also had to modify the slope of the wedges (schematic in Pinnacle) at the thick edge to get better agreement at the toe end. We have also shorten the wedges (by cutting the out of field region) to get a better agreement for the out of field dose for large field sizes. We have also played with the arbritary profile to get better agreement for long rectangular field (for example: Pinnacle uses and 8.6x8.6 interpolated model to compute a 5x30 and, we can play with the arbritary profile of the 5x5 and 10x10 models for values above let say 10 without touching the square fields parameters ... The same strategy was used to get better agreement in the non-wedge direction for the largest rectangular wedge field. All these modifications must make sense and we do dot change values dramatically betweens models. However all these combinations gave us what a could say acceptable results according to TG-53 for square and rectangle field sizes defined by the jaws only. The most difficult part of this modelisation technique is when MLC invasion becomes important (more than 30%). Pinnacle chooses the model for calculations accordingly to the equivalent square of the jaw positions.

It is even more difficult to modelise these thick wedges if you have a complete set of measurements at SSD 80, 90 and 100. It depends of the model but PDDs could look horrible at SSD 90 even if your modelised PDDs look perfect at SSD 100! We always do compromise and emphasize on clinical reality for SSD, field size, output accuracy and MLC leaves invasion etc...

Good luck,

I wish that one day EDW and electronic compensation (IMRT) would completely replace the physical wedges.

Already tired to modelise physical wedges,

Best regards,

Hugo

De :
graham.freestone@ksa.ch@explode.unsw.edu.au

Envoyé par :
owner-pinnacle-users@explode.unsw.edu.au

Pour :
pinnacle-users@explode.unsw.edu.au

cc :
(ccc : Hugo Tremblay/CH de la Sagamie/Reg02/SSSS)

Objet :
Physical Wedge Modeling
Problem

2006-04-27 02:46

Veuillez répondre à
pinnacle-users

Hi Li,

I can't comment on the Omnipro/Varian combination, but I have a fair amount of experience modelling Siemens linacs: the 45 degree hard wedge is the hardest to model (as it is the thickest wedge on the central axis). 6X is harder to model than 15/18X. I usually have to make a compromise at the toe end of the wedge, getting the match as close as possible at the most clinically relevant depths e.g. dmax to 10cm, with less emphasis on the deeper profiles. The (calculated) deeper profiles sag at the toe end

compared to the measured values.

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Good luck!

Freundliche Grüsse

Graham Freestone

Medizin Phyziker Senior,
Institut für Radio-Onkologie,
Kantonsspital Aarau AG,
CH5001 Aarau,
Switzerland

Tel: +41 62 838 9569
Fax: +41 62 838 5223
Email: graham.freestone@ksa.ch

##
(Embedded image moved to file: pic03919.jpg)

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Vadim Kuperman;
Asunto:	Re: Marc Mlyn/MLS/MS/PHILIPS is out of the office.
Fecha:	jueves, 27 de abril de 2006 18:35:21
Archivos adjuntos:	

Marc,

I need to talk to you ASAP regarding the possibility to transfer our Ultra 10 (which we are supposed to return to Phillips) to our Dosimetry Program. I need to know the answer before May 15th (the date of the upgrade of your equipment). Reminder: 4 Ultra 10 including a server at the VA Hospital in Tampa will be replaced by Sun Blade on May 15th.

Please let me know how I can reach you on the phone. Note that you can contact me at (813) 903-4843 (office), or (813) 300-0514 (cell).

Your help will be greatly appreciated.

Vadim Kuperman

--- Marc Mlyn <marc.mlyn@philips.com> wrote:

> I will be out of the office starting 04/26/2006 and
> will not return until
> 05/01/2006.
>
> Dear Sender,
>
> I am currently out of the office. Please contact
> customer support or send
> an email to pros.support@philips.com for assistance.
>
> If you need to speak to a manager, please request
> either Mike Howard or Jo
> Campbell.
>
> With Kind Regards,

>
> Marc Mlyn
> Philips Radiation Oncology Systems
>
>
>
>

>

##
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##

De:	Chihray Liu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: SUN/ADAC 20" monitors (CRT type)
Fecha:	jueves, 27 de abril de 2006 18:45:52
Archivos adjuntos:	

James;

Spend $30 on Sun Video to VGA Monitor Adapter (13W3M- HD15F) and $300 for regular 19" LCD monitor (example: Samsung SyncMaster 915N) will be a much better solution.

Chihray Liu, Ph.D.

Associate Professor

Department of Radiation Oncology

University of Florida

Office: (352)265-8217

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Royal, James
Sent: Thursday, April 27, 2006 9:38 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: SUN/ADAC 20" monitors (CRT type)

Dear Fellow Pinnacle users:

Have any of you had your SUN 20" CRT monitors die/nearing death, and need to be replaced by newer flat panel monitors currently provided by Philips?

If so, did you have to pay the $1,600 price difference to upgrade (even if you have their full-service contract???) The other option we were given was a refurbished CRT monitor.

Thanks.

James Royal

Medical Physicist
Nebraska Methodist Hospital

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##########

De:	Gnanaprakasam Vadivelu
A:	ADAC Pinnacle;
Cc:	
Asunto:	Planning objectives
Fecha:	viernes, 28 de abril de 2006 8:53:52
Archivos adjuntos:	

Does anybody have a typical set of initial planning objectives for major sites? It would save a lot of time in going for a trial and error!!
Thanks so much.
GP

Gnanaprakasam Vadivelu,M.Sc.,
Assistant Professor-Medical Physicist
Department of Radiotherapy & Oncology
Manipal Teaching Hospital
Pokhara 33701
Nepal
Ph(O):+977-61-526416 to 20, ext : 128

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: SUN/ADAC 20" monitors (CRT type)
Fecha:	viernes, 28 de abril de 2006 15:33:56
Archivos adjuntos:	

Listers,

We purchased an NEC 1980FXi for about $600. The catch is that one has to set the Blades vertical refresh rate to 60 Hz using fbconfig. (Understand fbconfig before using, though.) Bascially, if your flat panel can to 80 Hz vertical refresh, however, then you don't have to worry about the settings.

We also have used an NEC 1960NXi right out of the box.

But, note that most 20" flat panels are 1600x1200 physical pixel dimension, and Pinnacle is hard-coded for proper X and Y scaling on a 1280x1024 display. That means a 19" with a 1280x1024 physical pixel dimension works best.

Sean

_____

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Royal, James
Sent: Thursday, April 27, 2006 08:38
To: pinnacle-users@explode.unsw.edu.au
Subject: SUN/ADAC 20" monitors (CRT type)

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James Royal
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##

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	BYOM
Fecha:	viernes, 28 de abril de 2006 18:29:03
Archivos adjuntos:	

It strikes me that buying your own monitor and making it work with Pinnacle is like bringing your own wine to a restaurant. If it is not to your liking, you can't expect them to help you.

The restaurant tries to pair its wine with their food and you could suffer a bad combination by bringing your own.

Yes, the restaurant does mark up the price of their bottles by 2-3 times. But that helps keep the cost of the entrees down.

So please buy your monitors from Philips so the price of their software will not inflate. Either that or Philips should charge a corkage fee.

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: BYOM
Fecha:	viernes, 28 de abril de 2006 21:15:41
Archivos adjuntos:	

I know budgets are tight but why argue with the vendor over a piece of equipment that 90+ percent of your patients are processed on. Just from a Return On Investment standpoint this is a no brainer..sure you can get it cheaper...but you saved less than 1 IMRT plan in costs and had to "Goldberg Engineer" the solution. If you buy the hardware support contract..A cost of doing business...you would have the monitors covered. All this adds up I know, but again what is the yearly revenue attributed to the RTP system...in my department the system paid for itself very quickly....

Not A Phillips Sales Rep By Any Means....

Greg

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com
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However, Billions of electrons were terribly inconvenienced.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of swarwick@stmaryshealth.com
Sent: Friday, April 28, 2006 1:39 PM
To: pinnacle-users@explode.unsw.edu.au

Subject: Re: BYOM

I buy ours from Philips. Philips CONSUMER division.

Same exact monitor with an output adaptor- $1800 cheaper.

When your purchasing 4 of them it begins to add up. I wouldn't expect Philips to help us with the monitor. If it dies, buy a new one and I'm still under what one would have cost from Philips Medical. The price of the software shouldn't be hid in the hardware anyway IMHO. It is what it is.

"Scott DUBE"

<sdube@queens.org> To: pinnacle-users@explode.unsw.edu.au

Sent by: cc:

owner-pinnacle-users@explode. Fax to:

unsw.edu.au Subject: BYOM

04/28/2006 11:42 AM

Please respond to

pinnacle-users

It strikes me that buying your own monitor and making it work with Pinnacle is like bringing your own wine to a restaurant. If it is not to your liking, you can't expect them to help you.

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suffer a bad combination by bringing your own.

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##

disclose to anyone the message or any information contained in the message. If you have received the message in error, please advise the sender by reply e-mail and delete the message.

De:	swarwick@stmaryshealth.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: BYOM
Fecha:	viernes, 28 de abril de 2006 21:17:07
Archivos adjuntos:	

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"Scott DUBE" <sdube@queens.org> Sent by: owner-pinnacle-users@explode.unsw.edu.au

To: pinnacle-users@explode.unsw.edu.au

cc:

Fax to:

Subject: BYOM

04/28/2006 11:42 AM

Please respond to pinnacle-users

It strikes me that buying your own monitor and making it work with Pinnacle is like bringing your own wine to a restaurant. If it is not to your liking, you can't expect them to help you.

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##

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au; gnanapragasamv@yahoo.com;
Cc:	
Asunto:	Re: Planning objectives
Fecha:	viernes, 28 de abril de 2006 21:53:27
Archivos adjuntos:	IMRTP_Abdomen.doc IMRTP_Brain.doc IMRTP_Pelvis.doc IMRTP_Prostate.doc IMRTP_Ethmoid.doc IMRTP_Breast.doc IMRTP_HN.doc IMRTP_Thorax.doc

---

Here is what we use.

Scott Dube, M.S.
The Queen's Medical Center
Honolulu, HI

>>> gnanapragasamv@yahoo.com 04/27/06 08:19PM >>>
Does anybody have a typical set of initial planning objectives for major sites? It would save a lot of time in going for a trial and error!!
Thanks so much.
GP

Gnanaprakasam Vadivelu,M.Sc.,
Assistant Professor-Medical Physicist
Department of Radiotherapy & Oncology
Manipal Teaching Hospital
Pokhara 33701
Nepal
Ph(O):+977-61-526416 to 20, ext : 128

De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: BYOM
Fecha:	sábado, 29 de abril de 2006 0:40:39
Archivos adjuntos:	

You can always justify the cost of something like this by saying it only takes X number of Y type plans to pay for it. A slight price mark up in understandable, but when you begin seeing factors of 2 or 3, that's just insane. Especially when the monitor is made by Philips If anything, we should get a price brake for hardware, not a price increase! If they really are jacking up the hardware costs to pay for the software, that makes no sense. People are not going to stop buying DMPO because the cost is increased by a thousand dollars. Hardware contracts make it easy for physicists, but we all know they are a rip-off. How many of you buy hardware contracts when you are spending your own money on personal items?

Joe Herrick
Reno, NV

I like to buy my own cheap wine and drink it in my car in the restaurant parking lot before I go in :)

>From: "Groess, Greg J" <Greg.Groess@allina.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: RE: BYOM
>Date: Fri, 28 Apr 2006 13:56:01 -0500
>
>I know budgets are tight but why argue with the vendor over a piece of
>equipment that 90+ percent of your patients are processed on. Just from
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>"Goldberg Engineer" the solution. If you buy the hardware support
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>To: pinnacle-users@explode.unsw.edu.au
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>
>   "Scott DUBE"
>
>   <sdube@queens.org>   To:
>pinnacle-users@explode.unsw.edu.au

>
> Sent by: cc:
>
> owner-pinnacle-users@explode. Fax to:
>
> unsw.edu.au Subject:
>BYOM
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>
> 04/28/2006 11:42 AM
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> Please respond to
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> pinnacle-users
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account will not be distributed unless that account is also subscribed.
##

De:	Ed Mok
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: BYOM
Fecha:	sábado, 29 de abril de 2006 6:47:06
Archivos adjuntos:	

It is not always about saving money. For one reason or the other we might not always like some components that come with the vendor. If I have a choice, I would never buy the RICOH printer that Philips sold us. It is so huge that it comes with its own zip code and it is impossible to get toner and service. We swapped it out with a HP printer the first opportunity we got. For monitors, we just use the Dell's monitors. They work just fine. Customer should be able to use whatever work for them.

I like to bring wine to restaurants not because I want to save a couple of bucks. It is because not too many restaurants that you can order a bottle of 94 Chateau Montelena. In case the food is a disappointment, at least I like my wine.

Ed Mok

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Joe Herrick
Sent: Friday, April 28, 2006 3:27 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: BYOM

You can always justify the cost of something like this by saying it only takes X number of Y type plans to pay for it. A slight price mark up in understandable, but when you begin seeing factors of 2 or 3, that's just insane. Especially when the monitor is made by Philips If anything, we should get a price brake for hardware, not a price increase! If they really

are jacking up the hardware costs to pay for the software, that makes no sense. People are not going to stop buying DMPO because the cost is increased by a thousand dollars. Hardware contracts make it easy for physicists, but we all know they are a rip-off. How many of you buy hardware contracts when you are spending your own money on personal items?

Joe Herrick
Reno, NV

I like to buy my own cheap wine and drink it in my car in the restaurant parking lot before I go in :)

>From: "Groess, Greg J" <Greg.Groess@allina.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: RE: BYOM
>Date: Fri, 28 Apr 2006 13:56:01 -0500
>
>I know budgets are tight but why argue with the vendor over a piece of
>equipment that 90+ percent of your patients are processed on. Just
>from a Return On Investment standpoint this is a no brainer..sure you
>can get it cheaper...but you saved less than 1 IMRT plan in costs and
>had to "Goldberg Engineer" the solution. If you buy the hardware
>support contract..A cost of doing business...you would have the
>monitors covered. All this adds up I know, but again what is the
>yearly revenue attributed to the RTP system...in my department the
>system paid for itself very quickly....
>
>Not A Phillips Sales Rep By Any Means....
>
>Greg
>---
>Gregory Groess
>Information Systems Support
>Radiation Oncology
>Abbott Northwestern Hospital
>800 28th St.
>Minneapolis, MN55407
>612.863.5544
>612.654.3827 <Pager>
>greg.groess@allina.com
>No trees were killed in the creation of this message.
>However, Billions of electrons were terribly inconvenienced.
>
>
>
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of

>swarwick@stmaryshealth.com
>Sent: Friday, April 28, 2006 1:39 PM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Re: BYOM
>
>I buy ours from Philips. Philips CONSUMER division.
>
>Same exact monitor with an output adaptor- $1800 cheaper.
>
>When your purchasing 4 of them it begins to add up. I wouldn't expect
>Philips to help us with the monitor. If it dies, buy a new one and I'm
>still under what one would have cost from Philips Medical. The price
>of the software shouldn't be hid in the hardware anyway IMHO. It is
>what it is.
>
>
>
>
>
>
>   "Scott DUBE"
>
>   <sdube@queens.org>   To:
>pinnacle-users@explode.unsw.edu.au
>
>   Sent by: cc:
>
>   owner-pinnacle-users@explode.   Fax to:
>
>   unsw.edu.au   Subject:
>BYOM
>
>
>
>
>
>
>   04/28/2006 11:42 AM
>
>   Please respond to
>
>   pinnacle-users
>
>
>
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>

>
>
>It strikes me that buying your own monitor and making it work with
>Pinnacle is like bringing your own wine to a restaurant. If it is not
>to your liking, you can't expect them to help you.
>
>The restaurant tries to pair its wine with their food and you could
>suffer a bad combination by bringing your own.
>
>Yes, the restaurant does mark up the price of their bottles by 2-3
>times. But that helps keep the cost of the entrees down.
>
>So please buy your monitors from Philips so the price of their software
>will not inflate. Either that or Philips should charge a corkage fee.
>
>
>
>
>
>##
>To unsubscribe (yourself or other account) from the pinnacle-users
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>address> to majordomo@explode.unsw.edu.au.
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>members, the list has been configured so that messages can only be sent
>from a subscribed account. Messages sent from a users secondary account
>will not be distributed unless that account is also subscribed.
>##
>
>
>
>CONFIDENTIALITY NOTICE: This message, including any attachments, is for
>the sole use of the intended recipient(s) and may contain confidential
>and privileged information. Any unauthorized review, use, disclosure
>or distribution is prohibited. If you are not the intended recipient,
>please contact the sender by reply e-mail and destroy all copies of the
>original message.
>
>
>
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>##
>
>
>This message contains information that may be confidential and
>privileged.
>Unless you are the addressee (or authorized to receive for the addressee),
>you may not use, copy or disclose to anyone the message or any information
>contained in the message. If you have received the message in error,
>please advise the sender by reply e-mail and delete the message.
>
>
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##

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: BYOM
Fecha:	lunes, 01 de mayo de 2006 15:40:01
Archivos adjuntos:	

Listers,

I have two problems with Philips in this regard:

1. They bundle their software licensing fees into a locked hardware platform and charge exorbitant fees for hardware. Just look at any sales quote when it comes to additional memory or displays.

2. The aspect ratios for the 20" 1600x1200 displays that are available are not faithfully displayed. Measure 10 cm screen distance with the ruler tool in vertical and horizontal to demonstrate.

Clearly, purchasing your own hardware and configuring it is the end user's responsibility, and one is advised that going on this path will not fall under the service agreement.

I say instead, that the customer demand for the hardware and software fees to be decoupled, instead of just accepting what is currently offered.

As for the wine analogy, I say that if it were good wine we were served, then OK. And if the wine is not to your liking, don't order it.

Sean

_____

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Friday, April 28, 2006 10:43
To: pinnacle-users@explode.unsw.edu.au
Subject: BYOM

It strikes me that buying your own monitor and making it work with Pinnacle is like bringing your own wine to a restaurant. If it is not

to your liking, you can't expect them to help you.

The restaurant tries to pair its wine with their food and you could suffer a bad combination by bringing your own.

Yes, the restaurant does mark up the price of their bottles by 2-3 times. But that helps keep the cost of the entrees down.

So please buy your monitors from Philips so the price of their software will not inflate. Either that or Philips should charge a corkage fee.

De:	Parry, Joy
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT anal canal
Fecha:	lunes, 01 de mayo de 2006 17:57:23
Archivos adjuntos:	

Hi,
Has anyone done an IMRT plan for an anal canal without patching on electron for the anterior nodes? I would appreciate any help. Thanks, JParry CMD

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT anal canal
Fecha:	lunes, 01 de mayo de 2006 18:12:28
Archivos adjuntos:	

Yes, our doctors just draw the nodes on the CT and we include them in the fields. Our patients are always fleshy so the nodes are deeper than one would think

---

From: Parry, Joy
Sent: Mon 5/1/2006 11:39 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT anal canal

Hi,
Has anyone done an IMRT plan for an anal canal without patching on electron for the anterior nodes? I would appreciate any help. Thanks, JParry CMD

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: BYOM
Fecha:	lunes, 01 de mayo de 2006 20:24:50
Archivos adjuntos:	

Listers,

I have two problems with Philips in this regard:

1. They bundle their software licensing fees into a locked hardware platform and charge exorbitant fees for hardware. Just look at any sales quote when it comes to additional memory or displays.

2. The aspect ratios for the 20" 1600x1200 displays that are available are distorted. Measure 10 cm screen distance of a ruler pressed on the display with the ruler tool in vertical and horizontal to demonstrate.

Clearly for Pinnacle, purchasing your own hardware and configuring it is the end user's responsibility, and one is advised that going on this path will not fall under the service agreement.

I say instead of purchasing the Philips displays, that the customer demand for the hardware and software fees to be decoupled, instead of just accepting what is currently offered.

As for the wine analogy, I say that if it good wine were offered, then OK. And if the wine looks like it will not be to your liking, then don't order it.

Sean

_____

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Friday, April 28, 2006 10:43
To: pinnacle-users@explode.unsw.edu.au
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De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: SUN/ADAC 20" monitors (CRT type)
Fecha:	lunes, 01 de mayo de 2006 20:40:00
Archivos adjuntos:	

Listers,

We purchased an NEC 1980FXi for about $600. The catch is that one has to set the Blades vertical refresh rate to 60 Hz using fbconfig. (Understand fbconfig before using, though.) Bascially, if your flat panel can to 80 Hz vertical refresh, however, then you don't have to worry about the settings.

We also have used an NEC 1960NXi right out of the box.

But, note that most 20" flat panels are 1600x1200 physical pixel dimension, and Pinnacle is hard-coded for proper X and Y scaling on a 1280x1024 display. That means a 19" with a 1280x1024 physical pixel dimension works best.

Sean

_____

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Royal, James
Sent: Thursday, April 27, 2006 08:38
To: pinnacle-users@explode.unsw.edu.au
Subject: SUN/ADAC 20" monitors (CRT type)

Dear Fellow Pinnacle users:

Have any of you had your SUN 20" CRT monitors die/nearing death, and need to be replaced by newer flat panel monitors currently provided by Philips?

If so, did you have to pay the $1,600 price difference to upgrade (even if you have their full-service contract???) The other option we were given was a refurbished CRT monitor.

Thanks.

James Royal
Medical Physicist
Nebraska Methodist Hospital

##
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##

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Planning objectives
Fecha:	martes, 02 de mayo de 2006 14:42:06
Archivos adjuntos:	

Scott,

I just wanted to comment publically that your openness and contribution to the field of Radiation Therapy is extraordinary.

Thank you for sharing your approaches.

Best Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support USA 1-800-722-9377
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com

To
pinnacle-users@explode.unsw.edu.au
gnanapragasamv@yahoo.com

"Scott DUBE" <sdube@queens.org>

cc

Sent by: owner-pinnacle-users @explode.unsw.edu.au

Subject
Re: Planning objectives

Classification

04/28/2006 03:11 PM

Please respond to
pinnacle-users@explo
de.unsw.edu.au

Here is what we use.

Scott Dube, M.S.
The Queen's Medical Center
Honolulu, HI

>>> gnanapragasamv@yahoo.com 04/27/06 08:19PM >>>
Does anybody have a typical set of initial planning objectives for major sites? It would save a lot of time in going for a trial and error!!
Thanks so much.
GP

Gnanaprakasam Vadivelu,M.Sc.,
Assistant Professor-Medical Physicist
Department of Radiotherapy & Oncology
Manipal Teaching Hospital
Pokhara 33701
Nepal
Ph(O):+977-61-526416 to 20, ext : 128

[attachment "IMRTP_Abdomen.doc" deleted by Marc Mlyn/MLS/MS/PHILIPS]
[attachment "IMRTP_Brain.doc" deleted by Marc Mlyn/MLS/MS/PHILIPS]
[attachment "IMRTP_Pelvis.doc" deleted by Marc Mlyn/MLS/MS/PHILIPS]
[attachment "IMRTP_Prostate.doc" deleted by Marc Mlyn/MLS/MS/PHILIPS]
[attachment "IMRTP_Ethmoid.doc" deleted by Marc Mlyn/MLS/MS/PHILIPS]
[attachment "IMRTP_Breast.doc" deleted by Marc Mlyn/MLS/MS/PHILIPS]
[attachment "IMRTP_HN.doc" deleted by Marc Mlyn/MLS/MS/PHILIPS] [attachment "IMRTP_Thorax.doc" deleted by Marc Mlyn/MLS/MS/PHILIPS]

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##

De:	Sean Frigo
A:	List Pinnacle;
Cc:	
Asunto:	Double postings...
Fecha:	martes, 02 de mayo de 2006 17:03:38
Archivos adjuntos:	

Listers,

Sorry for the dual blasts. Once was enough.

It appeared to me that the original posts were not getting through. However, the postings distributed back to me from the list server were simply getting nailed by our spam filters...

Sean

De:	Hendee, Eric
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Planning objectives
Fecha:	martes, 02 de mayo de 2006 17:50:41
Archivos adjuntos:	

One interesting thing we have done is to create a trial called "objectives" that has the physician's anatomical objectives in it (Scott's examples are great). Then we have an IMRT planning trial that may have some of those, but would also include dose shaping structures like "rings", "post avoid", etc. This controls the dose distribution as well as the dose to structures.

Then, to evaluate the plan, simple turn on the DVHs for anatomical structures of the planning trial, but have the objectives trial selected to display the point objectives in the IMRT window.

Or, once the plan is done you can use protocols to load the anatomical objectives into the planning trial.
This method works great, would be nice if there were checkboxes or something in the objectives window for turning on/off and reporting objectives like there are for DVHs... (another item for Dave's list of stupid ideas from Eric!)

Eric Hendee

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Scott DUBE
Sent: Friday, April 28, 2006 2:12 PM
To: pinnacle-users@explode.unsw.edu.au; gnanapragasamv@yahoo.com
Subject: Re: Planning objectives

Here is what we use.

Scott Dube, M.S.
The Queen's Medical Center
Honolulu, HI

>>> gnanapragasamv@yahoo.com 04/27/06 08:19PM >>>
Does anybody have a typical set of initial planning objectives for major sites? It would save a lot of time in going for a trial and error!!
Thanks so much.
GP

Gnanaprakasam Vadivelu,M.Sc.,
Assistant Professor-Medical Physicist
Department of Radiotherapy & Oncology
Manipal Teaching Hospital
Pokhara 33701
Nepal
Ph(O):+977-61-526416 to 20, ext : 128

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Long live the Listserver
Fecha:	martes, 02 de mayo de 2006 18:15:59
Archivos adjuntos:	

"Thank you for sharing your approaches."

It is my pleasure Marc. I was not sure if the attachments would get stripped off by the listserver and was glad they made it. As you may know, medphys does not allow attachments.

And I want to say thank you to Philips for allowing the listserver to flourish. Some vendors do not allow their users to establish a listserver. Or if they do, the subscribers are qualified and the postings are censored. Bravo to Philips for letting all of us communicate, especially Joe Wong.

De:	Li Ding
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT MLC-Transmission
Fecha:	martes, 02 de mayo de 2006 18:30:45
Archivos adjuntos:	

We have Varian MLC and we measured interleaf and intraleaf transmission with Sun Nuclear's MapCheck.

Li Ding
RBOI Ocala FL

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Radioonkologie Physiker
Sent: Tuesday, May 02, 2006 11:54 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT MLC-Transmission

Dear Pinnacle users,
we have a small error in our IMRT-Dosimetry and it could be from our MLC-transmission value. Our transmission values for a 6MV PRIMUS are Jaw: 0.00437 and MLC: 0.02437.
Could you please tell us your values?

Best regards

Joerg Mueller
Caritasklinik Saarbruecken
Klinik für Radioonkologie
D66113 Saarbruecken
Germany
++496814061540

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De:	Radioonkologie Physiker
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT MLC-Transmission
Fecha:	martes, 02 de mayo de 2006 18:43:00
Archivos adjuntos:	

Dear Pinnacle users,
we have a small error in our IMRT-Dosimetry and it could be from our MLC-transmission value. Our transmission values for a 6MV PRIMUS are Jaw: 0.00437 and MLC: 0.02437.
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Best regards

Joerg Mueller
Caritasklinik Saarbruecken
Klinik für Radioonkologie
D66113 Saarbruecken
Germany
++496814061540

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Long live the Listserver
Fecha:	martes, 02 de mayo de 2006 18:48:58
Archivos adjuntos:	

I second that statement, as I learn more here than on any other listserver.

Kim P. Knight, RT (R)(T), A.R.R.T., CMD
Chief Radiation Therapist
Cabrini Center for Cancer Care
Alexandria, LA 71301

Phone: 318-448-6937
Fax: 318-483-4097

Email: kim.knight@christushealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Tuesday, May 02, 2006 11:06 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Long live the Listserver

"Thank you for sharing your approaches."

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postings are censored. Bravo to Philips for letting all of us communicate, especially Joe Wong.

De:	Li Ding
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT MLC-Transmission
Fecha:	martes, 02 de mayo de 2006 18:51:36
Archivos adjuntos:	

We have Varian MLC and we measured interleaf and intraleaf transmission with Sun Nuclear's MapCheck.

Li Ding
RBOI Ocala FL

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Sent: Tuesday, May 02, 2006 11:54 AM
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Subject: IMRT MLC-Transmission

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Best regards

Joerg Mueller
Caritasklinik Saarbruecken
Klinik für Radioonkologie
D66113 Saarbruecken
Germany
++496814061540

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De:	Li Ding
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT MLC-Transmission
Fecha:	martes, 02 de mayo de 2006 18:53:27
Archivos adjuntos:	

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Li Ding
RBOI Ocala FL

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to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Long live the Listserver
Fecha:	martes, 02 de mayo de 2006 19:43:48
Archivos adjuntos:	

Actually, most of the vendors do have a listserver of some type, but this is the only one that I know of that is still open to the general public.

I will try to stay engaged in this forum within the limitations of the above reality; we have considered creating a "closed" list for Philips customers, but we have not taken that step yet.

I apologize to the group for not being more involved. I will do what I can.

Regards to all,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support USA 1-800-722-9377
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com

To pinnacle-users@explode.unsw.edu.au
cc
Subject Long live the Listserver
Classification

"Scott DUBE" <sdube@queens.org>

Sent by:
owner-pinnacle-users@explode.unsw.edu.au

05/02/2006 12:06 PM

Please respond to pinnacle-users@explode.unsw.edu.au

"Thank you for sharing your approaches."

It is my pleasure Marc. I was not sure if the attachments would get stripped off by the listserver and was glad they made it. As you may know, medphys does not allow attachments.

And I want to say thank you to Philips for allowing the listserver to flourish. Some vendors do not allow their users to establish a listserver. Or if they do, the subscribers are qualified and the postings are censored. Bravo to Philips for letting all of us communicate, especially Joe Wong.

De: rkover1@comcast.net

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: Long live the Listserver

Fecha: martes, 02 de mayo de 2006 20:36:34

Archivos adjuntos:

I for one am very appreciative of the fact that this is an open forum. That alone says alot about Philips.

Robert Kover, MS
Northwest Medical Physics Center

---------- Original message ----------
From: Marc Mlyn <marc.mlyn@philips.com>

Actually, most of the vendors do have a listserver of some type, but this is the only one that I know of that is still open to the general public.

I will try to stay engaged in this forum within the limitations of the above reality; we have considered creating a "closed" list for Philips customers, but we have not taken that step yet.

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Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS! Suppor t USA 1-800-722-9377
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com

"Scott DUBE" <sdube@queens.org>

Sent by: owner-pinnacle-users@explode.unsw.edu.au

05/02/2006 12:06 PM

To pinnacle-users@explode.unsw.edu.au
cc
Subject Long live the Listserver
Classification

Please respond to pinnacle-users@explode.unsw.edu.au

"Thank you for sharing your approaches."

It is my pleasure Marc. I was not sure if the attachments would get stripped off by the listserver and was glad they made it. As you may know, medphys does not allow attachments.

And I want to say thank you to Philips for allowing the listserver to flourish. Some vendors do not allow their users to establish a listserver. Or if they do, the subscribers are qualified and the postings are censored. Bravo to Philips for letting all of us communicate, especially Joe Wong.

De:	Kent Krugh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT MLC-Transmission
Fecha:	miércoles, 03 de mayo de 2006 4:29:35
Archivos adjuntos:	

Our Primus 6MV jaw trans = 0.0011; mlc trans=0.0005; additional interleaf leakage = 0.025

Kent Krugh
ICC
Cincinnati

At 11:54 AM 5/2/2006, you wrote:

> Dear Pinnacle users,
> we have a small error in our IMRT-Dosimetry and it could be from our MLC-transmission value. Our transmission values for a 6MV PRIMUS are Jaw: 0.00437 and MLC: 0.02437.
> Could you please tell us your values?
>
> Best regards
>
> Joerg Mueller
> Caritasklinik Saarbruecken
> Klinik für Radioonkologie
> D66113 Saarbruecken
> Germany
> ++496814061540
>
>

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Long live the Listserver
Fecha:	miércoles, 03 de mayo de 2006 6:03:08
Archivos adjuntos:	

This is a great way for Pinnicle users to communicate and discuss various issues. I am very greatfull that this listserver exists.

Pat

>From: "Scott DUBE" <sdube@queens.org>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Long live the Listserver
>Date: Tue, 02 May 2006 06:06:16 -1000
>
>"Thank you for sharing your approaches."
>
>It is my pleasure Marc. I was not sure if the attachments would get
>stripped off by the listserver and was glad they made it. As you may
>know, medphys does not allow attachments.
>
>And I want to say thank you to Philips for allowing the listserver to
>flourish. Some vendors do not allow their users to establish a
>listserver. Or if they do, the subscribers are qualified and the
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>communicate, especially Joe Wong.
>
>
>
>
>
>
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account will not be distributed unless that account is also subscribed.
##

De:	Krieger_T@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: IMRT MLC-Transmission
Fecha:	miércoles, 03 de mayo de 2006 8:21:32
Archivos adjuntos:	

Hallo Joerg

For 6MV Primus we have the following values: Jaw transmission 0.00101598 and MLC transmission 0.00875

Regards
Thomas

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Radioonkologie Physiker
Gesendet: Dienstag, 2. Mai 2006 17:54
An: pinnacle-users@explode.unsw.edu.au
Betreff: IMRT MLC-Transmission

Dear Pinnacle users,
we have a small error in our IMRT-Dosimetry and it could be from our MLC-transmission value. Our transmission values for a 6MV PRIMUS are Jaw: 0.00437 and MLC: 0.02437.
Could you please tell us your values?

Best regards

Joerg Mueller
Caritasklinik Saarbruecken
Klinik für Radioonkologie
D66113 Saarbruecken
Germany
++496814061540

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##

De:	Gnanaprakasam Vadivelu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Planning objectives
Fecha:	miércoles, 03 de mayo de 2006 11:41:08
Archivos adjuntos:	

Dear Scott,
Thank you so much. For beginners like me this would be verymuch helpful.
Have a wonderful week.
Regards
GP

Gnanaprakasam Vadivelu,M.Sc.,
Assistant Professor-Medical Physicist
Department of Radiotherapy & Oncology
Manipal Teaching Hospital
Pokhara 33701
Nepal
Ph(O):+977-61-526416 to 20, ext : 128

----- Original Message ----
From: Scott DUBE <sdube@queens.org>
To: pinnacle-users@explode.unsw.edu.au; gnanapragasamv@yahoo.com
Sent: Saturday, April 29, 2006 12:56:55 AM
Subject: Re: Planning objectives

Here is what we use.

Scott Dube, M.S.
The Queen's Medical Center
Honolulu, HI

De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DICOM Image Location
Fecha:	miércoles, 03 de mayo de 2006 16:11:19
Archivos adjuntos:	

Can anyone tell me the location of the DICOM images directory? I have some images that I would like to import into Pinnacle but need to know where to put them so that I can import.

Thanks

AJ

Andrew O. Jones, PhD
System Director, Radiation Physics
Department of Radiation Oncology
Geisinger Medical Center
N. Academy Ave
Danville, PA 17822
570 271-6304

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DICOM Image Location
Fecha:	miércoles, 03 de mayo de 2006 16:43:57
Archivos adjuntos:	

/files/network/DICOM

is where they are on my server....

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Andrew
Jones
Sent: Wednesday, May 03, 2006 8:51 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: DICOM Image Location

Can anyone tell me the location of the DICOM images directory? I have
some images that I would like to import into Pinnacle but need to know
where to put them so that I can import.

Thanks

AJ

Andrew O. Jones, PhD
System Director, Radiation Physics
Department of Radiation Oncology
Geisinger Medical Center
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##

De:	Rose, Stuart
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: DICOM Image Location
Fecha:	miércoles, 03 de mayo de 2006 16:56:45
Archivos adjuntos:	

The official location is /autoDataSets/DICOM (which is the automount point). The one below is the physical location on the server, and may or may not apply depending on your hardware configuration.

Before you copy, check directory permissions on the server to see if your account is allowed to write to that location.

Take Care,
Stuart

Stuart Rose
Manager, Physics Computer Services
Princess Margaret Hospital
Radiation Medicine Program
610 University Avenue
Toronto, Ontario. CANADA M5G 2M9
Tel: 416-946-4501 x5068, Fax: 416-946-6566
rose@rmp.uhn.on.ca

"Give me a place to stand, and a lever long enough, and I will move the world" Archimedes

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Groess, Greg J
Sent: Wednesday, May 03, 2006 10:20 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: DICOM Image Location

/files/network/DICOM

is where they are on my server....

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com
No trees were killed in the creation of this message.
However, Billions of electrons were terribly inconvenienced.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Andrew Jones
Sent: Wednesday, May 03, 2006 8:51 AM
To: pinnacle-users@explode.unsw.edu.au
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Thanks

AJ

Andrew O. Jones, PhD
System Director, Radiation Physics
Department of Radiation Oncology
Geisinger Medical Center
N. Academy Ave
Danville, PA 17822
570 271-6304

anyone else is unauthorized. If you are not the intended recipient, any disclosure, copying, distribution or any action taken, or omitted to be taken, in reliance on it is prohibited and may be unlawful. If you have received this message in error, please delete all electronic copies of this message (and the documents attached to it, if any), destroy any hard copies you may have created and notify me immediately by replying to this email. Thank you.

This message contains information that may be confidential and privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not use, copy or disclose to anyone the message or any information contained in the message. If you have received the message in error, please advise the sender by reply e-mail and delete the message.

This e-mail may contain confidential and/or privileged information for the sole use of the intended recipient. Any review or distribution by anyone other than the person for whom it was originally intended is strictly prohibited. If you have received this e-mail in error, please contact the

sender and delete all copies. Opinions, conclusions or other information contained in this e-mail may not be that of the organization.

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DICOM Image Location
Fecha:	miércoles, 03 de mayo de 2006 17:09:12
Archivos adjuntos:	

I believe that if you import them that way that you will have to manually delete the images rather than with the "delete DICOM images" option on the desktop. Another option would be to have phillips add and cd rom dicom import option.

Pat

>From: "Groess, Greg J" <Greg.Groess@allina.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: RE: DICOM Image Location
>Date: Wed, 3 May 2006 09:19:45 -0500
>
>/files/network/DICOM
>
>is where they are on my server....
>
>---
>Gregory Groess
>Information Systems Support
>Radiation Oncology
>Abbott Northwestern Hospital
>800 28th St.
>Minneapolis, MN55407
>612.863.5544
>612.654.3827 <Pager>
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>Jones
>Sent: Wednesday, May 03, 2006 8:51 AM
>To: pinnacle-users@explode.unsw.edu.au
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>Thanks
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>AJ
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>
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>will not be distributed unless that account is also subscribed.
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>
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>This message contains information that may be confidential and privileged.
>Unless you are the addressee (or authorized to receive for the addressee),
>you may not use, copy or disclose to anyone the message or any information
>contained in the message. If you have received the message in error,
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>
>
>
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account will not be distributed unless that account is also subscribed.
##

De:	Keeler, Jan
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Planning objectives
Fecha:	miércoles, 03 de mayo de 2006 21:42:42
Archivos adjuntos:	

Thank you Scott for sharing your info.
Jan Keeler

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Scott DUBE
Sent: Friday, April 28, 2006 3:12 PM
To: pinnacle-users@explode.unsw.edu.au; gnanapragasamv@yahoo.com
Subject: Re: Planning objectives

Here is what we use.

Scott Dube, M.S.
The Queen's Medical Center
Honolulu, HI

>>> gnanapragasamv@yahoo.com 04/27/06 08:19PM >>>
Does anybody have a typical set of initial planning objectives for
major sites? It would save a lot of time in going for a trial and
error!!
Thanks so much.
GP

Gnanaprakasam Vadivelu,M.Sc.,
Assistant Professor-Medical Physicist
Department of Radiotherapy & Oncology
Manipal Teaching Hospital
Pokhara 33701
Nepal
Ph(O):+977-61-526416 to 20, ext : 128

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##

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: List History
Fecha:	viernes, 05 de mayo de 2006 3:24:05
Archivos adjuntos:	

Hi Daryl, Good to see you!

To complete the story for everyone from my perspective, and to clarify what Nick said, I spoke to Gary a few years back about making the list available only to Pinnacle users. The problem was that certain other vendors were using these emails (often out of context) against us in sales situations. In the end, we decided that the benefits outweighed the complications.

Further, whenever you guys make a statement that alludes to a possible failure in the product, a Philips employee who monitors this is required to file paperwork for an official investigation.

We had thus taken the position that this is truly a user's list, and that it would not be moderated. In the past few months, however, the content of the discussions has been very useful to everyone, and I am determined to be involved, even if I have to file a lot of complaints as per the FDA. :-)

I will jump in when I can to answer questions, but please forgive me if my replies are tardy. I am not moderating the list, nor do my feelings get hurt easily :-) My presence is intended to assist whenever possible.

I am not sure how much work the administrators do for this list, but I am certainly glad that it exists. If there was ever a need to close it, we would open up another one in short order.

Best Regards to all,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support North America 1-800-722-9377
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com

SMS Phone Message - http://www.vtext.com/users/mmlyn

To
pinnacle-users@explode.unsw.edu.au
cc
druff97658@aol.com
Subject
Sent by: Re: List History
owner-pinnacle-users Classification
@explode.unsw.edu.au

05/04/2006 11:17 AM

Please respond to
pinnacle-users@explo
de.unsw.edu.au

List History
At risk of being thrown off the list because I no longer work for Phillips/ADAC and am not an active Pinnacle user, but still monitor it. I offer a bit of history about the initial corporate policy/ attitude about the list.

ADAC sponsored and maintained a vendor run "bulletin board" for many years starting in about 1988. That offering failed to promote open discussion between users and resulted in public email complaining directed at the company. In truth we were very happy that a user was willing to manage and maintain it so we didn't have to.

When Gary put up the initial list it was decided that the list was and should be a User run list. ADAC product and customer support management actively monitor the list but purposely avoid posting replies to the entire list. ADAC would never use it to post product announcements or release notes or other corporate communications to the Users. Reserving urgent responses directly to the customer who posted, but only if it was a product safety issue. It was felt that if we took a more active role in running the

list the users would feel like we were "big brother" and perhaps moderate their "bitching" which was the last thing we wanted. We wanted un filtered "voice of the customer" issues raised and discussed b! etween USERS. I think that decision to be hands off has served the company and the users well.

Daryl Ruff
Former Business Unit Manager
Radiation Oncology Products
ADAC 1979-1999

-----Original Message-----
From: Nick Bennie <nbennie@tpg.com.au>
To: pinnacle-users@explode.unsw.edu.au
Sent: Thu, 4 May 2006 20:27:42 +1000
Subject: Re: List Manager

Scott

Yes, it was Gary who set it up when he was at St George Cancer Care Centre. He is now at Liverpool, which is a CMS site. I'm tempted to say how dreadful that must be, but I have to do a bit with CMS myself. I think it was setup about late 97 early 98, so about 8 years, not bad.

Some pressure was put on Gary to shut it down, but there wasn't much ADAC at the time could do, so it continues today. As for ADAC/Philips supporting the list, when I was working for the Australian distributor, we were instructed not to make any posts to the list. I also understand that ADAC/Philips weren't meant to even to receive the distribution, as they would then have to report problems as customer complaints. So good on you Marc for as least on occasion posting to the list.

Regards

Nick

At 04:19 PM 3/05/2006 -1000, you wrote:
>" ... So it doesn't actually belong to ADAC/Philips it belongs to the
>University of New
>South Wales in Australia. ..."
>
> > Good point Lindsay. The list manager has a thankless job. Was it
>Gary Gooze who began the Pinnacle listerver in 1999? I heard he is no
>longer a Pinnacle user. Maybe the list wore him out!
>
>P.S. My point about Philips supporting the list is that I know of at
! >least one vendor who put pressure on a physicist and stopp! ed him f rom

>starting a list for users of a certain product. (No names will be
>mentioned.)
>
>
>
>
>
>##
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>#########################!
##

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account will not be distributed unless that account is also subscribed.
##

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Long live the Listserver
Fecha:	viernes, 05 de mayo de 2006 3:25:28
Archivos adjuntos:	

Graham,

It was your scientific presentation (i.e., bitching) that led (at least in part) to the arbitrary profile implementation for modeling.

Anything that people report that they would like to see improved or changed is golden information to us. If we had the bandwidth, we would do everything!

I better stop posting - you guys are going to get sick of me.

Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support North America 1-800-722-9377
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

To
pinnacle-users@explode.unsw.edu.au
cc
graham.freestone@ksa.ch
Subject
Long live the Listserver

Sent by:
owner-pinnacle-users
@explode.unsw.edu.au

Classification

05/04/2006 04:14 AM

Please respond to
pinnacle-users@explo
de.unsw.edu.au

Well said Lindsay, this list is not run or supported by Philips/ADAC at all as an official communication channel, but Marc is kind enough to respond on a regular basis to our bitchin' (OK, my bitching at least!)

Freundliche Grüsse

Graham Freestone

Medizin Phyziker Senior,
Institut für Radio-Onkologie,
Kantonsspital Aarau AG,
CH5001 Aarau,
Switzerland

Tel: +41 62 838 9569
Fax: +41 62 838 5223
Email: graham.freestone@ksa.ch

De:	Brodeur, Marylene
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Planning Mammosite *on protocol* with Pinnacle?
Fecha:	viernes, 05 de mayo de 2006 15:04:42
Archivos adjuntos:	

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Marylene Brodeur, M.S.
Medical Physicist

St. Mary's Medical Center
2900 First Avenue
Huntington, WV, 25701
(304) 526-8946
mbrodeur@st-marys.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Marc Mlyn
Sent: Thursday, May 04, 2006 8:40 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Long live the Listserver

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De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Planning Mammosite *on protocol* with Pinnacle?
Fecha:	viernes, 05 de mayo de 2006 15:43:25
Archivos adjuntos:	

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Department of Radiation Oncology
Geisinger Medical Center
N. Academy Ave
Danville, PA 17822
570 271-6304

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De:	Lee Zarger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Planning Mammosite *on protocol* with Pinnacle?
Fecha:	viernes, 05 de mayo de 2006 16:54:53
Archivos adjuntos:	

Just my two cents- the Pinnacle benchmark scan is there for 3D partial accelerated breast irradiation, which Pinnacle is approved for. We are getting another system for the
brachy part, but it would be nice if Pinnacle could do that as well.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Andrew Jones
Sent: Friday, May 05, 2006 9:22 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Planning Mammosite *on protocol* with Pinnacle?

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570 271-6304

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[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Marc Mlyn
Sent: Thursday, May 04, 2006 8:40 PM
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De:	Royal, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Planning Mammosite *on protocol* with Pinnacle?
Fecha:	viernes, 05 de mayo de 2006 18:53:10
Archivos adjuntos:	

We have also used Pinnacle for the contouring capabilities of mammosite (way better than PLATO's), and export the CTs/contours to the PLATO system, and finish the planning there. Also, we use the PLATO export utility because the Pinnacle export wasn't on the approved list.

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James Royal
Medical Physicist
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[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Marc Mlyn
Sent: Thursday, May 04, 2006 8:40 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Long live the Listserver

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De: Marc Mlyn

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Planning Mammosite *on protocol* with Pinnacle?

Fecha: viernes, 05 de mayo de 2006 20:30:18

Archivos adjuntos:

Message received.

This has been previously submitted and it is being considered. As part of the “Integrating the Healthcare Enterprise in Radiation Oncology (IHE-RO)" program, we are working hard to improve RT standardization.

http://atc.wustl.edu/resources/ATC_brochure_ASTRO2005_hi-res.pdf

It seems that only the dedicated HDR products support the brachytherapy objects right now. I suspect that until all of the vendors are in line with IHE-RO in general, brachy will take a back seat.

Regards,

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To <pinnacle-users@explode.unsw.edu.au>
cc
Subject RE: Planning Mammosite *on protocol* with Pinnacle?
Classification

"Royal, James" <Jim.Royal@nmhs.org>

Sent by: owner-pinnacle-users@explode.unsw.edu.au

05/05/2006 12:23 PM

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Subject: Re: Long live the Listserver

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De:	bobstanton@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Siemens KD modeling help
Fecha:	viernes, 05 de mayo de 2006 20:44:01
Archivos adjuntos:	

Dear Colleagues,
We have a very old Siemens Mevatron KD SN 1768. The MD wants to move toward IMRT using compensators using a new Pinnacle RTP system at our sister department.

Do any of you have a starting point for modeling the 6x beam that we will be using for IMRT? Any suggestions would be helpful.

Thanks in advance.
Bob Stanton
bobstanton@aol.com

De:	Kowalski, Matt
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Elekta Synergy Modelling
Fecha:	viernes, 05 de mayo de 2006 23:50:27
Archivos adjuntos:	

Yes, we have Elekta < Pinnacle version 7.4f, Synergy and Impac . We can gladly try to solve your problems
Matt Kowalski St Catherine Garden City Ks

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott Mange
Sent: Wednesday, April 26, 2006 4:04 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Elekta Synergy Modelling

Dear Friends,

Has anyone that's modelled an Elekta Synergy using ver. 7.4 contact me off-line?

We're in the process of installing a Synergy and I'm trying to get a jump on the modelling. I'd like to be sent a someone's machine model, NOT FOR CLINICAL USE, but to make sure Impac will accept the output and also to test the communications between Impac and Elekta.

I need a Synergy model just for testing purposes.

Can anyone help?

Thanks.

Scott Mange
Ireland Cancer Center at Community Health Partners Dept. of Radiation Oncology
41201 Schadden Road
Elyria, OH 44035
(440) 324-0447 Direct

(440) 324-0440 General
smange@ameritech.net

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account will not be distributed unless that account is also subscribed.
##

De:	SMANGE@ameritech.net
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Elekta Synergy Modelling
Fecha:	sábado, 06 de mayo de 2006 22:45:20
Archivos adjuntos:	

Thank you Matt. I'm off most of this week but will be in touch for sure.

Until then, take care.

Scott Mange

--- Original Message ---
From: "Kowalski, Matt"
<MattKowalski@catholichealth.net>
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Elekta Synergy Modelling

>Yes, we have Elekta < Pinnacle version 7.4f, Synergy and Impac . We can
>gladly try to solve your problems
>Matt Kowalski St Catherine Garden City Ks
>
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott
>Mange
>Sent: Wednesday, April 26, 2006 4:04 PM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Elekta Synergy Modelling
>
>Dear Friends,
>
>Has anyone that's modelled an Elekta Synergy using ver. 7.4 contact me
>off-line?
>

>We're in the process of installing a Synergy and I'm trying to get a
>jump on the modelling. I'd like to be sent a someone's machine model,
>NOT FOR CLINICAL USE, but to make sure Impac will accept the output and
>also to test the communications between Impac and Elekta.
>
>I need a Synergy model just for testing purposes.
>
>Can anyone help?
>
>Thanks.
>
>
>Scott Mange
>Ireland Cancer Center at Community Health Partners Dept. of Radiation
>Oncology
>41201 Schadden Road
>Elyria, OH 44035
>(440) 324-0447 Direct
>(440) 324-0440 General
>smange@ameritech.net
>
>
>
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##

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	PET Fusion
Fecha:	lunes, 08 de mayo de 2006 20:04:08
Archivos adjuntos:	

Hello,

Our hospital is installing a new PET-CT Scanner and should be clinical at the end of the month. Is there anything out of the ordinary that I should know regarding the fusion of PET-CT? I have done CT-CT and CT-MRI several times and feel quite comfortable. Is there any communication that I should be between my department and nuclear medicine regarding this? Finally, what is the best verification to determine whether you got a good PET-CT Fusion?

Thank You.

Pat

De:	Shawn Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle directory layouts
Fecha:	lunes, 08 de mayo de 2006 20:49:18
Archivos adjuntos:	

Hello all,

I have been watching this list for a couple months now, just lurking around.

I am wondering how many support people are out there on this list.

I am just a lowly UNIX administer (with 13 years of Solaris support experience)
who was given a network of pinnacle workstations
(6 production workstations, a research workstation , 2 teaching workstations and
a central file server (two 700GB NFS volumes (about ½ full))) to look after.
So I do not always understand all the physics behind the systems, but
I have a good grasp on the Operating Systems side of things.

From a systems point of view I have seen many shortcomings with
the Pinnacle product. I am sure it is a wonderful product to plan on, but I seem
to have so many Disaster Recovery-type, and performance issues.

Are there any others out there that are in a similar situation ?

My latest issue was a result of a 6.2 to 7.6 upgrade.
Do most places out there share one common Physics directory amongst
all the institutions (using symbolic links) or does each Institution have
its own ?

Also, has anyone been able to get a 7.6c unattended backup to tape to work,
and get it scripted so that it can run from cron every night ?
I had to revert back to the 6.2 backup utility to get my nightly tape backups working.
Are people using this utility or just implementing their own backup software solution?
For restoring patients data the tool seems to work really well, but falls apart on the
backup side of things.

Feel free to respond on or off-list. Thanks for your time and help,

==========

Shawn Fraser B.C.Sc.(Hon) Shawn.fraser@cancercare.mb.ca)
Systems / Database Administrator
CancerCare Manitoba
4030 - 675 McDermot Ave. Work: (204)-772-5539 ext 1012
Winnipeg, MB, R3E 0V9 Fax: (204)-786-0180
==========

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle directory layouts
Fecha:	martes, 09 de mayo de 2006 7:11:10
Archivos adjuntos:	

Each institution has it's own physics directory within the institutions directory. We backup weekly, and don't have problems restoring, because that has not happened yet.

Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Shawn Fraser
Sent: Monday, May 08, 2006 12:23 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle directory layouts

Hello all,

I have been watching this list for a couple months now, just lurking around.

I am wondering how many support people are out there on this list.

I am just a lowly UNIX administer (with 13 years of Solaris support experience)
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De:	Rose, Stuart
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Pinnacle directory layouts
Fecha:	martes, 09 de mayo de 2006 7:12:57
Archivos adjuntos:	

We use two key Institutions, each in its own Database. One is a Validation Institution (where machines are created or tweaked); the other is a Clinical Institution, where the clinical machine data lives. The latter is hidden, and all other Institutions (in all our Databases) have their Physics directories symbolic-linked back to the Clinical Physics directory, using a relative soft-link. There is an in-house script which keeps the Validation and Clinical machine data synchronized.

We also use a central server for Pinnacle; both application and patient data live there. Workstations are mere entry points into our "Pinnacle Network". As such, we use Veritas NetBackup for (nightly) backup and restoration of data of server data only. Workstation data is static, and we have spare drives configured should a boot drive fail.

Some data, like Scripts and Protocols have online backups which remain for one week to allow for quick restoration of files from accidental deletion or overwriting.

Take Care,
Stuart Rose

Stuart Rose
Manager, Physics Computer Services
Princess Margaret Hospital
Radiation Medicine Program
610 University Avenue
Toronto, Ontario. CANADA M5G 2M9
Tel: 416-946-4501 x5068, Fax: 416-946-6566
rose@rmp.uhn.on.ca

"Give me a place to stand, and a lever long enough, and I will move the world" Archimedes

-----Original Message-----

From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Greg Gibbs
Sent: May 9, 2006 12:42 am
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle directory layouts

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Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Shawn Fraser
Sent: Monday, May 08, 2006 12:23 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle directory layouts

Hello all,

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Are people using this utility or just implementing their own backup software solution?
For restoring patients data the tool seems to work really well, but falls apart on the backup side of things.

Feel free to respond on or off-list. Thanks for your time and help,

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Shawn Fraser B.C.Sc.(Hon) Shawn.fraser@cancercare.mb.ca) Systems / Database Administrator CancerCare Manitoba 4030 - 675 McDermot Ave. Work: (204)-772-5539 ext 1012
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##########

De:	Bud Baker
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Scope of Practice
Fecha:	martes, 09 de mayo de 2006 18:29:57
Archivos adjuntos:	

Dear Pinnacle users,

I am doing some research on IMRT planning protocols and delegation of responsibilities (who, what, when). The recent posting of protocols for various treatment sites was very beneficial. I would ask for your collective input on who draws ROI's that will have objectives assigned, and ROI's that are informational only; ie. for prostate IMRT if rectum is an organ assigned an objective, does the physician draw what she/he feels is appropriate or the dosimetrists? Are there medical legal implications at play here? Another example might be optic chiasm where the physician requests specific objectives. Is it standard practice for them to draw subsequent volumes or left up to others? I ask these questions understanding that "we" don't plan in an ideal world and work flow and staff time is variable.
Thanks for your input

Bud Baker, CMD
Medical Physics
Payson Center for Cancer Care
250 Pleasant St.
Concord, NH 03301
603-230-6041

De:	Ali, Imad/Medical Physics
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Projection of graticule in BEV
Fecha:	martes, 09 de mayo de 2006 20:18:27
Archivos adjuntos:	

Dear Pinnacle users,

We started using Acqsim3 in the simulation, and usually we print films from Acqsim1 with a graticule (grid with 2 cm spacing) projected in the BEV. Is there away in Acqsim3/pinnacle to project the graticule in the BEV? Thanks.

Imad Ali
MSKCC, NY

De:	Shawn Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Patch notification
Fecha:	martes, 09 de mayo de 2006 21:45:50
Archivos adjuntos:	

Hello everyone,

Thanks for all the replies to my question about directory layouts.
I received lots of helpful information, so I though I would try
another question that has me puzzled.

We have had a lot of issues since our 7.6c upgrade with
our Launch Pad Database (LPD files) contents being wiped out.
The users of the systems go into the Institutions icon of
Launchpad and see no institutions. This requires a database
rebuild which because of the size of some of our institutions
takes upwards of 20-30 minutes.

In talking to a Phillips tech support person he indicated that there
is a patch out there to fix it, which he supplied. (LaunchPad 3.4d)

Is this typical of patch management of the Pinnacle product ?
Is there another mailing list I should get on that is proactive about
what patches Philips is releasing ? Or are all patches / upgrades
usually initiated from the customer end ?

Thanks again for you help,

==========
Shawn Fraser B.C.Sc.(Hon) Shawn.fraser@cancercare.mb.ca)
Systems / Database Administrator
CancerCare Manitoba
4030 - 675 McDermot Ave. Work: (204)-772-5539 ext 1012
Winnipeg, MB, R3E 0V9 Fax: (204)-786-0180
==========

De:	Linda Miller
A:	pinnacle-users@explode.unsw.edu.au; krgh@u.washington.edu;
Cc:	
Asunto:	Re: Patch notification
Fecha:	miércoles, 10 de mayo de 2006 0:03:37
Archivos adjuntos:	

I replied to the email and never received my copy, either. I guess that I will call the help desk.

Linda Miller, MS
East Texas Medical Center
Tyler, Texas

>>> krgh@u.washington.edu 05/09/06 3:47 PM >>>
I learned about this particular patch while at physics training in February. I later requested a copy of the patch via the help desk. It was sent to me through email. I was told that we should have been sent a CD some time before. No one at my institution owned up to having seen it. We did have a change in IT staff at that time. But perhaps that doesn't explain it?

--Kristi

_____

Kristi Hendrickson, PhD
Medical Physicist
Radiation Oncology
University of Washington Medical Center
(206) 598-6259

On Tue, 9 May 2006, Parham Alaei wrote:

> I did receive a notice about availability of the patch about 3 weeks ago. I
> should also add that I e-mailed Philips according to the instructions in the
> notice to receive it via e-mail but haven't received it yet.
>
> Parham Alaei
> Univ. of Minnesota
>
>
>
> At 01:41 PM 5/9/2006, you wrote:
>> Hello everyone,
>>
>> Thanks for all the replies to my question about directory layouts.
>> I received lots of helpful information, so I though I would try
>> another question that has me puzzled.
>>
>> We have had a lot of issues since our 7.6c upgrade with
>> our Launch Pad Database (LPD files) contents being wiped out.
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>> what patches Philips is releasing ? Or are all patches / upgrades

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>>
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De:	John Archer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Patch notification
Fecha:	miércoles, 10 de mayo de 2006 1:05:26
Archivos adjuntos:	

I received the patch directly from a support, when I called in because my patients had all disappeared. He installed the patch via modem, and I haven't had any database problems since. However, be aware that once the patch is installed, clicking on the "AQSim" button has the same effect as pushing "Planning". For some reason, SmartSim doesn't launch until you click on the "Utilities" button and launch "SmartSim" from there. Not a major hassle, but it is an odd 'feature' to add in a patch. I suspect it was unintended, and probably too much trouble to fix once discovered.

That's my experience,

John F Archer CMD
Crossroads Radiation Therapy Center
Reed City, Michigan

> At 01:41 PM 5/9/2006, you wrote:
>> Hello everyone,
>>
>> Thanks for all the replies to my question about directory layouts.
>> I received lots of helpful information, so I though I would try
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>> ==========
>> Shawn Fraser B.C.Sc.(Hon) Shawn.fraser@cancercare.mb.ca)
>> Systems / Database Administrator
>> CancerCare Manitoba

>> 4030 - 675 McDermot Ave. Work: (204)-772-5539 ext 1012
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De:	graham.freestone@ksa.ch
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	bobstanton@aol.com;
Asunto:	Siemens KD modeling help
Fecha:	miércoles, 10 de mayo de 2006 7:15:58
Archivos adjuntos:	

Now now Bob, we couldn't possibly let you off the joy of modelling a Siemens linac.....email me your fax no. and I will send you some models

Freundliche Grüsse

Graham Freestone

Medizin Phyziker Senior,
Institut für Radio-Onkologie,
Kantonsspital Aarau AG,
CH5001 Aarau,
Switzerland

Tel: +41 62 838 9569
Fax: +41 62 838 5223
Email: graham.freestone@ksa.ch

> -----Ursprüngliche Nachricht-----
> Von: bobstanton@aol.com [SMTP:bobstanton@aol.com]
> Gesendet am: Freitag, 5. Mai 2006 20:27
> An: pinnacle-users@explode.unsw.edu.au
> Betreff: Siemens KD modeling help
>
> Dear Colleagues,
> We have a very old Siemens Mevatron KD SN 1768. The MD wants to move
> toward IMRT using compensators using a new Pinnacle RTP system at our
> sister department.
>
> Do any of you have a starting point for modeling the 6x beam that we will
> be using for IMRT? Any suggestions would be helpful.
>
> Thanks in advance.
> Bob Stanton

De:	Jennifer Buskerud
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Scope of Practice
Fecha:	miércoles, 10 de mayo de 2006 17:46:02
Archivos adjuntos:	

Bud,
We contour all the "normal tissue" objective structures. Physician contours the GTV or CTV depending on what he calls it- prostate, lymph node volumes, optic chiasm.
Jennifer

Bud Baker <cmbaker@crhc.org> wrote:

> Dear Pinnacle users,
>
> I am doing some research on IMRT planning protocols and delegation of responsibilities (who, what, when). The recent posting of protocols for various treatment sites was very beneficial. I would ask for your collective input on who draws ROI's that will have objectives assigned, and ROI's that are informational only; ie. for prostate IMRT if rectum is an organ assigned an objective, does the physician draw what she/he feels is appropriate or the dosimetrists? Are there medical legal implications at play here? Another example might be optic chiasm where the physician requests specific objectives. Is it standard practice for them to draw subsequent volumes or left up to others? I ask these questions understanding that "we" don't plan in an ideal world and work flow and staff time is variable.
> Thanks for your input
>
> Bud Baker, CMD
> Medical Physics
> Payson Center for Cancer Care
> 250 Pleasant St.
> Concord, NH 03301
> 603-230-6041

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Scope of Practice
Fecha:	miércoles, 10 de mayo de 2006 18:27:59
Archivos adjuntos:	

Bud,
I also contour normal structures. I have the Doc check my IMRT contours and my 3D contours if I have a question. I always have the Doc contour the Optic Chiasm and the prostate on an IMRT. I feel that contouring is the responsibiltiy of the Physician. If we so choose to Contour, then the Physician should check the Contours, especially in the case of IMRT. My biggest concern is legality, as the busk stops with the Physician. Good luck to you.

Kim

Kim P. Knight, RT (R)(T), A.R.R.T., CMD
Certified Medical Dosimetrist
Cabrini Center for Cancer Care
Alexandria, LA 71301

Phone: 318-448-6937
Fax: 318-483-4097

Email: kim.knight@christushealth.org

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Jennifer Buskerud
> **Sent:** Wednesday, May 10, 2006 10:16 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Re: Scope of Practice
>
> Bud,
> We contour all the "normal tissue" objective structures. Physician contours the GTV or CTV depending on what he calls it- prostate, lymph node volumes, optic chiasm.

Jennifer

Bud Baker **<*cmbaker@crhc.org*>** wrote:

> Dear Pinnacle users,
>
> I am doing some research on IMRT planning protocols and delegation of responsibilities (who, what, when). The recent posting of protocols for various treatment sites was very beneficial. I would ask for your collective input on who draws ROI's that will have objectives assigned, and ROI's that are informational only; ie. for prostate IMRT if rectum is an organ assigned an objective, does the physician draw what she/he feels is appropriate or the dosimetrists? Are there medical legal implications at play here? Another example might be optic chiasm where the physician requests specific objectives. Is it standard practice for them to draw subsequent volumes or left up to others? I ask these questions understanding that "we" don't plan in an ideal world and work flow and staff time is variable.
> Thanks for your input
>
> Bud Baker, CMD
> Medical Physics
> Payson Center for Cancer Care
> 250 Pleasant St.
> Concord, NH 03301
> 603-230-6041

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Using VNC server to access Pinnacle from a PC
Fecha:	miércoles, 10 de mayo de 2006 21:05:42
Archivos adjuntos:	

Has anyone had experience with this?

I have successfully been able to setup and use a VNC server application under Solaris to remotely connect to and control one of our Pinnacle boxes from my PC laptop. However, I seem to be having an issue with the colors on what appears to be only the Pinnacle application itself and not the desktop environment (see attached image). I was wondering if anyone had ever tried such a thing…and if so…ask if you could maybe lend a few thoughts in an effort to solve this issue?

Thanks,
Michael Tallhamer M.S.
Medical Physicist
Rocky Mountain Cancer Centers

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Patch notification
Fecha:	miércoles, 10 de mayo de 2006 21:06:58
Archivos adjuntos:	

Hello All,

The LaunchPad patch was not considered a critical patch, and as such, it was not mailed to everyone. We decided to experiment with email distribution, but as you can see in some of these emails, it did not go very well. We did physically mail the patch to people who logged complaints before the patch was released. Those sites that experienced trouble subsequent to the release simply got it uploaded by customer support.

In the near future, as more systems are connected to the Internet, we will distribute certain software patches electronically, directly to the planning/simulation systems, with your knowledge and permission.

If a patch is of a certain classification, we are required by law to inform you by mail and track the process for the FDA.

If you have installed 7.4 or 7.6 and have been having problems with your patient database, please call customer support to get the patch added. This affects mostly those sites with several systems working on the database at once. The bugs that this patch fixes never deleted the patients from the hard drive - they only corrupted an index file that can be rebuilt from the system tools under LaunchPad.

Best Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

To <pinnacle-users@explode.unsw.edu.au>

cc

Subject Patch notification

Classification

"Shawn Fraser" <Shawn.Fraser@cancercare.mb.ca>

Sent by:
owner-pinnacle-users@explode.unsw.edu.au

05/09/2006 02:41 PM

Please respond to pinnacle-users@explode.unsw.edu.au

Hello everyone,

Thanks for all the replies to my question about directory layouts.
I received lots of helpful information, so I though I would try
another question that has me puzzled.

We have had a lot of issues since our 7.6c upgrade with
our Launch Pad Database (LPD files) contents being wiped out.
The users of the systems go into the Institutions icon of
Launchpad and see no institutions. This requires a database
rebuild which because of the size of some of our institutions
takes upwards of 20-30 minutes.

In talking to a Phillips tech support person he indicated that there
is a patch out there to fix it, which he supplied. (LaunchPad 3.4d)

Is this typical of patch management of the Pinnacle product ?
Is there another mailing list I should get on that is proactive about
what patches Philips is releasing ? Or are all patches / upgrades
usually initiated from the customer end ?

Thanks again for you help,

==========
Shawn Fraser B.C.Sc.(Hon) Shawn.fraser@cancercare.mb.ca)
Systems / Database Administrator
CancerCare Manitoba
4030 - 675 McDermot Ave. Work: (204)-772-5539 ext 1012
Winnipeg, MB, R3E 0V9   Fax: (204)-786-0180
==========

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Using VNC server to access Pinnacle from a PC
Fecha:	miércoles, 10 de mayo de 2006 21:08:45
Archivos adjuntos:	

Has anyone had experience with this?

I have successfully been able to setup and use a VNC server application under Solaris to remotely connect to and control one of our Pinnacle boxes from my PC laptop. However, I seem to be having an issue with the colors on what appears to be only the Pinnacle application itself and not the desktop environment (see attached image). I was wondering if anyone had ever tried such a thing…and if so…ask if you could maybe lend a few thoughts in an effort to solve this issue?

Thanks,
Michael Tallhamer M.S.
Medical Physicist
Rocky Mountain Cancer Centers

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Using VNC server to access Pinnacle from a PC
Fecha:	miércoles, 10 de mayo de 2006 21:33:16
Archivos adjuntos:	

Hello All,

The use of VNC is not secure, not encrypted, and potentially dangerous. Pinnacle3 and AcQsim3 are Class II medical devices; loading software on these systems (especially of this type) could cause real trouble and create security holes in your hospital network.

I would much rather that you used P3MD or P3PC from us on your LAN, and then if you wanted to do remote work, you could use RDP under Windows XP via VPN or any other remote control software that provided encryption.

Best Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Fw: Using VNC server to access Pinnacle from a PC
Fecha:	miércoles, 10 de mayo de 2006 22:41:37
Archivos adjuntos:	

Hi Lars,

Those ports are indeed enabled, but we also have the SSH packages on the system which we can install for you.

If you would like us to clamp down those ports that your IT folks don't like, we can take care of most of them. You can call support to make the request.

Best Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
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PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

To <pinnacle-users@explode.unsw.edu.au>

cc

Subject Fw: Using VNC server to access Pinnacle from a PC

"Lars Ewell" <lewell@email.arizona.edu> Classification

Sent by: owner-pinnacle-users@explode.unsw.edu.au

05/10/2006 04:14 PM

Please respond to pinnacle-users@explode.unsw.edu.au

To Whom it May Concern,

Speaking of security, would it not be more secure to use, e.g., ssh (as opposed to telnet) and scp (as opposed to ftp) to connect to and from Pinnacle workstations?

I was disappointed to see that when we puchased our Pinnacle stations back in November, 2004, they did not have more secure forms of connections.

Thanks in advance.

regards,

Lars Ewell

----- Original Message -----
From: Marc Mlyn
To: pinnacle-users@explode.unsw.edu.au
Sent: Wednesday, May 10, 2006 12:06 PM

Subject: Re: Using VNC server to access Pinnacle from a PC

Hello All,

The use of VNC is not secure, not encrypted, and potentially dangerous. Pinnacle3 and AcQsim3 are Class II medical devices; loading software on these systems (especially of this type) could cause real trouble and create security holes in your hospital network.

I would much rather that you used P3MD or P3PC from us on your LAN, and then if you wanted to do remote work, you could use RDP under Windows XP via VPN or any other remote control software that provided encryption.

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Philips Radiation Oncology Systems
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marc.mlyn@philips.com
Fax: 408-965-2023
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PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

De:	Lars Ewell
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Fw: Using VNC server to access Pinnacle from a PC
Fecha:	miércoles, 10 de mayo de 2006 23:05:41
Archivos adjuntos:	

To Whom it May Concern,

Speaking of security, would it not be more secure to use, e.g., ssh (as opposed to telnet) and scp (as opposed to ftp) to connect to and from Pinnacle workstations?

I was disappointed to see that when we puchased our Pinnacle stations back in November, 2004, they did not have more secure forms of connections.

Thanks in advance.

regards,

Lars Ewell

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From: Marc Mlyn
To: pinnacle-users@explode.unsw.edu.au
Sent: Wednesday, May 10, 2006 12:06 PM
Subject: Re: Using VNC server to access Pinnacle from a PC

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PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

De:	Shawn Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Fw: Using VNC server to access Pinnacle from a PC
Fecha:	miércoles, 10 de mayo de 2006 23:32:43
Archivos adjuntos:	

Hello ,

Marc, being a UNIX systems administrator I also was disappointed by the lack of ssh on the systems.
Every other Solaris machine in our Institution has telnet/rsh/ftp disabled and ssh/scp enabled.
From my experience the pinnacle systems heavily use the insecure rsh tools to do various tasks (locking , etc).
Is there a plan to move to ssh for all of this ? The StartPinnacle script doesn't seem to support running ssh
with X11 forwarding to launch the LaunchPad. Has anyone else been able to get this to work ?

Now in Solaris 9 and 10 the sshd package is installed with the system. I have installed the sunfreeware version of sshd on my other Solaris 8 servers. Is there a similar package available for us
to install ourselves ? Or do we have to initiate a call to have it done ?

Lars, What purpose were you putting the VNC server to ? We tried to get that to work for
our Grand Rounds, purely for display purposes only, and had mixed results.

BTW. It is possible to get a secure version of VNC running either with ssh and tunnels, or by purchasing the commercial version of VNC.

Thanks

==========
Shawn Fraser B.C.Sc.(Hon) Shawn.fraser@cancercare.mb.ca)
Systems / Database Administrator
CancerCare Manitoba
4030 - 675 McDermot Ave. Work: (204)-772-5539 ext 1012
Winnipeg, MB, R3E 0V9 Fax: (204)-786-0180
==========

De:	Shawn Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Fw: Using VNC server to access Pinnacle from a PC
Fecha:	miércoles, 10 de mayo de 2006 23:40:59
Archivos adjuntos:	

Hello ,

Marc, being a UNIX systems administrator I also was disappointed by the lack of ssh on the systems.
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4030 - 675 McDermot Ave. Work: (204)-772-5539 ext 1012
Winnipeg, MB, R3E 0V9 Fax: (204)-786-0180
==========

De:	Shawn Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Using VNC server to access Pinnacle from a PC
Fecha:	jueves, 11 de mayo de 2006 1:12:01
Archivos adjuntos:	

Hello Mike,

Sorry, I made reference to Lars in my mailing list email, when in fact
it was you that made this happen.

We tried this quite along time ago, but could not get vnc server to
capture the :0 display. In the end we gave up and installed
vnc server on P3MD to accomplish presentations.

How were you able to do this ?

Thanks for your help,

==========
Shawn Fraser B.C.Sc.(Hon) Shawn.fraser@cancercare.mb.ca)
Systems / Database Administrator
CancerCare Manitoba
4030 - 675 McDermot Ave. Work: (204)-772-5539 ext 1012
Winnipeg, MB, R3E 0V9   Fax: (204)-786-0180
==========

>>> Mike.Tallhamer@USONCOLOGY.COM 5/10/2006 1:24:47 PM >>>
Has anyone had experience with this?

I have successfully been able to setup and use a VNC server application
under Solaris to remotely connect to and control one of our Pinnacle boxes
from my PC laptop. However, I seem to be having an issue with the colors on
what appears to be only the Pinnacle application itself and not the desktop
environment (see attached image). I was wondering if anyone had ever tried
such a thing...and if so...ask if you could maybe lend a few thoughts in an
effort to solve this issue?

Thanks,

Michael Tallhamer M.S.

Medical Physicist

Rocky Mountain Cancer Centers

De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Fw: Using VNC server to access Pinnacle from a PC
Fecha:	jueves, 11 de mayo de 2006 1:13:44
Archivos adjuntos:	

Marc,

That's fine, and as you know, our contract requires this (use of ssh and scp instead of telnet and ftp) for service from Pinnacle support, but we continue to have problems with your service people not knowing about it. The standard response when we tell them they have to use ssh for access is "What's that? How do I get it set up?". It would be much appreciated if you could just go over this with all your support staff.

Thanks,

Ira Kalet
University of Washington
Seattle, Washington

Marc Mlyn wrote:
>
> Hi Lars,
>
> Those ports are indeed enabled, but we also have the SSH packages on the
> system which we can install for you.
>
> If you would like us to clamp down those ports that your IT folks don't
> like, we can take care of most of them. You can call support to make
> the request.
>
> Best Regards,
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> Marc Mlyn, CMD
> Philips Radiation Oncology Systems
> Sr. Manager, Product Support Engineering
> marc.mlyn@philips.com
> Fax: 408-965-2023
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> Website: http://apps1.medical.philips.com
> SMS Phone Message - http://www.vtext.com/users/mmlyn
>
>
>
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>
>
>
> *"Lars Ewell" <lewell@email.arizona.edu>*
>
> Sent by:
> owner-pinnacle-users@explode.unsw.edu.au
>
> 05/10/2006 04:14 PM
> Please respond to
> pinnacle-users@explode.unsw.edu.au
>
>
>
> To
> <pinnacle-users@explode.unsw.edu.au>
> cc
>
> Subject
> Fw: Using VNC server to access Pinnacle from a PC
> Classification
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>
> To Whom it May Concern,
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> secure to use, e.g., ssh (as opposed to telnet)
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> from Pinnacle workstations?
>

> I was disappointed to see that when we puchased
> our Pinnacle stations back in November, 2004, they
> did not have more secure forms of connections.
>
> Thanks in advance.
>
> regards,
>
> Lars Ewell
>
> ----- Original Message -----
> *From:* _Marc Mlyn_ <mailto:marc.mlyn@philips.com>
> *To:* _pinnacle-users@explode.unsw.edu.au_
> <mailto:pinnacle-users@explode.unsw.edu.au>
> *Sent:* Wednesday, May 10, 2006 12:06 PM
> *Subject:* Re: Using VNC server to access Pinnacle from a PC
>
>
> Hello All,
>
> The use of VNC is not secure, not encrypted, and potentially dangerous.
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> Website: http://apps1.medical.philips.com
> SMS Phone Message - http://www.vtext.com/users/mmlyn
>

the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Shawn Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Using VNC server to access Pinnacle from a PC
Fecha:	jueves, 11 de mayo de 2006 1:28:39
Archivos adjuntos:	

Hello Mike,

Sorry, I made reference to Lars in my mailing list email, when in fact
it was you that made this happen.

We tried this quite along time ago, but could not get vnc server to
capture the :0 display. In the end we gave up and installed
vnc server on P3MD to accomplish presentations.

How were you able to do this ?

Thanks for your help,

==========
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Winnipeg, MB, R3E 0V9   Fax: (204)-786-0180
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Thanks,

Michael Tallhamer M.S.

Medical Physicist

Rocky Mountain Cancer Centers

De:	Craig Dersley
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	"PROS Support"; "Merv Clelland";
Asunto:	num keypad not working after modification
Fecha:	jueves, 11 de mayo de 2006 3:26:21
Archivos adjuntos:	

I have a problem where the 10 Keypad function doesnt work properly. A colleague followed the following mod but to no avail

#cp /root/bin/keymaps/usb.xkeycaps.numeric /etc/keymaps/xkeycaps.numeric
#chmod 644 /etc/keymaps/*
#chown root:root /etc/keymaps/*

1. Any ideas how to get the numeric keypad functioning correctly within Pinnacle ?
2. Is there a special flag within pinnacle to enable this facility?

Thanks in advance

Craig Dersley

De:	John Hodges
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	10 Key pad
Fecha:	jueves, 11 de mayo de 2006 22:22:06
Archivos adjuntos:	

Hi gang,

Don't know if this will help but we have installed 5 new Sun Blade 2500 work stations with version 7.6 software and the 10 key pad did not work on any of them. The tech support people at Pinnacle had to dial in and re-do something in the software. It works great know. Thanks, John

De:	Stefani Banerian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Shawn.Fraser@cancercare.mb.ca;
Asunto:	Re: Fw: Using VNC server to access Pinnacle from a PC
Fecha:	viernes, 12 de mayo de 2006 18:39:38
Archivos adjuntos:	

Shawn Fraser wrote:
> Hello ,
>
> Marc, being a UNIX systems administrator I also was disappointed by the lack of ssh on the systems.
> Every other Solaris machine in our Institution has telnet/rsh/ftp disabled and ssh/scp enabled.
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> Lars, What purpose were you putting the VNC server to ? We tried to get that to work for
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>
> BTW. It is possible to get a secure version of VNC running either with ssh and tunnels,
> or by purchasing the commercial version of VNC.
>
> Thanks

If one wishes to use VNC (tunneled over ssh) to a pinnacle workstation,
one might try and employ x11VNC, which was built to overcome some issues
that 'vanilla' VNC (RealVNC, tightVNC, UltraVNC) service on Sun/Solaris
was observed to have.

x11VNC can be found here:
http://www.karlrunge.com/x11vnc/

--
S. Banerian
206-598-0302
UWMC Radiation Oncology

De: Dienst Radiotherapie/Service de Radiotherapie

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: IMRT MLC-Transmission

Fecha: lunes, 15 de mayo de 2006 10:40:00

Archivos adjuntos:

Hi,

Due to internal mailserver problems: some delayed reaction

I'm modelling our 6MV primus Mevatron in v 7.6.
For Jaw transmission : .001
For MLC transmission: .0015

A point of consideration: I still have to check the MLC transmission in "special" settings: these values are OK for the standard fields, but the Siemens machine closes for such rectangular fields jaws over closed leaves (thus MLC transmission might be disturbed by jaw transmission). For IMRT segments, one could encounter a lot of MLC blocked only areas, so MLC transmission has to be checked in these conditions.

I would like to know about interleaf leakage and Tongue and groove width found by other Siemens users, I haven't studied these in detail yet.

Thanks,

Alex Rijnders

Europe Hospitals
Department of Radiotherapy
Uccle (Brussels), Belgium

-----Message d'origine-----
De : owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**De la part de** Kent Krugh
Envoyé : mercredi 3 mai 2006 2:20
À : pinnacle-users@explode.unsw.edu.au
Objet : Re: IMRT MLC-Transmission

Our Primus 6MV jaw trans = 0.0011; mlc trans=0.0005; additional interleaf leakage = 0.025

Kent Krugh
ICC
Cincinnati

At 11:54 AM 5/2/2006, you wrote:

> Dear Pinnacle users,
> we have a small error in our IMRT-Dosimetry and it could be from our MLC-transmission value. Our transmission values for a 6MV PRIMUS are Jaw: 0.00437 and MLC: 0.02437.
> Could you please tell us your values?
>
> Best regards
>
> Joerg Mueller
> Caritasklinik Saarbruecken

Klinik für Radioonkologie
D66113 Saarbruecken
Germany
++496814061540

De:	s.lappi@tin.it
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Co-60 spectrum modeling
Fecha:	lunes, 15 de mayo de 2006 12:23:03
Archivos adjuntos:	

Dear Pinnacle users,
we must model a new cobalt unit in Pinnacle 7.6.
We observed that between the published spectra there is not Co-60. Do you suggest to start from a low energy Linac spectrum or from a manual spectrum with Co-60 energy delivery?
We hope that somebody had our
problem and could suggest us the best modality to proceed.
Thanks

Sara
Lappi
Ferrara

De:	Dienst Radiotherapie/Service de Radiotherapie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Co-60 spectrum modeling
Fecha:	lunes, 15 de mayo de 2006 16:45:03
Archivos adjuntos:	

Hi,

We used a cobalt unit in the past. I still have data in Pinnacle.
The spectrum we used:

1MeV: rel fraction 0.7
1.25 MeV: rel fr 1.0
1.5 MeV: rel fr 0.4

This worked well for our unit (80 cm SSD).

Good luck,

Alex Rijnders

Europe Hospitals
Department of Radiotherapy
Uccle (Brussels), Belgium

-----Message d'origine-----
De : owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]De la part de
s.lappi@tin.it
Envoyé : lundi 15 mai 2006 12:06
À : pinnacle-users@explode.unsw.edu.au
Objet : Co-60 spectrum modeling

Dear Pinnacle users,
we must model a new cobalt unit in Pinnacle 7.6.
We observed that between the published spectra there is not Co-60. Do you suggest to start from a low energy Linac spectrum or from a manual spectrum with Co-60 energy delivery?
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account will not be distributed unless that account is also subscribed.
##

De:	DAVID E WEIMER
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	System freeze/Sleep Mode
Fecha:	martes, 16 de mayo de 2006 18:38:46
Archivos adjuntos:	

We have a 2002 vintage Pinnacle system with a Sun Blade. All was working fine up until several months ago. At that time, we started having problems. When service logged in, they noted a huge number of errors being processed. The problem was diagnosed as a memory problem and new Sims were installed. That did not seem to help and new Sims were sent. Same results. We then got a whole new tower and they just swapped the hard drive. Same results.

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Anybody out there ever had anything similar happen?

David Weimer, M.S.

De:	Cameron Ditty
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: System freeze/Sleep Mode
Fecha:	martes, 16 de mayo de 2006 20:56:19
Archivos adjuntos:	

David,

I am sure that this has been checked, but check the diskspace for the system partition (root partition). On some versions of unix/linux logs are written to this partition, and when it fills then system files that are opened and then tried to be written do not have the room and become corrupted. Most flavors of unix has corrected the problem with logging, but that does not mean that something else could have filled that partition.

I have not experienced this with Pinnacle, but have with other unix boxes that I have run.

Cameron

On 5/16/06, **DAVID E WEIMER** < DEWEIMER@sentara.com> wrote:

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>
> David Weimer, M.S.

De:	Rose, Stuart
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: System freeze/Sleep Mode
Fecha:	martes, 16 de mayo de 2006 21:08:42
Archivos adjuntos:	

Are there any errors in the **`/var/adm/messages`** file?

Stuart

Stuart Rose
Manager, Physics Computer Services
Princess Margaret Hospital
Radiation Medicine Program
610 University Avenue
Toronto, Ontario. CANADA M5G 2M9
Tel: 416-946-4501 x5068, Fax: 416-946-6566
rose@rmp.uhn.on.ca

"*Give me a place to stand, and a lever long enough, and I will move the world*" Archimedes

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Cameron Ditty
Sent: Tuesday, May 16, 2006 2:33 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: System freeze/Sleep Mode

David,

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De:	Rose, Stuart
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: System freeze/Sleep Mode
Fecha:	martes, 16 de mayo de 2006 21:17:32
Archivos adjuntos:	

Are there any errors in the **`/var/adm/messages`** file?

Stuart

Stuart Rose
Manager, Physics Computer Services
Princess Margaret Hospital
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610 University Avenue
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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Cameron Ditty
Sent: Tuesday, May 16, 2006 2:33 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: System freeze/Sleep Mode

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De:	Sean Frigo
A:	List Pinnacle;
Cc:	
Asunto:	TG-53 (Was long live the list...)
Fecha:	martes, 16 de mayo de 2006 22:10:19
Archivos adjuntos:	

Listers,

Reading TG-53 in my spare time for relaxation and enjoyment, I noticed the following:

"The Task Group recommends that users of a particular commercial treatment planning system should band together, with or without the assistance of the vendor of that system, to help each other create and perform comprehensive QA which is required for that particular planning system." - Table 1-1 on p. 1779

I would put forth that the list server helps us all in meeting this goal, and fortunately, with involvement from the vendor.

Sean

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: System freeze/Sleep Mode
Fecha:	miércoles, 17 de mayo de 2006 0:28:51
Archivos adjuntos:	

I am not quite sure if our problem is the same or not, but this is what has happened to us. We have a new pinnacle system installed almost exactly a year ago. We have had a couple of instances where it would go into "sleep mode" on it's own. Power would still be on, but it would act as if it was in "sleep mode" and would not come out of it. A hard reboot was only thing that would solve it. A call to service proved that it was a bug in the software and they sent us a patch to be installed on the computer. This seemed to solve the problem.

Hope that helps.

Pat

>From: "DAVID E WEIMER" <DEWEIMER@sentara.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: System freeze/Sleep Mode
>Date: Tue, 16 May 2006 12:05:48 -0400
>
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###

De:	Marshall, Mark
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Port films
Fecha:	miércoles, 17 de mayo de 2006 20:20:53
Archivos adjuntos:	marshall3.tif

I have a newly commisioned Pinnacle and I've noticed a problem with the BEV feature for step-and-shoot fields. Under Utilities and with Max Field Motion turned on, a dashed outline appears that represents the maximum leaf positions resulting from the combination of all segments. This feature should be useful when comparing with the pre-tx port films on a linac. Unfortunately the linac and Pinnacle images don't agree and I think its Pinnacle that has the problem.

The linac pre-tx port film (I have a Varian 21EX with IMPAC) shows the combined perimeter outline of all segments. Pinnacle, comes close to that but when a leaf in a segment crosses the field entirely, then the "Max Field Motion" outline displays the opposing leaf at the field edge. This suggests that portions of a field are being treated in a segment when they're not. I've attached a TIFF file to illustrate. Note the lower right corner that is always blocked but the Max Field Motion outline goes to the field edge.

Pinnacle support stated that no one had previously filed this as a complaint- so I was the first. Anyone care to chime in with comments/ suggestions?

Mark

Mark Marshall, M.S.
St Patrick Hospital
500 W. Broadway
Missoula, MT 59802
(406) 329-5655

De:	Marshall, Mark
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Port films
Fecha:	jueves, 18 de mayo de 2006 9:44:42
Archivos adjuntos:	marshall3.tif

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500 W. Broadway
Missoula, MT 59802
(406) 329-5655

De:	DAVID E WEIMER
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: System freeze/Sleep Mode
Fecha:	jueves, 18 de mayo de 2006 15:32:57
Archivos adjuntos:	

Pat,

Thanks foe replying. That was the first thing they talked about. But I don't think they ever tried it. I guess it was because of a newer video card/monitor combination. Since we do not have that combination, I don't think they tried it.

Dave

>>> patmeek@hotmail.com 5/16/2006 5:48 PM >>>
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happened to us. We have a new pinnacle system installed almost exactly a
year ago. We have had a couple of instances where it would go into "sleep
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>From: "DAVID E WEIMER" <DEWEIMER@sentara.com>
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>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: System freeze/Sleep Mode

>Date: Tue, 16 May 2006 12:05:48 -0400
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##

De:	Sapareto, Steve
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Problems with greyscale in secondary image sets
Fecha:	jueves, 18 de mayo de 2006 17:56:22
Archivos adjuntos:	

Dear fellow listers
We have a Blade 2500 and a Blade 2000 both with Philips Brilliance 200P flat screen monitors. We have noticed a distinct pattern of bright pixels (gridlike) in the secondary images when both image sets are displayed in a fusion. We do not remember seeing this with CRT monitors (although it may have been present but much fainter). We have reported this to ADAC and they acknowledge the problem but have come up with no solution (it has been over 4 months). If you use <ctrl>v to bring the secondary image to primary view, the pixelation disappears on this data set and appears on the other data set (now secondary). Has anyone else seen this? We feel it is both a nuisance and potentially dangerous as it can obscure small targets.

Stephen Sapareto, Ph.D.
Director of Medical Physics
Department of Radiation Oncology
Banner Good Samaritan Medical Center
1111 E McDowell Rd
Phoenix, AZ 85006
(602)239-4500

De:	Scora, Daryl
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Primus Electrons
Fecha:	jueves, 18 de mayo de 2006 20:50:26
Archivos adjuntos:	

Dear fellow listers

We are trying to commission electrons in Pinnacle V7.6 for Siemens Primus linacs and are having some difficulty getting good fits while maintaining parameters within "normal ranges". Our fitting parameters are

VSD = about 96 cm
Incident Energy is very close to nominal (ie, E9 = 9 MeV)
FMCS = 1.1 for all energies
Sigma Theta X = ranges from 0.072 for E6 to 0.026 for E18.
The cutout transmission factor are approx 0.6

With these values our fits just outside the beam and at depth are not great.

For others who have commissioned electrons for Primus are the values reasonable?

I have improved the fit (particularily for deeper profiles) at 100SSD for 9MeV by changing Sigma-theta-X from 0.05 to 0.9, and FMCS from 1.1 to 0.1 . The fit at 105 SSD is marginal but acceptable. Such large changes from the expected values worries me somewhat, does anyone have any experience with such a low value of FMCS, or such a large value of Sigma-theta-X? Will there be problems with inhomogeneities or with cases with significat contour changes?

Thanks,
Daryl Scora
Toronto Sunnybrook Regional Cancer Centre

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##

De:	David Spencer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Port films
Fecha:	viernes, 19 de mayo de 2006 2:48:57
Archivos adjuntos:	

Cool!
I wonder if the Max Field Motion for the right hand side only ever tracks the leaves on the right and for the LHS only ever tracks the leaves on the left?

That would be wrong, but it would explain what you see.

David.

D.P. Spencer, PhD, MCCPM, DABR

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Marshall, Mark
Sent: Wednesday, May 17, 2006 11:36 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Port films

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500 W. Broadway
Missoula, MT 59802
(406) 329-5655

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Portal Vision IMRT QA
Fecha:	miércoles, 24 de mayo de 2006 4:26:05
Archivos adjuntos:	

Hey all,

This is a little off of Pinnalce, but I thought this would be a good place for some help. I spent most of this evening with our physicist trying to figure out a way to do portal vision IMRT verification.

Our major hurdle has two parts one is getting a composite image of all beams with the portal vision. Is this accomplished by creating a composite image of all beams in the RIT Software?

The other part is normalizing the dose of the portal images. It seems like with each image, the grey scale is normalized differently so the calibration file does not seem to have the affect on it that we would wish. Our calibration file that we made was a 60 degree wedge on wich we identified about 30 points with dose.

Thanks.

Pat

De:	Kevin Norton
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Portal Vision IMRT QA
Fecha:	miércoles, 24 de mayo de 2006 20:14:15
Archivos adjuntos:	

Pat,

I have not used EPID images with RIT but I'm told it can be done. However, with Portal Vision your problems could be from various sources. First is to set up Portal Vision to acquire integrated images. Check with RIT and Varian for special settings or calibration requirements. You mention using a 60 degree wedge for calibration purposes. If this is a hard (physical) wedge then you will definitely get wrong results. aSi imagers respond differently to the spectral changes caused by the hard wedge than to open fields (MLCs do not have this affect).

You may also be interested in using your EPID with Dosimetry Check (www.mathresolutions.com), a software package for IMRT QA. It works with the Varian EPID and Pinnacle. See the following listed at the above website:

Renner, et. al., "A dose delivery verification method for conventional and intensity-modulated radiation therapy using measured field fluence distributions", Medical Physics, Vol. 30 No. 11, Nov. 2003, pages 2996-3005. www.medphys.org

Renner, et. al., "A method for deconvolution of integrated electronic portal images to obtain incident fluence for dose reconstruction", JACMP, Vol. 6, No. 4, Fall 2005, pp. 22-39. www.JACMP.org

Warkentin B, Steciw S, Rathee S, Fallone BG. Dosimetric IMRT verification with a flat panel EPID. Med. Phys. 2003;30(12):3143-3155.

Steciw S, Warkentin B, Rathee S, Fallone BG. Three-Dimensional IMRT verification with a flat panel EPID. Med. Phys. 2005;32(2):600-612.

Good luck.

-Kevin Norton
Hartford Hospital

>>> "Pat Meek" <patmeek@hotmail.com> 05/23/06 10:01 PM >>>

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calibration file that we made was a 60 degree wedge on wich we identified
about 30 points with dose.

Thanks.

Pat

De:	Tim Barry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Fwd: jaw decimal places
Fecha:	miércoles, 24 de mayo de 2006 20:53:21
Archivos adjuntos:	

As I am about to commission my 7.4 machine I have turned my attention to some machine config issues that have always bugged me.

The question of the day is the number of decimal places for jaw presicison. My characterization in IMPAC is set for 1 and Pinnacle is set to 2. If I set Pinnacle to 1 you then get a error message when ever you try to set a odd number in the tenths of a cm. (FS=10.5 must be 5.25 and 5.25 on each jaw), but the plans will match what is in impac.

So what is the bigger demon set Pinnacle to 1 and listen to the dosimetrist complain when planning or set Impac to 2? I actually don't know what the implications would be in changing Impac. I have a call in to see how that effects existing fields. Right now when the fields come into IMPAC they are rounded to the nearest mm.

So I am curious what others have set out there.

This might be a minor issue but it always bothers me when comparing a plan to IMPAc and see different values.(I know we are talking small differences here).

Timothy Barry
Medical Physicist
Pluta Cancer Center

De:	Royal, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	mammosite CT scans
Fecha:	jueves, 25 de mayo de 2006 16:31:54
Archivos adjuntos:	

For CT of mammosite, what slice thickness are people using (2mm, 3mm); and also, axial or spiral scanning?

Thanks.

Jim Royal
Nebraska Methodist Hospital

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: mammosite CT scans
Fecha:	jueves, 25 de mayo de 2006 16:59:21
Archivos adjuntos:	

---

we scan mammosites at 2mm/ But we scan almost everything at 2mm. We have a spiral scanner.

We only scan them once unless something unusual happens. We ultrasound them each day before tx to do a measurement.

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Royal, James
Sent: Thu 5/25/2006 9:47 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: mammosite CT scans

For CT of mammosite, what slice thickness are people using (2mm, 3mm); and also, axial or spiral scanning?

Thanks.

Jim Royal
Nebraska Methodist Hospital

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: mammosite CT scans
Fecha:	viernes, 26 de mayo de 2006 0:53:54
Archivos adjuntos:	

We have been using 2mm slices Spiral. Seems to work ok for us.

Pat

>From: "Royal, James" <Jim.Royal@nmhs.org>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: mammosite CT scans
>Date: Thu, 25 May 2006 08:47:38 -0500
>
>For CT of mammosite, what slice thickness are people using (2mm, 3mm);
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>
>This message and any included attachments are from Nebraska Methodist
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>please promptly delete this message and notify the sender of the delivery
>error by e-mail or you may call Nebraska Methodist Health System and its
>affiliates in Omaha, Nebraska, U.S.A at (402)354-2280.

De:	Paul Reich
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DRR data file in Pinnacle
Fecha:	viernes, 26 de mayo de 2006 3:11:13
Archivos adjuntos:	

Hello,

I was wondering whether anyone knows how to access the DDR output file from Pinnacle. Im currently running version 6.2b. Do I need to write a script to extract the data and if so, where is the DRR file usually stored ?

Cheers,

Paul.

Department of Medical Physics
Royal Adelaide Hospital (RAH)
North Terrace, Adelaide SA 5000
Tel: (0061) 8 82225658
Fax: (0061) 8 82225937
E-mail: preich@mail.rah.sa.gov.au

De:	Meyer_J@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: DRR data file in Pinnacle
Fecha:	viernes, 26 de mayo de 2006 9:00:21
Archivos adjuntos:	

Hi Paul,

one way of getting hold of the DRRs is to set up a DICOM printer to create a secondary capture DICOM file. Select "Print", add a new printer and set the type to DICOM Network. Send the DRR to a DICOM client of your choice, then import this file into a DICOM viewer (e.g. http://www.k-pacs.net/) that allows you to convert it into a bitmap (or jpg) image that contains all the image information.

Regards
Jürgen

_____

Jürgen Meyer, Ph.D. | Universität Würzburg | Klinik für Strahlentherapie | Josef-Schneider-Str. 11 | D-97080 Würzburg | Germany | phone: +49 (0)931-201-28881 | fax: +49 (0)931-201-28221 | email: Meyer_J@klinik.uni-wuerzburg.de

> -----Ursprüngliche Nachricht-----
> Von: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag
> von Paul Reich
> Gesendet: Freitag, 26. Mai 2006 12:20
> An: pinnacle-users@explode.unsw.edu.au
> Betreff: DRR data file in Pinnacle
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De:	Paul Reich
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: AW: DRR data file in Pinnacle
Fecha:	viernes, 26 de mayo de 2006 9:29:07
Archivos adjuntos:	

Hi Jürgen,

Thank you very much, I will try this...

Cheers,

Paul.

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Royal Adelaide Hospital (RAH)
North Terrace, Adelaide SA 5000
Tel: (0061) 8 82225658
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E-mail: preich@mail.rah.sa.gov.au

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Portal Vision IMRT QA
Fecha:	viernes, 26 de mayo de 2006 14:29:05
Archivos adjuntos:	

Dave,

Thanks for the reply. We did use a EDW wedge for the calibration. I have a follow up question for you. Is it possible to calibrate the Varian portal imager for absolute dose? Everytime we take a portal image on it, it seems to normalize the dose to some sort of scale. I would like to make it more absolute like a film would be.

Thanks.

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>Reply-To: pinnacle-users@explode.unsw.edu.au
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>Date: Wed, 24 May 2006 13:48:20 -0400
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De:	Kevin Norton
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Portal Vision IMRT QA
Fecha:	viernes, 26 de mayo de 2006 17:19:53
Archivos adjuntos:	

Pat,

If you have the PortalDosimetry package from Varian you can use that. It was desigend to work as you appear to want to do things. I do not use it so I can not help with its setup. I do use Dosimetry Check from MathResolutions. It allows me to use EPID images to reconstruct 3D dose on the patient's CT dataset. When images are acquired using the "integrate" mode each pixel's grayscale value relates directly to dose. A calibration curve is created from 10x10 images. These values are embedded in the DICOM file for each image and the Dosimetry Check software reads this info. So, yes, I use EPID images for abolute dosimetry. It's very accurate, and more stable and reliable than film.

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-Kevin Norton
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>>> "Pat Meek" <patmeek@hotmail.com> 05/26/06 7:32 AM >>>
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De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Here comes the Sun...
Fecha:	sábado, 27 de mayo de 2006 0:13:29
Archivos adjuntos:	

Earlier I advocated purchasing hardware from Philips to support their business. But now I am aware of how little the workstations cost when you buy them directly from Sun. For example,

http://store.sun.com/CMTemplate/CEServlet?process=SunStore&cmdViewProduct_CP&catid=144424

Has anyone gone ahead and purchased workstations which are not supported by Philips?

De:	John T Washington
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Here comes the Sun...
Fecha:	sábado, 27 de mayo de 2006 3:08:01
Archivos adjuntos:	

Scott,

Your Pinnacle software is licensed to the box, i.e. the id of the motherboard. So how do you expect to transfer the license?

_____

John T Washington
Northwest Medical Physics Center
21031 67th Ave W
Lynnwood, WA 98036

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Friday, May 26, 2006 2:43 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Here comes the Sun...

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De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Portal Vision IMRT QA
Fecha:	sábado, 27 de mayo de 2006 3:15:15
Archivos adjuntos:	

Kevin,

I wish I could tell you that we did something special to acquire the EDW but, we acquired it the same way that we would acquire any other integrated image. We did not have any interuptions in image acquisition as you have experienced.

Today we did get one image from the portal imager into RIT. Preliminarily, we are finding that it is not as good as film dosimetry. For it to pass acceptibly, we have to loosen our tolerances for accpetance as compared to film. Our physicist said that he would use it if it was the only method of testing that he had, but felt that film did a much better job. Is this a statement that you have found true?

Pat

>From: "Kevin Norton" <knorton@harthosp.org>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: Re: Portal Vision IMRT QA
>Date: Fri, 26 May 2006 10:36:00 -0400
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De:	Clay Stablein
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Here comes the Sun...
Fecha:	domingo, 28 de mayo de 2006 16:44:18
Archivos adjuntos:	

Yes, but what is the cost from Philips for the hardware only spec'd out in the link? The answer to this question is probably impossible to get directly from Philips.

However, if we find the cost of purchasing the Pinnacle planning software (IMRT, 3D, etc.) unbundled, then what remains will be the associated hardware markup from Philips.

However, assuming there is also a markup to software purchased "unbundled" we would have to somehow find out this markup.

So, it looks like a chicken and egg thing.

But, I guess we could assume that the cost for the software components purchased alone is equal to an optioned price in a typical quote.

Have you done that? Have you taken typical optioned costs for each component and subtracted the sum from a typical bundled quote?

And, did that number exceed the Sun hardware costs given in the link?

Are we missing other bundled components such as licensing fees? Or other considerations such as asking if my IT department can handle supporting a UNIX system? What about tech and dosimetry support? How are these affected if I purchase hardware directly from Sun?

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[alt. e-mail: cstablein@aomc.org]
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Work Phone: 607 737 8100
Mobile Phone: (315) 263 8699

"Errors need to be seen to be caught."

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au; radoncphys2@yahoo.com;
Cc:	
Asunto:	It"s not just the cost...
Fecha:	domingo, 28 de mayo de 2006 21:39:10
Archivos adjuntos:	

"Yes, but what is the cost from Philips for the hardware only spec'd out in the link?..."

> This is not only a cost issue. It is an obsolescence issue. We want to upgrade our Blades with a faster pair of processors and more RAM. But Sun told us:

"The SunBlade line has been replaced with a new Ultra XX Workstation line of products that have better price/performance and overall price."

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Portal Vision IMRT QA
Fecha:	lunes, 29 de mayo de 2006 2:25:11
Archivos adjuntos:	

Kevin

To acquire EDW images on the Varian EPID, you need to get a jumper W16 changed on the PLS (Pulse length servo) or PFS if you have a 600.
It is covered in the ProtalVision course, setup of the PLS.
The early systems were shipped in a config that does not allow acquisition in a non PLS mode ie EDW or electrons (pulse drop servo used).
This has been updated. We recently had the 4D console update and got the Varian engineer to check his records. He brought the PLS to the current recommended config and we can now acquire images from EDW or electrons.

Regards

Nick

At 10:36 AM 26/05/2006 -0400, you wrote:
>Pat,
>
>If you have the PortalDosimetry package from Varian you can use that.
>It was desigend to work as you appear to want to do things. I do not use
>it so I can not help with its setup. I do use Dosimetry Check from
>MathResolutions. It allows me to use EPID images to reconstruct 3D dose
>on the patient's CT dataset. When images are acquired using the
>"integrate" mode each pixel's grayscale value relates directly to dose.
>A calibration curve is created from 10x10 images. These values are
>embedded in the DICOM file for each image and the Dosimetry Check
>software reads this info. So, yes, I use EPID images for abolute
>dosimetry. It's very accurate, and more stable and reliable than film.
>
>I'm curious how you are acquiring integrated images for EDW beams. I
>tried to do it yesterday and the EPID stopped acquiring image data as
>soon as the jaw started moving. Varian's EPID appears to only be set up
>to integrate for the entire treatment for beams which are dynamic MLC.
>Can you tell me what you are doing differently to acquire integrated EDW
>images?

>
>-Kevin Norton
>Hartford Hospital
>
> >>> "Pat Meek" <patmeek@hotmail.com> 05/26/06 7:32 AM >>>
>Dave,
>
>Thanks for the reply. We did use a EDW wedge for the calibration. I
>have a
>follow up question for you. Is it possible to calibrate the Varian
>portal
>imager for absolute dose? Everytime we take a portal image on it, it
>seems
>to normalize the dose to some sort of scale. I would like to make it
>more
>absolute like a film would be.
>
>Thanks.
>
>Pat
>
>
> >From: "Kevin Norton" <knorton@harthosp.org>
> >Reply-To: pinnacle-users@explode.unsw.edu.au
> >To: <pinnacle-users@explode.unsw.edu.au>
> >Subject: Re: Portal Vision IMRT QA
> >Date: Wed, 24 May 2006 13:48:20 -0400
> >
> >Pat,
> >
> >I have not used EPID images with RIT but I'm told it can be done.
> >However, with Portal Vision your problems could be from various
>sources.
> >First is to set up Portal Vision to acquire integrated images. Check
> >with RIT and Varian for special settings or calibration requirements.
> >You mention using a 60 degree wedge for calibration purposes. If this
>is
> >a hard (physical) wedge then you will definitely get wrong results.
>aSi
> >imagers respond differently to the spectral changes caused by the
>hard
> >wedge than to open fields (MLCs do not have this affect).
> >
> >You may also be interested in using your EPID with Dosimetry Check
> >(www.mathresolutions.com), a software package for IMRT QA. It works
>with

> >the Varian EPID and Pinnacle. See the following listed at the above
> >website:
> >
> ># Renner, et. al., "A dose delivery verification method for
> >conventional and intensity-modulated radiation therapy using measured
> >field fluence distributions", Medical Physics, Vol. 30 No. 11, Nov.
> >2003, pages 2996-3005. www.medphys.org
> >
> ># Renner, et. al., "A method for deconvolution of integrated
>electronic
> >portal images to obtain incident fluence for dose reconstruction",
> >JACMP, Vol. 6, No. 4, Fall 2005, pp. 22-39. www.JACMP.org
> >
> ># Warkentin B, Steciw S, Rathee S, Fallone BG. Dosimetric IMRT
> >verification with a flat panel EPID. Med. Phys.
>2003;30(12):3143-3155.
> >
> ># Steciw S, Warkentin B, Rathee S, Fallone BG. Three-Dimensional IMRT
> >verification with a flat panel EPID. Med. Phys. 2005;32(2):600-612.
> >
> >Good luck.
> >
> >-Kevin Norton
> >Hartford Hospital
> >
> > >>> "Pat Meek" <patmeek@hotmail.com> 05/23/06 10:01 PM >>>
> >
> >Hey all,
> >
> >This is a little off of Pinnalce, but I thought this would be a good
> >place
> >for some help. I spent most of this evening with our physicist
>trying
> >to
> >figure out a way to do portal vision IMRT verification.
> >
> >Our major hurdle has two parts one is getting a composite image of
>all
> >beams
> >with the portal vision. Is this accomplished by creating a composite
> >image
> >of all beams in the RIT Software?
> >
> >The other part is normalizing the dose of the portal images. It
>seems
> >like

> >with each image, the grey scale is normalized differently so the
> >calibration
> >file does not seem to have the affect on it that we would wish. Our
> >calibration file that we made was a 60 degree wedge on wich we
> >identified
> >about 30 points with dose.
> >
> >Thanks.
> >
> >Pat
> >
> >
> >
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De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Here comes the Sun...
Fecha:	lunes, 29 de mayo de 2006 3:18:59
Archivos adjuntos:	

John

It is relatively easy to transfer the Motherboard ID to another box. Then keeping the same IP, the Sun system then, usually, rebuilds itself to work on the new hardware. Then throw away the old box.

However, you will now have modified the FDA approved medical system of Philips. Philips may then refuse to support your system, which may mean no access to future Pinnacle releases. You would have to assess the implications regarding the FDA and your system.

Regards

Nick

At 05:38 PM 26/05/2006 -0700, you wrote:
>Scott,
>
>Your Pinnacle software is licensed to the box, i.e. the id of the
>motherboard. So how do you expect to transfer the license?
>
>_____
>John T Washington
>Northwest Medical Physics Center
>21031 67th Ave W
>Lynnwood, WA 98036
>
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
>Sent: Friday, May 26, 2006 2:43 PM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Here comes the Sun...
>
>Earlier I advocated purchasing hardware from Philips to support their

>business. But now I am aware of how little the workstations cost when
>you buy them directly from Sun. For example,
>
>http://store.sun.com/CMTemplate/CEServlet?process=SunStore&cmdViewProduct_CP
>&catid=144424
>
>Has anyone gone ahead and purchased workstations which are not
>supported by Philips?
>
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De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Here comes the Sun...
Fecha:	lunes, 29 de mayo de 2006 3:45:39
Archivos adjuntos:	

Clay

The cost of a system is what customers will pay for it.

It has very little relation to the actual costs of the hardware or the costs of the development team.

Usually much more closely related to the commission of the sales dept, ie higher the price, higher the commission. :-)

Sorry to be such a cynic.

Try thinking about this scenario, say there is a successful system eg Pinnacle, should you pay more or less for it?

From a customers point of view, the first 100 customers paid for the development, so I should get it for the cost of the hardware plus the cost of a CD.

From a sales point of view, the first 100 customers were ok paying eg 100k a unit when it was unknown , now its a confirmed reliable system, the next customers should be ok to pay double.

So I guess we meet somewhere in the middle, depending on bargaining power.

Regards

Nick

At 07:16 AM 28/05/2006 -0700, you wrote:

> Yes, but what is the cost from Philips for the hardware only

spec'd out in the link? The answer to this question is probably impossible to get directly from Philips.

However, if we find the cost of purchasing the Pinnacle planning software (IMRT, 3D, etc.) unbundled, then what remains will be the associated hardware markup from Philips.

However, assuming there is also a markup to software purchased "unbundled" we would have to somehow find out this markup.

So, it looks like a chicken and egg thing.

But, I guess we could assume that the cost for the software components purchased alone is equal to an optioned price in a typical quote.

Have you done that? Have you taken typical optioned costs for each component and subtracted the sum from a typical bundled quote?

And, did that number exceed the Sun hardware costs given in the link?

Are we missing other bundled components such as licensing fees? Or other considerations such as asking if my IT department can handle supporting a UNIX system? What about tech and dosimetry support? How are these affected if I purchase hardware directly from Sun?

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[alt. e-mail: cstablein2@yahoo.com]
Work Phone: 607 737 8100
Mobile Phone: (315) 263 8699

"Errors need to be seen to be caught."

De:	Liao Yuan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Here comes the Sun...
Fecha:	lunes, 29 de mayo de 2006 5:40:14
Archivos adjuntos:	

Go on.

> ----- Original Message -----
> **From:** Nick Bennie
> **To:** pinnacle-users@explodeunsw.edu.au
> **Sent:** Monday, May 29, 2006 9:07 AM
> **Subject:** Re: Here comes the Sun...
>
> Clay
>
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"Errors need to be seen to be caught."

De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Here comes the Sun...
Fecha:	lunes, 29 de mayo de 2006 6:43:36
Archivos adjuntos:	

This discussion is actually a little silly.

Companies are in business to make a profit for their shareholders. They have operating expenses that have nothing to do with the cost of making a CD. The salaries of the sales force and support people are part of the company's expenses, along with a lot of other things, like upkeep on their buildings, mortgage or rent, management, and on and on. Pricing is indeed dependent on the market, but if a company cannot sell the product at a price that is profitable, it will discontinue the product (or in the worst case, go out of business).

As for the issue of buying hardware from Sun or buying it from Philips, it depends on a couple of things, one being whether the software runs on the system you want to buy and another whether Philips will continue to provide support under their contract - these are business decisions that Philips may make according to what they need to do to protect their profit margin. It is not evil, it is a fact of a capitalist economic system. The only thing different in a socialist system is that profit is out of the picture, but all the rest is still there (operating costs etc.).

The negotiation possible over price is not about theories of what is appropriate, but the sales and management's calculations based on the importance of the sale, i.e., the flexibility in price is in the amount of profit, and they may take a lower profit if they think the sale will bring more sales, or if they think that too high a price will make the sale not go through and they get no profit, etc. It has nothing to do with what is fair or appropriate on some kind of principles.

This would all still hold if the development cost were $0. Development cost gets amortized over the expected number of sales before the next development is needed (which is actually a continuous cost - where do you think new releases come from?). So it is not true that the first 100 customers pay for the development. The same customers (and ALL

customers) will pay for support contracts so they will get the next developments.

The Sunfire V250s that we got with our Pinnacle purchase sell retail from Sun at about 10% of the price we paid for the Pinnacle package, NOT including the cost we paid for a Philips support contract for 4 years beyond the first year of warranty support. It is ridiculous to think that this is all profit for Philips or commission for the sales force. It is not (see above). It is silly to talk about paying the cost of a CD - that is not the cost of operating a company and providing the software on the CD. You better believe that the cost of music CDs is way more than the cost of a blank CD. The reason they don't cost a lot more than $10-15 is that the volume is so large that the unit profit can be low. If RTP software companies were selling millions of units per year, the cost per copy could be more like popular commodity software packages you buy for your home PC, because the profit overall per year could be the same. This is because most of the company's costs are fixed costs, not per unit costs. Of course in that case you can be sure that the support you get will be almost nonexistent (like that of other companies who sell commodity software in huge volumes). On the other hand, the few commodity software products I use need no support. They do what they claim to and do it in a simple straightforward way. (I am not talking about the stuff from the notorious company in Redmond, next town over from where I live, but I know a lot about Microsoft and that is another source for the above claims - The box that Office XP comes in and the CD it comes on cost pennies to produce - they are charging you for the software, which does not cost pennies to produce, but keeps some 20-30,000 people employed and paying taxes, including Washington state sales taxes :) part of which in turn pays part of my salary).

I know all this also because I was a partner in a company, Oncology Systems, in the mid to late 1980s, that sold a very avant guarde RTP system called PLAN32. We filed for bankruptcy after 6 years (a longer life than most startups) because we did not get the above calculations right. Fortunately we did not lose a lot of money, and we learned a lot about how things work. And the company provided employment for several years for a few people.

We just recently purchased some add-in memory for our Pinnacle systems. We got it from Philips, at about 10-15% more than if we had got it from Sun. The extra value for us is the unequivocal support we get, rather than paying for our own time to hassle whether a problem is one we have to solve or the Philips people solve. This is not the same as the cost of software as I discuss above.

I'm sure this just makes everyone more confused, and if I have made any

inaccurate statements with respect to Philips, someone from Philips should feel free to correct the above. I'm just basing it on my own experience in business.

Ira Kalet
University of Washington
Seattle, Washington

Liao Yuan wrote:
> Go on.
>
>
> ----- Original Message -----
> *From:* Nick Bennie <mailto:nbennie@tpg.com.au>
> *To:* pinnacle-users@explodeunsw.edu.au
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> *Sent:* Monday, May 29, 2006 9:07 AM
> *Subject:* Re: Here comes the Sun...
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>>
>> "Errors need to be seen to be caught."
>>
>>
>> Be a chatter box. Enjoy free PC-to-PC calls
>> <http://us.rd.yahoo.com/mail_us/taglines/postman12/*http://us.rd.yahoo.com/evt=39663/*http://messenger.yahoo.com>with
>> Yahoo! Messenger with Voice.

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Here comes the Sun...
Fecha:	lunes, 29 de mayo de 2006 8:33:44
Archivos adjuntos:	

You are totally right Ira,

You figure in what it costs to develope the software, the research, the physicists, the coders, the testing, the support staff that you talk to everytime you call with a problem. They have to make up that cost somewhere. They have to pay for all this personnel, research for future products and software releases and still make their shareholders money.

Ya it would be nice to get something for 1/3 the cost but Pinnacle is in my opinion the best planning software out there and I hope that they continue to make profit and improve upon it. Can't wait to get that autosegmentation when it comes out.

Pat

>From: Ira Kalet <ikalet@u.washington.edu>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Re: Here comes the Sun...
>Date: Sun, 28 May 2006 21:25:36 -0700
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>> *Sent:* Monday, May 29, 2006 9:07 AM
>> *Subject:* Re: Here comes the Sun...
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>> Try thinking about this scenario, say there is a successful system
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A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Here comes the Sun...
Fecha:	lunes, 29 de mayo de 2006 9:32:27
Archivos adjuntos:	

Pat, and friends,

Just to add one more note to this, I'd say the price we paid for Pinnacle is about right, based on the price we charged for PLAN32, considering that we were charging less than our competition and not making ends meet internal to the company, even with a very low overhead company.

Ira

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De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Here comes the Sun...
Fecha:	martes, 30 de mayo de 2006 15:26:54
Archivos adjuntos:	

Hello All,

This is a difficult topic to discuss, so I'll keep it relatively short.

I obviously agree with what Ira has written. Remember that the increased cost in some of the individual parts (such as memory) include a visit from us to install it, plus full onsite support if the part or system should fail. Surely that is worth the 10-15%. Obviously, we do not always succeed at pricing the part so that it makes perfect economic sense, all of the time. In addition, we do not always keep up with cost reductions that occur over the lifetime of the parts (such as printers).

This is an interesting field; we fund research in Radiation Therapy modalities with the intention of creating a commercial product. We do not just then sell it to the field - we take an active role in education, implementation and ongoing development. Most of the RTP vendors do this, and the overhead in terms of people is very high.

Physicists and CMDs are expensive - as are the researchers, engineers and the technical infrastructure components required to support them.

As a last comment, the market is defined by what it is willing to pay and by what we are willing to produce for a certain price. It is simple economics. RTP systems are a revenue generating product, and the return on investment is short enough that the investment makes sense from your business perspective. In addition, features get more complicated and computers get faster over time. This means that you have a requirement for ongoing infrastructure investment, and we have the opportunity and responsibility to provide this. Competition keeps the prices under relative control.

See Ira - I wrote an entire email without saying, "FDA"!

oops....

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

To pinnacle-users@explode.unsw.edu.au

cc

Subject Re: Here comes the Sun...

Classification

Ira Kalet <ikalet@u.washington.edu>

Sent by:
owner-pinnacle-users@explode.unsw.edu.au

05/29/2006 12:25 AM

Please respond to pinnacle-users@explode.unsw.edu.au

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>>   spec'd out in the link? The answer to this question is probably
>>   impossible to get directly from Philips.
>>
>>   However, if we find the cost of purchasing the Pinnacle planning
>>   software (IMRT, 3D, etc.) unbundled, then what remains will be
the
>>   associated hardware markup from Philips.
>>
>>   However, assuming there is also a markup to software purchased
>>   "unbundled" we would have to somehow find out this markup.
>>
>>   So, it looks like a chicken and egg thing.
>>
>>   But, I guess we could assume that the cost for the software
>>   components purchased alone is equal to an optioned price in a
>>   typical quote.
>>
>>   Have you done that? Have you taken typical optioned costs for
>>   each component and subtracted the sum from a typical bundled
quote?
>>
>>   And, did that number exceed the Sun hardware costs given in the
link?
>>
>>   Are we missing other bundled components such as licensing fees?
>>   Or other considerations such as asking if my IT department can
>>   handle supporting a UNIX system? What about tech and dosimetry
>>   support? How are these affected if I purchase hardware directly
>>   from Sun?
>>
>>
>>
>>
```
```

>>   Clay Stablein, M.S.
>>   Radiation Therapy Physicist
>>   Falck Cancer Center
>>   600 Roe Avenue
>>   Elmira, NY 14905
>>   [alt. e-mail: cstablein@aomc.org]
>>   [alt. e-mail: cstablein2@yahoo.com]
>>   Work Phone: 607 737 8100
>>   Mobile Phone: (315) 263 8699
>>
>>   "Errors need to be seen to be caught."
>>
>>
>>   Be a chatter box. Enjoy free PC-to-PC calls
>>   <http://us.rd.yahoo.com/mail_us/taglines/postman12/*http://us.
rd.yahoo.com/evt=39663/*http://messenger.yahoo.com>with
>>   Yahoo! Messenger with Voice.

De:	Chris Deibel
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Plotting isodoses at 1:1 scale
Fecha:	martes, 30 de mayo de 2006 18:19:57
Archivos adjuntos:	

I want to plot isodoses for standard applicators for electron beams, so I can lay the plot on top of the scanning system's plot, which is 1:1. Once I have the beam displayed, I select pan and zoom to make the beam display as large as possible in the window. Then I select file - print window - by i.d. number - resize by zoom - zoom = 1.

This works for smaller ones at lower energies. For 25x25 at 20 mev, Pinnacle 7.6 wants to print on several 11x17 inch sheets, yet it doesn't use the top half of the sheet! For 10x10 at 20 MeV, I happened to get it to print... fooling around - on one 8.5 x 11 inch sheet, but I don't know what I did to get it to do this.

Any procedure that works?

Thanks.

-Chris

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle and the FDA
Fecha:	martes, 30 de mayo de 2006 19:40:01
Archivos adjuntos:	

"... However, you will now have modified the FDA approved medical system of Philips. Philips may then refuse to support your system, which may mean no access to future Pinnacle releases. You would have to assess the implications regarding the FDA and your system. ..."

> After all these years, I still don't really understand the FDA's role in treatment planning systems and linacs. Does anyone know of a good link that explains the situation?

De: Marc Mlyn

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: Pinnacle and the FDA

Fecha: martes, 30 de mayo de 2006 20:23:29

Archivos adjuntos:

Here is a pretty good description, Scott.

http://www.fda.gov/cdrh/devadvice/314.html

Some of the links from this page provide additional information, such as how to submit and what goes into it.

You have to show that you have the quality system to support it, that it is safe, and that you have performed tests on the device to prove it. Note that "accuracy" is not really part of a 510k - although that comes out of the testing, to some extent.

One very important aspect of this whole thing is the definition of the medical device; once defined, it can't be easily changed, and how we go about selling and supporting our product is dependent on what is part of the device.

Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

To pinnacle-users@explode.unsw.edu.au
cc
Subject Pinnacle and the FDA
Classification

"Scott DUBE" <sdube@queens.org>

Sent by:
owner-pinnacle-users@explode.unsw.edu.au

05/30/2006 12:54 PM

Please respond to
pinnacle-users@explode.unsw.
edu.au

"... However, you will now have modified the FDA approved medical system
of Philips. Philips may then refuse to support your system, which may mean no access to future Pinnacle releases. You would have to assess the
implications regarding the FDA and your system. ..."

> After all these years, I still don't really understand the FDA's role in treatment planning systems and linacs. Does anyone know of a good link that explains the situation?

De:	Heldebrandt, Shawn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle and the FDA
Fecha:	martes, 30 de mayo de 2006 20:24:49
Archivos adjuntos:	

Sorry:
Here is the actual link:

http://courses.cs.vt.edu/~cs3604/lib/Therac_25/Therac_1.html

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Tuesday, May 30, 2006 11:54 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle and the FDA

"... However, you will now have modified the FDA approved medical system of Philips. Philips may then refuse to support your system, which may mean no access to future Pinnacle releases. You would have to assess the implications regarding the FDA and your system. ..."

> After all these years, I still don't really understand the FDA's role in treatment planning systems and linacs. Does anyone know of a good link that explains the situation?

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##

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##

De:	Heldebrandt, Shawn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle and the FDA
Fecha:	martes, 30 de mayo de 2006 20:31:50
Archivos adjuntos:	

Here is a website relating to how the FDA became involved in Linacs.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Tuesday, May 30, 2006 11:54 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle and the FDA

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De:	Heldebrandt, Shawn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle and the FDA
Fecha:	martes, 30 de mayo de 2006 20:32:30
Archivos adjuntos:	

Sorry:
Here is the actual link:

http://courses.cs.vt.edu/~cs3604/lib/Therac_25/Therac_1.html

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Tuesday, May 30, 2006 11:54 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle and the FDA

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##

De:	Lee Zarger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle and the FDA
Fecha:	martes, 30 de mayo de 2006 20:33:51
Archivos adjuntos:	

The FDA approves treatment devices. For treatment planning systems, as I understand it, this
is approved in the form which it was designed/presented for approval. If unapproved modifications
are made, theoretically I guess this no longer is an FDA approved treatment device. I don't know
the link but was once at a talk after ASTRO several years ago about this.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Scott DUBE
Sent: Tuesday, May 30, 2006 12:54 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle and the FDA

"... However, you will now have modified the FDA approved medical system
of Philips. Philips may then refuse to support your system, which may
mean no access to future Pinnacle releases. You would have to assess the
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account will not be distributed unless that account is also subscribed.
##

De:	Barrett Marc
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle and the FDA
Fecha:	martes, 30 de mayo de 2006 21:45:09
Archivos adjuntos:	

The FDA is required to approve any device which is a medical device, defined as

"an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar article that is intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment or prevention of disease." (source: Federal Food, Drug and Cosmetic Act, Section 201)

In addition, if you read further into the Act (sec 513-something I think) you will also find that treatment planning systems fall under the CLASS III, PRE-MARKET APPROVAL device definition of the FFDCA, having already met the definition of a medical device listed above, which requires that manufactures (actual the act reads "persons") file under the now infamous...Sec 510(k) of the Act.

TADA!!!!

FYI, the link below is to the Federal Food, Drug and Cosmetic Act (happy reading)

http://www.fda.gov/opacom/laws/fdcact/fdctoc.htm

Thanks,

Marc R. Barrett

Radiation Safety Officer, Director

Radiation Physicist

Rapides Cancer Center

"Remember, no matter where you go...there you are"

"Remember, no matter where you go...there you are"

De:	Barrett Marc
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle and the FDA
Fecha:	martes, 30 de mayo de 2006 21:46:33
Archivos adjuntos:	

The FDA is required to approve any device which is a medical device, defined as

"an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar article that is intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment or prevention of disease." (source: Federal Food, Drug and Cosmetic Act, Section 201)

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Thanks,
Marc R. Barrett
Radiation Safety Officer, Director
Radiation Physicist
Rapides Cancer Center

"Remember, no matter where you go...there you are"

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Scott DUBE
Sent: Tuesday, May 30, 2006 11:54 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle and the FDA

"... However, you will now have modified the FDA approved medical system of Philips. Philips may then refuse to support your system, which may mean no access to future Pinnacle releases. You would have to assess the implications regarding the FDA and your system. ..."

> After all these years, I still don't really understand the FDA's role in treatment planning systems and linacs. Does anyone know of a good link that explains the situation?

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##

De:	Clay Stablein
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Here comes the Sun...
Fecha:	martes, 30 de mayo de 2006 21:52:56
Archivos adjuntos:	

I'm surprised that Scott hasn't chimed back in yet regarding all the focus on "cost" in the replies (mine included). Scott replied to my initial reply saying that "its not just about the cost", but also about "obsolescence". Sun has informed him that he can't get upgraded clock speed and memory for his Blades as Sun has moved to a newer workstation. This would engender a whole other "silly"discussion, I'm sure.

Clay.
Marc Mlyn <marc.mlyn@philips.com> wrote:

> Hello All,
>
> This is a difficult topic to discuss, so I'll keep it relatively short.
>
> I obviously agree with what Ira has written. Remember that the increased cost in some of the individual parts (such as memory) include a visit from us to install it, plus full onsite support if the part or system should fail. Surely that is worth the 10-15%. Obviously, we do not always succeed at pricing the part so that it makes perfect economic sense, all of the time. In addition, we do not always keep up with cost reductions that occur over the lifetime of the parts (such as printers).
>
> This is an interesting field; we fund research in Radiation Therapy modalities with the intention of creating a commercial product. We do not just then sell it to the field - we take an active role in education, implementation and ongoing development. Most of the RTP vendors do this, and the overhead in terms of people is very high.
>
> Physicists and CMDs are expensive - as are the researchers, engineers and the technical infrastructure components required to support them.
>
> As a last comment, the market is defined by what it is willing to pay and by what we are willing to produce for a certain price. It is simple economics. RTP systems are a revenue generating product, and the return on investment is short enough that the investment makes sense from your business perspective. In addition, features get more complicated and computers get faster over time. This means that you have a requirement for ongoing infrastructure investment, and we have the opportunity and responsibility to provide this. Competition keeps the prices under relative control.
>
> See Ira - I wrote an entire email without saying, "FDA"!
>
> oops....
>
> Marc Mlyn, CMD
> Philips Radiation Oncology Systems
> Sr. Manager, Product Support Engineering
> marc.mlyn@philips.com
> Fax: 408-965-2023
> PROS Support North America 1-800-722-9377, then 5,5,3.
> PROS Support email: pros.support@philips.com

Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

To pinnacle-users@explode.unsw.edu.au
cc
Subject Re: Here comes the Sun...
Classification

Ira Kalet <ikalet@u.washington.edu>
Sent by:
owner-pinnacle-users@explode.unsw.edu.au
05/29/2006 12:25 AM

Please respond to pinnacle-users@explode.unsw.edu.au

This discussion is actually a little silly.

Companies are in business to make a profit for their shareholders. They have operating expenses that have nothing to do with the cost of making a CD. The salaries of the sales force and support people are part of the company's expenses, along with a lot of other things, like upkeep on their buildings, mortgage or rent, management, and on and on. Pricing is indeed dependent on the market, but if a company cannot sell the product at a price that is profitable, it will discontinue the product (or in the worst case, go out of business).

As for the issue of buying hardware from Sun or buying it from Philips, it depends on a couple of things, one being whether the software runs on the system you want to buy and another whether Philips will continue to provide support under their contract - these are business decisions that Philips may make according to what they need to do to protect their profit margin. It is not evil, it is a fact of a capitalist economic system. The only thing different in a socialist system is that profit is out of the picture, but all the rest is still there (operating costs etc.).

The negotiation possible over price is not about theories of what is appropriate, but the sales and management's calculations based on the importance of the sale, i.e., the flexibility in price is in the amount of profit, and they may take a lower profit if they think the sale will bring more sales, or if they think that too high a price will make the

sale not go through and they get no profit, etc. It has nothing to do with what is fair or appropriate on some kind of principles.

This would all still hold if the development cost were $0. Development cost gets amortized over the expected number of sales before the next development is needed (which is actually a continuous cost - where do you think new releases come from?). So it is not true that the first 100 customers pay for the development. The same customers (and ALL customers) will pay for support contracts so they will get the next developments.

The Sunfire V250s that we got with our Pinnacle purchase sell retail from Sun at about 10% of the price we paid for the Pinnacle package, NOT including the cost we paid for a Philips support contract for 4 years beyond the first year of warranty support. It is ridiculous to think that this is all profit for Philips or commission for the sales force. It is not (see above). It is silly to talk about paying the cost of a CD - that is not the cost of operating a company and providing the software on the CD. You better believe that the cost of music CDs is way more than the cost of a blank CD. The reason they don't cost a lot more than $10-15 is that the volume is so large that the unit profit can be low. If RTP software companies were selling millions of units per year, the cost per copy could be more like popular commodity software packages you buy for your home PC, because the profit overall per year could be the same. This is because most of the company's costs are fixed costs, not per unit costs. Of course in that case you can be sure that the support you get will be almost nonexistent (like that of other companies who sell commodity software in huge volumes). On the other hand, the few commodity software products I use need no support. They do what they claim to and do it in a simple straightforward way. (I am not talking about the stuff from the notorious company in Redmond, next town over from where I live, but I know a lot about Microsoft and that is another source for the above claims - The box that Office XP comes in and the CD it comes on cost pennies to produce - they are charging you for the software, which does not cost pennies to produce, but keeps some 20-30,000 people employed and paying taxes, including Washington state sales taxes :) part of which in turn pays part of my salary).

I know all this also because I was a partner in a company, Oncology Systems, in the mid to late 1980s, that sold a very avant guarde RTP system called PLAN32. We filed for bankruptcy after 6 years (a longer life than most startups) because we did not get the above calculations right. Fortunately we did not lose a lot of money, and we learned a lot about how things work. And the company provided employment for several years for a few people.

We just recently purchased some add-in memory for our Pinnacle

systems.
 We got it from Philips, at about 10-15% more than if we had got it from Sun. The extra value for us is the unequivocal support we get, rather than paying for our own time to hassle whether a problem is one we have to solve or the Philips people solve. This is not the same as the cost of software as I discuss above.

I'm sure this just makes everyone more confused, and if I have made any
inaccurate statements with respect to Philips, someone from Philips should feel free to correct the above. I'm just basing it on my own experience in business.

Ira Kalet
University of Washington
Seattle, Washington

Liao Yuan wrote:
> Go on.
>
>
>   ----- Original Message -----
>   *From:* Nick Bennie <mailto:nbennie@tpg.com.au>
>   *To:* pinnacle-users@explodeunsw.edu.au
>   <mailto:pinnacle-users@explode.unsw.edu.au>
>   *Sent:* Monday, May 29, 2006 9:07 AM
>   *Subject:* Re: Here comes the Sun...
>
>   Clay
>
>   The cost of a system is what customers will pay for it.
>
>   It has very little relation to the actual costs of the hardware
or
>   the costs of the development team.
>
>   Usually much more closely related to the commission of the sales
>   dept, ie higher the price, higher the commission. :-)
>
>   Sorry to be such a cynic.
>
>   Try thinking about this scenario, say there is a successful
system
>   eg Pinnacle, should you pay more or less for it?
>
>   From a customers point of view, the first 100 customers paid for
>   the development, so I should get it for the cost of the hardware
>   plus the cost of a CD.
>
>   From a sales point of view, the first 100 customers were ok
paying
>   eg 100k a unit when it was unknown , now its a confirmed reliable
>   system, the next customers should be ok to pay double.
>
>   So I guess we meet somewhere in the middle, depending on
bargaining
>   power.
>
>   Regards

>
>   Nick
>
>
>   At 07:16 AM 28/05/2006 -0700, you wrote:
>
>>   Yes, but what is the cost from Philips for the hardware only
>>   spec'd out in the link? The answer to this question is probably
>>   impossible to get directly from Philips.
>>
>>   However, if we find the cost of purchasing the Pinnacle planning
>>   software (IMRT, 3D, etc.) unbundled, then what remains will be
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>>   associated hardware markup from Philips.
>>
>>   However, assuming there is also a markup to software purchased
>>   "unbundled" we would have to somehow find out this markup.
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>>   So, it looks like a chicken and egg thing.
>>
>>   But, I guess we could assume that the cost for the software
>>   components purchased alone is equal to an optioned price in a
>>   typical quote.
>>
>>   Have you done that? Have you taken typical optioned costs for
>>   each component and subtracted the sum from a typical bundled
quote?
>>
>>   And, did that number exceed the Sun hardware costs given in the
link?
>>
>>   Are we missing other bundled components such as licensing fees?
>>   Or other considerations such as asking if my IT department can
>>   handle supporting a UNIX system? What about tech and dosimetry
>>   support? How are these affected if I purchase hardware directly
>>   from Sun?
>>
>>
>>
>>
>>   Clay Stablein, M.S.
>>   Radiation Therapy Physicist
>>   Falck Cancer Center
>>   600 Roe Avenue
>>   Elmira, NY 14905
>>   [alt. e-mail: cstablein@aomc.org]
>>   [alt. e-mail: cstablein2@yahoo.com]
>>   Work Phone: 607 737 8100
>>   Mobile Phone: (315) 263 8699
>>
>>   "Errors need to be seen to be caught."
>>
>>

```
###########################################################################
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###########################################################################
```

De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle and the FDA
Fecha:	martes, 30 de mayo de 2006 21:55:48
Archivos adjuntos:	

Some comments, for what it is worth, on this pet subject of mine...

1. The FDA regulates interstate commerce, it does not regulate what you do in your clinic. You can use an RTP system that is not FDA approved. It has been happening for decades at university departments that write their own software. This is 100% legal.

2. The FDA issued an advisory in January 2005 stating that manufacturers are responsible for keeping the systems they provide properly patched with security updates, and that they should allow users to do so if the manufacturer does not. They stated that patching an operating system in most cases does not invalidate FDA premarket approval and does not require recertification.

On the comment about returning old hardware, I'd be interested in Marc's answer - in many cases I have dealt with, we get a credit on the upgrade price, or it is built into the upgrade price, like a trade-in on a car. I suppose you could pay full price and keep the old hardware, if it is worth the difference. Often it was. Marc, what is going on with Philips on this point?

Ira

Marc Mlyn wrote:
>
> Here is a pretty good description, Scott.
>
> http://www.fda.gov/cdrh/devadvice/314.html
>
> Some of the links from this page provide additional information, such as
> how to submit and what goes into it.
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> You have to show that you have the quality system to support it, that it
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> Note that "accuracy" is not really part of a 510k - although that comes
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>
> One very important aspect of this whole thing is the definition of the
> medical device; once defined, it can't be easily changed, and how we go
> about selling and supporting our product is dependent on what is part of
> the device.
>
> Regards,
>
> Marc Mlyn, CMD
> Philips Radiation Oncology Systems
> Sr. Manager, Product Support Engineering
> marc.mlyn@philips.com
> Fax: 408-965-2023
> PROS Support North America 1-800-722-9377, then 5,5,3.
> PROS Support email: pros.support@philips.com
> Website: http://apps1.medical.philips.com
> SMS Phone Message - http://www.vtext.com/users/mmlyn
>
>
>
>
>
>
>
>
>
>
> *"Scott DUBE" <sdube@queens.org>*
>
> Sent by:
> owner-pinnacle-users@explode.unsw.edu.au
>
> 05/30/2006 12:54 PM
> Please respond to
> pinnacle-users@explode.unsw.edu.au
>
>
>
> To
> pinnacle-users@explode.unsw.edu.au
> cc
>
> Subject
> Pinnacle and the FDA

> Classification
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>
> "... However, you will now have modified the FDA approved medical system
> of Philips. Philips may then refuse to support your system, which may
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> implications regarding the FDA and your system. ..."
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> link that explains the situation?
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the message
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to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list

members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle and the FDA
Fecha:	martes, 30 de mayo de 2006 22:09:42
Archivos adjuntos:	

Yes, RTP systems are class 3 medical devices. Registration and approval are required of manufacturers, for sale or distribution. Users are not regulated, and this includes devices made by practitioners (or organizations) for their own use.

However, there does not seem to be much of that going on these days, which is too bad for everyone, since the RTP system industry's strong position today rests squarely on the research and development of the previous decades. It is a sad fact that research medical physicists have all but abandoned this area of work, and the NCI is similarly not eager to fund such projects.

Ira

Barrett Marc wrote:
> The FDA is required to approve any device which is a medical device, defined as
>
> "an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar article that is intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment or prevention of disease." (source: Federal Food, Drug and Cosmetic Act, Section 201)
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> In addition, if you read further into the Act (sec 513-something I think) you will also find that treatment planning systems fall under the CLASS III, PRE-MARKET APPROVAL device definition of the FFDCA, having already met the definition of a medical device listed above, which requires that manufactures (actual the act reads "persons") file under the now infamous...Sec 510(k) of the Act.
>
> TADA!!!!
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> FYI, the link below is to the Federal Food, Drug and Cosmetic Act (happy reading)
>
> http://www.fda.gov/opacom/laws/fdcact/fdctoc.htm
>

> Thanks,
> Marc R. Barrett
> Radiation Safety Officer, Director
> Radiation Physicist
> Rapides Cancer Center
>
> The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this in error, please contact the sender and delete the material from any computer or storage device.
>
> "Remember, no matter where you go...there you are"
>
>
>
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Scott DUBE
> Sent: Tuesday, May 30, 2006 11:54 AM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Pinnacle and the FDA
>
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> "... However, you will now have modified the FDA approved medical system
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De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Here comes the Sun...
Fecha:	martes, 30 de mayo de 2006 22:10:02
Archivos adjuntos:	

Hi Mike,

The price of an "upgrade" is lower than that of a new system. In the case of an upgrade, you are maintaining the same number of licenses, as you recognize in your email.

It is similar to a car trade in, to be sure, where the returned car can't be used for a new sale (obviously), but we can use it for other things, like donations to dosimetry schools, developing countries, etc.

In several cases we have approved sites to keep the systems for use in research, classroom training in official CMD programs, etc. It really depends on the sale, the site and the need. Note that we never allow a clinical license to be maintained on the system in question.

Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

To pinnacle-users@explode.unsw.edu.au
cc
Subject RE: Here comes the Sun...
Classification

"Tallhamer, Mike" <Mike.Tallhamer@USONCOLOGY.COM>

Sent by:
owner-pinnacle-users@explode.unsw.edu.au

05/30/2006 03:03 PM

Please respond to pinnacle-users@explode.unsw.edu.au

I have been following this thread and I have to say that I have often wondered regarding the hardware cost associated with Pinnacle purchases. However, being someone who is rather fond of capitalism I totally agree with what Marc stated below when he said “the market is defined by what it is willing to pay and by what we are willing to produce for a certain price.” I have always taken comfort in the fact that anyone, not only Philips, in business can only sell their products and services for the market clearing price for that product or service. The fact that we pay as much as we do for Pinnacle says something about the value of their product to us and our field.

With that being said I do have one question for Marc that has bothered me for some time. Why, after paying as we do for the hardware, do you have to give it back to Philips when you upgrade your system (as we did back in March with one of our servers)? I realize that the TPS software is licensed to the specific hardware configuration but once the license is transferred and the old box is no longer in service why can’t the institution keep the hardware they purchased for other uses? Can’t Philips simply remove the software, heck even the entire OS, and leave the hardware to be used for other purposes?

Just a question…

-Mike

From: Marc Mlyn [mailto:marc.mlyn@philips.com]
Sent: Tuesday, May 30, 2006 6:49 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Here comes the Sun...

Hello All,

This is a difficult topic to discuss, so I'll keep it relatively short.

I obviously agree with what Ira has written. Remember that the increased cost in some of the individual parts (such as memory) include a visit from us to install it, plus full onsite support if the part or system should fail. Surely that is worth the 10-15%. Obviously, we do not always succeed at pricing the part so that it makes perfect economic sense, all of the time. In addition, we do not always keep up with cost reductions that occur over the lifetime of the parts (such as printers).

This is an interesting field; we fund research in Radiation Therapy modalities with the intention of creating a commercial product. We do not just then sell it to the field - we take an active role in education, implementation and ongoing development. Most of the RTP vendors do this, and the overhead in terms of people is very high.

Physicists and CMDs are expensive - as are the researchers, engineers and the technical

infrastructure components required to support them.

As a last comment, the market is defined by what it is willing to pay and by what we are willing to produce for a certain price. It is simple economics. RTP systems are a revenue generating product, and the return on investment is short enough that the investment makes sense from your business perspective. In addition, features get more complicated and computers get faster over time. This means that you have a requirement for ongoing infrastructure investment, and we have the opportunity and responsibility to provide this. Competition keeps the prices under relative control.

See Ira - I wrote an entire email without saying, "FDA"!

oops....

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

To pinnacle-users@explode.unsw.edu.au
cc
Subject Re: Here comes the Sun...
Classification

Ira Kalet <ikalet@u.washington.edu>

Sent by:
owner-pinnacle-users@explode.unsw.edu.au

05/29/2006 12:25 AM

Please respond to
pinnacle-users@explode.unsw.edu.au

This discussion is actually a little silly.

Companies are in business to make a profit for their shareholders. They
have operating expenses that have nothing to do with the cost of making
a CD. The salaries of the sales force and support people are part of the company's expenses, along with a lot of other things, like upkeep on

their buildings, mortgage or rent, management, and on and on. Pricing is indeed dependent on the market, but if a company cannot sell the product at a price that is profitable, it will discontinue the product (or in the worst case, go out of business).

As for the issue of buying hardware from Sun or buying it from Philips, it depends on a couple of things, one being whether the software runs on the system you want to buy and another whether Philips will continue to provide support under their contract - these are business decisions that Philips may make according to what they need to do to protect their profit margin. It is not evil, it is a fact of a capitalist economic system. The only thing different in a socialist system is that profit is out of the picture, but all the rest is still there (operating costs etc.).

The negotiation possible over price is not about theories of what is appropriate, but the sales and management's calculations based on the importance of the sale, i.e., the flexibility in price is in the amount of profit, and they may take a lower profit if they think the sale will bring more sales, or if they think that too high a price will make the sale not go through and they get no profit, etc. It has nothing to do with what is fair or appropriate on some kind of principles.

This would all still hold if the development cost were $0. Development cost gets amortized over the expected number of sales before the next development is needed (which is actually a continuous cost - where do you think new releases come from?). So it is not true that the first 100 customers pay for the development. The same customers (and ALL customers) will pay for support contracts so they will get the next developments.

The Sunfire V250s that we got with our Pinnacle purchase sell retail from Sun at about 10% of the price we paid for the Pinnacle package, NOT including the cost we paid for a Philips support contract for 4 years beyond the first year of warranty support. It is ridiculous to think that this is all profit for Philips or commission for the sales force. It is not (see above). It is silly to talk about paying the cost of a CD - that is not the cost of operating a company and providing the software on the CD. You better believe that the cost of music CDs is way more than the cost of a blank CD. The reason they don't cost a lot more than $10-15 is that the volume is so large that the unit profit can be low. If RTP software companies were selling millions of units per year, the cost per copy could be more like popular commodity software

packages you buy for your home PC, because the profit overall per year could be the same. This is because most of the company's costs are fixed costs, not per unit costs. Of course in that case you can be sure
that the support you get will be almost nonexistent (like that of other
companies who sell commodity software in huge volumes). On the other hand, the few commodity software products I use need no support. They do what they claim to and do it in a simple straightforward way. (I am
not talking about the stuff from the notorious company in Redmond, next
town over from where I live, but I know a lot about Microsoft and that is another source for the above claims - The box that Office XP comes in
and the CD it comes on cost pennies to produce - they are charging you for the software, which does not cost pennies to produce, but keeps some
20-30,000 people employed and paying taxes, including Washington state sales taxes :) part of which in turn pays part of my salary).

I know all this also because I was a partner in a company, Oncology Systems, in the mid to late 1980s, that sold a very avant guarde RTP system called PLAN32. We filed for bankruptcy after 6 years (a longer life than most startups) because we did not get the above calculations right. Fortunately we did not lose a lot of money, and we learned a lot
about how things work. And the company provided employment for several
years for a few people.

We just recently purchased some add-in memory for our Pinnacle systems.
We got it from Philips, at about 10-15% more than if we had got it from Sun. The extra value for us is the unequivocal support we get, rather than paying for our own time to hassle whether a problem is one we have to solve or the Philips people solve. This is not the same as the cost of software as I discuss above.

I'm sure this just makes everyone more confused, and if I have made any
inaccurate statements with respect to Philips, someone from Philips should feel free to correct the above. I'm just basing it on my own experience in business.

Ira Kalet
University of Washington
Seattle, Washington

Liao Yuan wrote:
> Go on.
>
>
> ----- Original Message -----
> *From:* Nick Bennie <mailto:nbennie@tpg.com.au>

> *To:* pinnacle-users@explodeunsw.edu.au
> <mailto:pinnacle-users@explode.unsw.edu.au>
> *Sent:* Monday, May 29, 2006 9:07 AM
> *Subject:* Re: Here comes the Sun...
>
> Clay
>
> The cost of a system is what customers will pay for it.
>
> It has very little relation to the actual costs of the hardware or
> the costs of the development team.
>
> Usually much more closely related to the commission of the sales
> dept, ie higher the price, higher the commission. :-)
>
> Sorry to be such a cynic.
>
> Try thinking about this scenario, say there is a successful system
> eg Pinnacle, should you pay more or less for it?
>
> From a customers point of view, the first 100 customers paid for
> the development, so I should get it for the cost of the hardware
> plus the cost of a CD.
>
> From a sales point of view, the first 100 customers were ok paying
> eg 100k a unit when it was unknown , now its a confirmed reliable
> system, the next customers should be ok to pay double.
>
> So I guess we meet somewhere in the middle, depending on bargaining
> power.
>
> Regards
>
> Nick
>
>
> At 07:16 AM 28/05/2006 -0700, you wrote:
>
>> Yes, but what is the cost from Philips for the hardware only
>> spec'd out in the link? The answer to this question is probably
>> impossible to get directly from Philips.
>>
>> However, if we find the cost of purchasing the Pinnacle planning
>> software (IMRT, 3D, etc.) unbundled, then what remains will be the
>> associated hardware markup from Philips.
>>
>> However, assuming there is also a markup to software purchased
>> "unbundled" we would have to somehow find out this markup.
>>

>> So, it looks like a chicken and egg thing.
>>
>> But, I guess we could assume that the cost for the software
>> components purchased alone is equal to an optioned price in a
>> typical quote.
>>
>> Have you done that? Have you taken typical optioned costs for
>> each component and subtracted the sum from a typical bundled
quote?
>>
>> And, did that number exceed the Sun hardware costs given in the
link?
>>
>> Are we missing other bundled components such as licensing fees?
>> Or other considerations such as asking if my IT department can
>> handle supporting a UNIX system? What about tech and dosimetry
>> support? How are these affected if I purchase hardware directly
>> from Sun?
>>
>>
>>
>>
>> Clay Stablein, M.S.
>> Radiation Therapy Physicist
>> Falck Cancer Center
>> 600 Roe Avenue
>> Elmira, NY 14905
>> [alt. e-mail: cstablein@aomc.org]
>> [alt. e-mail: cstablein2@yahoo.com]
>> Work Phone: 607 737 8100
>> Mobile Phone: (315) 263 8699
>>
>> "Errors need to be seen to be caught."
>>
>>
>> Be a chatter box. Enjoy free PC-to-PC calls
>> <http://us.rd.yahoo.com/mail_us/taglines/postman12/*http://us.
rd.yahoo.com/evt=39663/*http://messenger.yahoo.com>with
>> Yahoo! Messenger with Voice.

De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle and the FDA
Fecha:	martes, 30 de mayo de 2006 22:17:33
Archivos adjuntos:	

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Ira

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> Marc R. Barrett
> Radiation Safety Officer, Director
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>

>
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> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Scott DUBE
> Sent: Tuesday, May 30, 2006 11:54 AM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Pinnacle and the FDA
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De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Here comes the Sun...
Fecha:	miércoles, 31 de mayo de 2006 0:02:46
Archivos adjuntos:	

I have not looked carefully at the invoice for our last upgrade so I'm not aware of the difference in upgrade price when compared to the purchase price of a new machine even if I could I doubt it is a line item if it is built into the upgrade price. However, if the difference between the two was an amount that we determined to be an acceptable price to pay then how would we go about requesting to keep the hardware after the upgrade. Realizing of course that the hardware would be all we were getting for that price and not a clinical license to boot (that would be transferred to the new machine). Seeing as I don't know what the difference in price is between an upgrade and an outright purchase off hand this may be impractical with very old systems.

I assume that these trade-ins are sometimes used to replace boxes since we had an issue some time back where an installer did something to one of our machines while moving one of our systems to a new site. The box was damaged and a replacement had to be obtained. Judging from the tape holding the "new" box together it wasn't new but comparable to what we had (tape withstanding). I guess I'm trying to separate Pinnacle the TPS software (Philips product) from the physical box it is licensed on (Sun product).

To try (emphasizing try) and use your analogy I don't want to trade in my car (I like my car) I want to drop a new engine in it and keep the old engine for parts or other side projects since it is still good even though I can't drive a solitary engine without the rest of the car.

Like I said before…just a question. Thanks Marc

-Mike

From: Marc Mlyn [mailto:marc.mlyn@philips.com]
Sent: Tuesday, May 30, 2006 1:49 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Here comes the Sun...

Hi Mike,

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Regards,

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Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
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SMS Phone Message - http://www.vtext.com/users/mmlyn

To pinnacle-users@explode.unsw.edu.au
cc
Subject RE: Here comes the Sun...
Classification

"Tallhamer, Mike" <Mike.Tallhamer@USONCOLOGY.COM>

Sent by: owner-pinnacle-users@explode.unsw.edu.au

05/30/2006 03:03 PM

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-Mike

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Subject: Re: Here comes the Sun...

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oops....

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

To pinnacle-users@explode.unsw.edu.au

cc

Subject Re: Here comes the Sun...

Classification

Ira Kalet <ikalet@u.washington.edu>

Sent by:

owner-pinnacle-users@explode.unsw.edu.au

05/29/2006 12:25 AM

Please respond to
pinnacle-users@explode.unsw.edu.au

This discussion is actually a little silly.

Companies are in business to make a profit for their shareholders. They have operating expenses that have nothing to do with the cost of making a CD. The salaries of the sales force and support people are part of the company's expenses, along with a lot of other things, like upkeep on their buildings, mortgage or rent, management, and on and on. Pricing is indeed dependent on the market, but if a company cannot sell the product at a price that is profitable, it will discontinue the product (or in the worst case, go out of business).

As for the issue of buying hardware from Sun or buying it from Philips, it depends on a couple of things, one being whether the software runs on the system you want to buy and another whether Philips will continue to provide support under their contract - these are business decisions that Philips may make according to what they need to do to protect their profit margin. It is not evil, it is a fact of a capitalist economic system. The only thing different in a socialist system is that profit is out of the picture, but all the rest is still there (operating costs etc.).

The negotiation possible over price is not about theories of what is

appropriate, but the sales and management's calculations based on the importance of the sale, i.e., the flexibility in price is in the amount of profit, and they may take a lower profit if they think the sale will bring more sales, or if they think that too high a price will make the sale not go through and they get no profit, etc. It has nothing to do with what is fair or appropriate on some kind of principles.

This would all still hold if the development cost were $0. Development cost gets amortized over the expected number of sales before the next development is needed (which is actually a continuous cost - where do you think new releases come from?). So it is not true that the first 100 customers pay for the development. The same customers (and ALL customers) will pay for support contracts so they will get the next developments.

The Sunfire V250s that we got with our Pinnacle purchase sell retail from Sun at about 10% of the price we paid for the Pinnacle package, NOT including the cost we paid for a Philips support contract for 4 years beyond the first year of warranty support. It is ridiculous to think that this is all profit for Philips or commission for the sales force. It is not (see above). It is silly to talk about paying the cost of a CD - that is not the cost of operating a company and providing the software on the CD. You better believe that the cost of music CDs is way more than the cost of a blank CD. The reason they don't cost a lot more than $10-15 is that the volume is so large that the unit profit can be low. If RTP software companies were selling millions of units per year, the cost per copy could be more like popular commodity software packages you buy for your home PC, because the profit overall per year could be the same. This is because most of the company's costs are fixed costs, not per unit costs. Of course in that case you can be sure that the support you get will be almost nonexistent (like that of other companies who sell commodity software in huge volumes). On the other hand, the few commodity software products I use need no support. They do what they claim to and do it in a simple straightforward way. (I am not talking about the stuff from the notorious company in Redmond, next town over from where I live, but I know a lot about Microsoft and that is another source for the above claims - The box that Office XP comes in and the CD it comes on cost pennies to produce - they are charging you for the software, which does not cost pennies to produce, but keeps some 20-30,000 people employed and paying taxes, including Washington state sales taxes :) part of which in turn pays part of my salary).

I know all this also because I was a partner in a company, Oncology Systems, in the mid to late 1980s, that sold a very avant guarde RTP system called PLAN32. We filed for bankruptcy after 6 years (a longer life than most startups) because we did not get the above calculations right. Fortunately we did not lose a lot of money, and we learned a lot
about how things work. And the company provided employment for several
years for a few people.

We just recently purchased some add-in memory for our Pinnacle systems.
We got it from Philips, at about 10-15% more than if we had got it from Sun. The extra value for us is the unequivocal support we get, rather than paying for our own time to hassle whether a problem is one we have to solve or the Philips people solve. This is not the same as the cost of software as I discuss above.

I'm sure this just makes everyone more confused, and if I have made any
inaccurate statements with respect to Philips, someone from Philips should feel free to correct the above. I'm just basing it on my own experience in business.

Ira Kalet
University of Washington
Seattle, Washington

Liao Yuan wrote:
> Go on.
>
>
> ----- Original Message -----
> *From:* Nick Bennie <mailto:nbennie@tpg.com.au>
> *To:* pinnacle-users@explodeunsw.edu.au
> <mailto:pinnacle-users@explode.unsw.edu.au>
> *Sent:* Monday, May 29, 2006 9:07 AM
> *Subject:* Re: Here comes the Sun...
>
> Clay
>
> The cost of a system is what customers will pay for it.
>
> It has very little relation to the actual costs of the hardware or
> the costs of the development team.
>
> Usually much more closely related to the commission of the sales
> dept, ie higher the price, higher the commission. :-)
>
> Sorry to be such a cynic.
>
> Try thinking about this scenario, say there is a successful system
> eg Pinnacle, should you pay more or less for it?

>
>   From a customers point of view, the first 100 customers paid for
>   the development, so I should get it for the cost of the hardware
>   plus the cost of a CD.
>
>   From a sales point of view, the first 100 customers were ok
paying
>   eg 100k a unit when it was unknown , now its a confirmed reliable
>   system, the next customers should be ok to pay double.
>
>   So I guess we meet somewhere in the middle, depending on
bargaining
>   power.
>
>   Regards
>
>   Nick
>
>
>   At 07:16 AM 28/05/2006 -0700, you wrote:
>
>>   Yes, but what is the cost from Philips for the hardware only
>>   spec'd out in the link? The answer to this question is probably
>>   impossible to get directly from Philips.
>>
>>   However, if we find the cost of purchasing the Pinnacle planning
>>   software (IMRT, 3D, etc.) unbundled, then what remains will be
the
>>   associated hardware markup from Philips.
>>
>>   However, assuming there is also a markup to software purchased
>>   "unbundled" we would have to somehow find out this markup.
>>
>>   So, it looks like a chicken and egg thing.
>>
>>   But, I guess we could assume that the cost for the software
>>   components purchased alone is equal to an optioned price in a
>>   typical quote.
>>
>>   Have you done that? Have you taken typical optioned costs for
>>   each component and subtracted the sum from a typical bundled
quote?
>>
>>   And, did that number exceed the Sun hardware costs given in the
link?
>>
>>   Are we missing other bundled components such as licensing fees?
>>   Or other considerations such as asking if my IT department can
>>   handle supporting a UNIX system? What about tech and dosimetry
>>   support? How are these affected if I purchase hardware directly
>>   from Sun?
>>
>>
>>

>>
>>   Clay Stablein, M.S.
>>   Radiation Therapy Physicist
>>   Falck Cancer Center
>>   600 Roe Avenue
>>   Elmira, NY 14905
>>   [alt. e-mail: cstablein@aomc.org]
>>   [alt. e-mail: cstablein2@yahoo.com]
>>   Work Phone: 607 737 8100
>>   Mobile Phone: (315) 263 8699
>>
>>   "Errors need to be seen to be caught."
>>
>>
>>   Be a chatter box. Enjoy free PC-to-PC calls
>>   <http://us.rd.yahoo.com/mail_us/taglines/postman12/*http://us.
rd.yahoo.com/evt=39663/*http://messenger.yahoo.com>with
>>   Yahoo! Messenger with Voice.

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De:	Bawa, Walter
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Can Pinnacle Generate DicomRT??
Fecha:	miércoles, 31 de mayo de 2006 15:33:35
Archivos adjuntos:	

Hi users,

Can Pinnacle generate a full DicomRT file with Patient Information?(RT Plan, RT structures,Contours etc.).The DicomRT generated now is only good for treatment and doesnot
contain all the information I am looking for.I would like to be able to store patient plans as Dicomrt, which can be later reimported into pinnacle OR other planning systems that can import DICOMRT messages.Is this an available option in Pinnacle?Is this even possible?

Thanks for your response

Walter Bawa
Programmer Analyst
Grand River Regional Cancer Centre
Kitchener,On,Canada

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle is not IMPAC
Fecha:	miércoles, 31 de mayo de 2006 17:41:53
Archivos adjuntos:	

"Does everyone in the know concur with Scott's conclusion?"

> I question Scott's conclusion. In fact, I think he is rolling over on this one because he is indebted to Marc Mlyn.

It sounds like Philips submitted their 510(k) application to the FDA with specific computer hardware. But could they not have submitted the application with a more general specification of hardware? Instead of saying a "Sun Blade 2000" could they not have simply said a "UNIX based computer system"?

The reason I ask is that IMPAC requires FDA clearance yet we are allowed to use any Windows based computer to run their software. In fact, IMPAC does not sell hardware at all. That is true for the file server as well.

So don't be swayed by Scott's summary judgement.

De:	JOHN ERB
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle is not IMPAC
Fecha:	miércoles, 31 de mayo de 2006 17:46:43
Archivos adjuntos:	

Scott,

Varian works the same way.
We provide our own hardware (per Varian's specs) for VARiS; however,
we must buy the hardware for Eclipse directly from Varian.

I do not know the in's & out's of the differences.

John C. Erb

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##

De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Pinnacle is not IMPAC
Fecha:	miércoles, 31 de mayo de 2006 18:38:11
Archivos adjuntos:	

If you know how much Varian wants for the Eclipse licence alone, then the cost of the workstation is irrelevant.

And you can only open one window with Eclipse on that windows box...

Ian Norton

Clinic for Radiation Oncology
University Hospital Zurich
Raemistrasse 100
CH-8091 Zurich
Switzerland

Tel.: +41 -(0)44-255-3251

ian.norton@usz.ch
http://www.usz.ch

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** JOHN ERB
Gesendet: Mittwoch, 31. Mai 2006 17:33
An: pinnacle-users@explode.unsw.edu.au
Betreff: Re: Pinnacle is not IMPAC

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A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: AW: Pinnacle is not IMPAC
Fecha:	miércoles, 31 de mayo de 2006 18:47:53
Archivos adjuntos:	

I was only commenting on the requirements for hardware per FDA for
a TPS versus R&V system, not on the relative merits of competing systems.

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> ---
> **Ian Norton**
> Clinic for Radiation Oncology
> University Hospital Zurich
> Raemistrasse 100
> CH-8091 Zurich
> Switzerland
>
> Tel.: +41 -(0)44-255-3251
>
> ian.norton@usz.ch
> http://www.usz.ch
> ---
>
> ---
>
> **Von:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** JOHN ERB
> **Gesendet:** Mittwoch, 31. Mai 2006 17:33
> **An:** pinnacle-users@explode.unsw.edu.au
> **Betreff:** Re: Pinnacle is not IMPAC
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De: Norton Ian

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: AW: AW: Pinnacle is not IMPAC

Fecha: miércoles, 31 de mayo de 2006 19:19:04

Archivos adjuntos:

If Philips aquires Electa then Pinnacle may ideed become Impac. This wouldn't affect the FDA or CE approval process though.

We have both Pinnacle and Eclipse. Varian quoted us 2x the price of a Pinnacle Workstation for another Eclipse box. That is relevant in my books.

There are more merits to Pinnacle, unless of course you are a 100% Varian site. In that case you'll know where they got ya too...

Ian

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
Im Auftrag von JOHN ERB
Gesendet: Mittwoch, 31. Mai 2006 18:07
An: pinnacle-users@explode.unsw.edu.au
Betreff: Re: AW: Pinnacle is not IMPAC

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> **Gesendet:** Mittwoch, 31. Mai 2006 17:33

An: pinnacle-users@explode.unsw.edu.au
Betreff: Re: Pinnacle is not IMPAC

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>
> So don't be swayed by Scott's summary judgement.

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Here comes the Sun...
Fecha:	miércoles, 31 de mayo de 2006 21:36:35
Archivos adjuntos:	

Listers,

What a great thread, and I couldn't resist adding my $0.02 worth:

* Decoupling hardware from software

Pinnacle is essentially a proprietary closed system. That worked to a mutual advantage in the early days, because when the software was developed, unix workstations, especially for graphics and computation, were the best hardware/OS option. By mutual, I mean that the customer received cutting edge computing hardware, and the vendor had a black box that they could control.

However, the box is not entirely black, in that one can dig around and make changes, often to the detriment of the planning system's function. Add to the fact that now we are awash in readily tweakable and cheap PC hardware, and it is hard to look at the mostly sealed system when it comes time to up performance, meet a budget, or integrate with all the other IS systems that have literally mushroomed in the last 4 years. Gee, even my phone has a data port...

What I'm getting at, is that I would hope that Pinnacle could exist more so without depending on hardware type and system configuration, i.e. more portable and tolerant of what's out there, even from Sun. This, unfortunately would take a lot of effort on Philips part, and to pursue this would be a business decision.

However, if Pinnacle were ever ported to that OS out of Redmond, then I think
that they will have no choice. Personally, I'd like to see a port to Linux, but alas.

In decoupling the hardware from the software, I think a number of FDA-related issues
would go away.

* What is a fair price for hardware?

I think the gist of the thread is that we are discussing what a fair price is. Obviously,
it really depends on one's definition of "fair." One the one hand, is the customer
who doesn't want to give up their cash at all. On the other, is the vendor, who must make
enough to meet expenses, and even better make a profit. Ideally, "fair" lies somewhere
in between.

When making Pinnacle purchasing decisions, I have always tried to separate the
hardware from the software. I have a market reference for hardware, even Sun hardware.
As for the software, I'd prefer if Philips came out and said we're selling a license
for $40,000 or whatever. I'd say: "Great!" It's a good planning system that meets our needs.

One thing that I have found frustrating is the cost of options and displays. Ira, please
give me the name of your sales rep! I'd be happy to pay 10-15% more for memory upgrades,
even 20%, in order to keep our systems in sync with Philips requirements. But, I do
have a problem when the cost is a factor of 2 or more. The same goes for displays. I have a
problem with paying $1600 for a display when a $600 one will meet my needs better than
the $1600 one.

OK, I've got to check on my IMRT plan optimization.

Sean

_____

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Friday, May 26, 2006 16:43
To: pinnacle-users@explode.unsw.edu.au
Subject: Here comes the Sun...

Earlier I advocated purchasing hardware from Philips to support their business. But now I am aware of how little the workstations cost when you buy them directly from Sun. For example,

http://store.sun.com/CMTemplate/CEServlet?process=SunStore&cmdViewProduct_CP&catid=144424

Has anyone gone ahead and purchased workstations which are not supported by Philips?

to majordomo@explode.unsw.edu.au.

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##

De:	Slate, Lawrence J.--SHMC
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DMPO
Fecha:	jueves, 01 de junio de 2006 3:22:44
Archivos adjuntos:	

---

hi,

question regarding DMPO. Does anyone have opinion/experience with the difference in IMRT QA between DMPO and the conventional method (converting/segment weight)? I have no experience and I heard a rumor that the DVH's look great on paper, but when you go to QA the plan the (DMPO method) DTA and Gamma's are quite a bit different than the convert/segment weight method??

Thanks

Larry Slate
North Idaho Cancer Center
700 Ironwood Drive Suite 103
Coeur d' Alene Idaho 83814
(208) 666-2529

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DMPO
Fecha:	jueves, 01 de junio de 2006 5:46:29
Archivos adjuntos:	

I can tell you that we use all dmpo except on our electronic compensated breast cases. We have had no problems on the qa side with any of our plans. I love dmpo, it greatly simplifies everything.

Pat

>From: "Slate, Lawrence J.--SHMC" <SlateL@shmc.org>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: DMPO
>Date: Wed, 31 May 2006 18:08:47 -0700
>
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De:	jianrong dai
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DMPO
Fecha:	jueves, 01 de junio de 2006 9:15:21
Archivos adjuntos:	

I agree with Pat.

DMPO is definitely better than convert/segment weight method in terms of treatment planning time and treatment delivery time. We did not run into any problems with dose verifications for DMPO plans.

Jianrong

--- Pat Meek <patmeek@hotmail.com> wrote:

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account will not be distributed unless that account is also subscribed.
##

De:	Matthew McMullen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle AQSIM3 and Brilliance Big Bore
Fecha:	jueves, 01 de junio de 2006 16:22:54
Archivos adjuntos:	

Hello,

We recently took delivery on 16 slice Brilliance Big Bore. We are current users of Pinnacle/AQSIM3 (v 7.6c) and AQSIM CT device. The absolute localization feature in AQSIM3 has worked flawlessly with the AQSIM_CT for 18 months.

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I hope someone on the list has seen or heard of this issue and can provide support to our site.

Thanks,

Matthew R. McMullen, MS DABR
Chief Clinical Medical Physicist
St Joseph's Mercy Hospital
Ann Arbor, MI
Phone (734) 712-3597
E-mail: McMullMR@trinity-health.org

sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Bawa, Walter
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	7.6c upgrade
Fecha:	jueves, 01 de junio de 2006 16:53:35
Archivos adjuntos:	

Hi All,
We had a bug in 7.4f, where the plan revision number wasn't printing on the plan. Philips says is a buy and we were given

7.6c for upgrade , apparentlt this version fixes it.I just install 7.6c and the system is mess up.
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opening plan in 7.6c can export DICOMRT, empty tab, says "DICOMRT is not available".Anyone come across these errors??

Thanks

-----Original Message-----
From: Matthew McMullen [mailto:McMullMr@trinity-health.org]
Sent: Thursday, June 01, 2006 6:57 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle AQSIM3 and Brilliance Big Bore

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Chief Clinical Medical Physicist
St Joseph's Mercy Hospital
Ann Arbor, MI
Phone (734) 712-3597
E-mail: McMullMR@trinity-health.org

De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: 7.6c upgrade
Fecha:	jueves, 01 de junio de 2006 17:34:51
Archivos adjuntos:	

Hi Walter

Did you install a newer version of DicomRT? I believe you need version 2.4d

I can email a tar file to you if you need it.

Ian

Ian Norton

Clinic for Radiation Oncology
University Hospital Zurich
Raemistrasse 100
CH-8091 Zurich
Switzerland

Tel.: +41 -(0)44-255-3251

ian.norton@usz.ch
http://www.usz.ch

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Bawa, Walter
Gesendet: Donnerstag, 1. Juni 2006 16:36
An: pinnacle-users@explode.unsw.edu.au
Betreff: 7.6c upgrade

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Chief Clinical Medical Physicist

St Joseph's Mercy Hospital
Ann Arbor, MI
Phone (734) 712-3597
E-mail: McMullMR@trinity-health.org

De:	Tyler, Harry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	InCenter Problems
Fecha:	jueves, 01 de junio de 2006 19:36:23
Archivos adjuntos:	

Does anyone use Philips InCenter for help with Pinnacle needs? I continually have trouble logging on to the site. Does anyone else have this problem?

Hank Tyler, M.S.
Medical Physicist
Exempla St Joseph Hospital
1835 Franklin St
Denver CO 80218
303-866-8910
tylerh@exempla.org

De:	Bawa, Walter
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 7.6c upgrade
Fecha:	jueves, 01 de junio de 2006 19:42:36
Archivos adjuntos:	

We have already DICOMRT 2.4d installed in the previous version (7.4f)

-----Original Message-----
From: Norton Ian [mailto:Ian.Norton@usz.ch]
Sent: Thursday, June 01, 2006 8:09 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: AW: 7.6c upgrade

Hi Walter

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Ian Norton

Clinic for Radiation Oncology
University Hospital Zurich
Raemistrasse 100
CH-8091 Zurich
Switzerland

Tel.: +41 -(0)44-255-3251

ian.norton@usz.ch
http://www.usz.ch

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Bawa, Walter
Gesendet: Donnerstag, 1. Juni 2006 16:36
An: pinnacle-users@explode.unsw.edu.au
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De:	Matthew McMullen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle AQSIM3 and Brilliance Big Bore
Fecha:	jueves, 01 de junio de 2006 21:22:41
Archivos adjuntos:	

Update and FYI (for those who may have a need to know)

/usr/local/adacnew/PinnacleStatic_7.6c/Scripts/QuickSIMInit.Script

looks like this...

TrialList.Current.LaserLocalizer.AddUZScanner = "ULTRAZ";
TrialList.Current.LaserLocalizer.AddUZScanner = "PICKER ULTRAZ";
TrialList.Current.LaserLocalizer.AddUZScanner = "ACQSIMCT";
TrialList.Current.LaserLocalizer.AddBRScanner = "Brilliance Big Bore";

The fourth line mistakingly had .AddUZScanner vs the correct .AddBRScanner for the Brilliance Big Bore. This script works on the laser localization coordinate system....behind the scene.

Matthew R. McMullen, MS DABR
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Ann Arbor, MI
Phone (734) 712-3597
E-mail: McMullMR@trinity-health.org

>>> McMullMr@trinity-health.org 01-Jun-06 9:57 AM >>>
Hello,

We recently took delivery on 16 slice Brilliance Big Bore. We are current users of Pinnacle/AQSIM3 (v 7.6c) and AQSIM CT device. The absolute localization feature in AQSIM3 has worked flawlessly with the AQSIM_CT for 18 months.

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De:	Marty Johnson
A:	pinnacle-users@explode.unsw.edu.au; Albert Hundt;
Cc:	
Asunto:	Re: Pinnacle AQSIM3 and Brilliance Big Bore
Fecha:	jueves, 01 de junio de 2006 22:08:33
Archivos adjuntos:	

Albert,
I have forgotten if you have been struggling with this couch problem.
Marty

>>> McMullMr@trinity-health.org 6/1/2006 2:47 PM >>>
Update and FYI (for those who may have a need to know)

/usr/local/adacnew/PinnacleStatic_7.6c/Scripts/QuickSIMInit.Script

looks like this...

TrialList.Current.LaserLocalizer.AddUZScanner = "ULTRAZ";
TrialList.Current.LaserLocalizer.AddUZScanner = "PICKER ULTRAZ";
TrialList.Current.LaserLocalizer.AddUZScanner = "ACQSIMCT";
TrialList.Current.LaserLocalizer.AddBRScanner = "Brilliance Big Bore";

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##

De:	St. George, Franz
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: PET Fusion
Fecha:	jueves, 01 de junio de 2006 23:44:35
Archivos adjuntos:	

If you are installing a non-Philips PET scanner make sure you are licensed for it, otherwise you cannot import the PET scans. A PET import license costs $70 if you have a Philips PET scanner and $7000 if you have a non-Philips scanner. This information was given to me by our Philips sales rep. We decided to forgo the license due to its cost. Too bad, but the cost was prohibative for our administrator at this time.

-----Original Message-----
From: Pat Meek [mailto:patmeek@hotmail.com]
Sent: Monday, May 08, 2006 10:35 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: PET Fusion

Hello,

Our hospital is installing a new PET-CT Scanner and should be clinical at the end of the month. Is there anything out of the ordinary that I should know regarding the fusion of PET-CT? I have done CT-CT and CT-MRI several times and feel quite comfortable. Is there any communication that I should be between my department and nuclear medicine regarding this? Finally, what

is the best verification to determine whether you got a good PET-CT Fusion?

Thank You.

Pat

to majordomo@explode.unsw.edu.au.

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##

De:	Williams, Matthew
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Pinnacle is not IMPAC
Fecha:	viernes, 02 de junio de 2006 0:26:33
Archivos adjuntos:	

Not sure how they relate to the actual 510(k) application but found them on the FDA web site several months ago.

510(k) Summary of safety and effectiveness for Pinnacle version 6.6 stated: "Pinnacle3 RTP is a software package that runs on a Sun UNIX workstation and consists of a core software module..."

510(k) Summary of safety and effectiveness for Pinnacle version 7.2 stated: "Pinnacle3 RTP is a software package that runs on a Sun UNIX (or UNIX compliant) computer and consists of a core software module..."

We thought that perhaps the section in brackets was to allow the use of Pinnacle on the Tadpole Viper laptops that some of the sales reps have been using... either way I doubt it was a typo.

****

Matthew Williams, PhD.
Medical Physicist

Illawarra Cancer Care Centre
The Wollongong Hospital
Private Mail Bag 8808
South Coast Mail Centre NSW 2521

Ph: +61 2 4222 5709
Fax: +61 2 4222 5793

****

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Scott DUBE
Sent: Thursday, 1 June 2006 1:17 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle is not IMPAC

"Does everyone in the know concur with Scott's conclusion?"

> I question Scott's conclusion. In fact, I think he is rolling over on this one because he is indebted to Marc Mlyn.

It sounds like Philips submitted their 510(k) application to the FDA with specific computer hardware. But could they not have submitted the application with a more general specification of hardware? Instead of saying a "Sun Blade 2000" could they not have simply said a "UNIX based computer system"?

The reason I ask is that IMPAC requires FDA clearance yet we are allowed to use any Windows based computer to run their software. In fact, IMPAC does not sell hardware at all. That is true for the file server as well.

So don't be swayed by Scott's summary judgement.

the message
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##

De:	Jo Vanregemorter
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: 7.6c upgrade
Fecha:	viernes, 02 de junio de 2006 8:37:13
Archivos adjuntos:	

---

we just had the same this week,

solution: re-install the IMRT software.

(i have no idea how this relates to the problem, but it indeed fixed it!)

jo

_____

J. Vanregemorter
Deskundige Medische Stralingsfysica ZNA
p/a Lindendreef 1-B2020 Antwerpen-Belgium

Tel +32 3 2804134 Fax +32 3 2810719
Mobile +32 486539070

jo.vanregemorter@zna.be
www.zna.be

_____

-----Oorspronkelijk bericht-----
Van: Bawa, Walter [mailto:walter.bawa@grhosp.on.ca]
Verzonden: donderdag 1 juni 2006 16:36
Aan: pinnacle-users@explode.unsw.edu.au
Onderwerp: 7.6c upgrade

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Thanks

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Sent: Thursday, June 01, 2006 6:57 AM
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Subject: Pinnacle AQSIM3 and Brilliance Big Bore

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Chief Clinical Medical Physicist
St Joseph's Mercy Hospital
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Phone (734) 712-3597

E-mail: McMullMR@trinity-health.org

De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: 7.6c upgrade
Fecha:	viernes, 02 de junio de 2006 11:17:06
Archivos adjuntos:	

Install pinnacle, then dicomrt then imrt. The imrt install includes the plug-ins and has to come last.

Ian

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Bawa, Walter
Gesendet: Donnerstag, 1. Juni 2006 18:55
An: pinnacle-users@explode.unsw.edu.au
Betreff: RE: 7.6c upgrade

We have already DICOMRT 2.4d installed in the previous version (7.4f)

> -----Original Message-----
> **From:** Norton Ian [mailto:Ian.Norton@usz.ch]
> **Sent:** Thursday, June 01, 2006 8:09 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** AW: 7.6c upgrade
>
> Hi Walter
>
> Did you install a newer version of DicomRT? I believe you need version 2.4d
>
> I can email a tar file to you if you need it.
>
> Ian
>
> ---
> **Ian Norton**
>
> Clinic for Radiation Oncology
> University Hospital Zurich
> Raemistrasse 100
> CH-8091 Zurich
> Switzerland
>
> Tel.: +41 -(0)44-255-3251
>
> ian.norton@usz.ch

http://www.usz.ch

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Gesendet: Donnerstag, 1. Juni 2006 16:36
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Phone (734) 712-3597
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De: Bawa, Walter

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: 7.6c upgrade

Fecha: viernes, 02 de junio de 2006 15:42:06

Archivos adjuntos:

Thanks Ian,It works.
It was a displeasing situation as the pinnacle user interface changed from 7.4f to 7.6c.
Therapists and Docs were not happy, having to look where the old smartsim button has been placed.
After looking around, we found that the button is now called simulation and we can get it in the utilities menu.
My take on this is that for minor upgrades like this one, Philips should not make major changes on the user interface.

Walter

> -----Original Message-----
> **From:** Norton Ian [mailto:Ian.Norton@usz.ch]
> **Sent:** Friday, June 02, 2006 2:02 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** AW: 7.6c upgrade
>
> Install pinnacle, then dicomrt then imrt. The imrt install includes the plug-ins and has to come last.
>
> Ian
>
> ---
>
> **Von:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Bawa, Walter
> **Gesendet:** Donnerstag, 1. Juni 2006 18:55
> **An:** pinnacle-users@explode.unsw.edu.au
> **Betreff:** RE: 7.6c upgrade
>
> We have already DICOMRT 2.4d installed in the previous version (7.4f)
>
> > -----Original Message-----
> > **From:** Norton Ian [mailto:Ian.Norton@usz.ch]
> > **Sent:** Thursday, June 01, 2006 8:09 AM
> > **To:** pinnacle-users@explode.unsw.edu.au
> > **Subject:** AW: 7.6c upgrade
> >
> > Hi Walter
> >
> > Did you install a newer version of DicomRT? I believe you need version 2.4d
> >
> > I can email a tar file to you if you need it.
> >
> > Ian
> >
> > ---
> > **Ian Norton**

Clinic for Radiation Oncology
University Hospital Zurich
Raemistrasse 100
CH-8091 Zurich
Switzerland

Tel.: +41 -(0)44-255-3251

ian.norton@usz.ch
http://www.usz.ch

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Bawa, Walter
Gesendet: Donnerstag, 1. Juni 2006 16:36
An: pinnacle-users@explode.unsw.edu.au
Betreff: 7.6c upgrade

Hi All,
We had a bug in 7.4f, where the plan revision number wasn't printing on the plan. Philips says is a buy and we were given

7.6c for upgrade , apparentlt this version fixes it.I just install 7.6c and the system is mess up.
1.)openning a plan in 7.4, can't add/delete trials anymore.This operation exit with an inconsistence error, say to call Philips.

opening plan in 7.6c can export DICOMRT, empty tab, says "DICOMRT is not available".Anyone come across these errors??

Thanks

-----Original Message-----
From: Matthew McMullen [mailto:McMullMr@trinity-health.org]
Sent: Thursday, June 01, 2006 6:57 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle AQSIM3 and Brilliance Big Bore

Hello,

We recently took delivery on 16 slice Brilliance Big Bore. We are current users of Pinnacle/AQSIM3 (v 7.6c) and AQSIM CT device. The absolute localization feature in AQSIM3 has worked flawlessly with the AQSIM_CT for 18 months.

Issue: The Couch Height parameter does not match from Brilliance Big Bore to Pinnacle. The difference is quite large ~20cm. The sagittal and the couch long are fine. Onsite trainer seems convinced this is due to Pinnacle issue. Pinnacle has CT density table and CT laser offset tables. These are tables which have worked in the past with the AQSIM CT device. The only variable which has changed is the CT device.

I hope someone on the list has seen or heard of this issue and can provide support to our site.

Thanks,

Matthew R. McMullen, MS DABR
Chief Clinical Medical Physicist
St Joseph's Mercy Hospital
Ann Arbor, MI
Phone (734) 712-3597
E-mail: McMullMR@trinity-health.org

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De:	Stuart Swerdloff
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Can Pinnacle Generate DicomRT??
Fecha:	domingo, 04 de junio de 2006 8:24:04
Archivos adjuntos:	

From the data that I have seen, Pinnacle generates a DICOM compliant RT Plan and RT Structure Set.
The ability to use RT Plan and RT Structure Set (and perhaps RT Dose) as a means of archive or as a means for exchanging full fidelity information between planning systems is an area that is in its infancy in terms of standardization. The IHE-RO is just beginning to work out the additional constraints beyond the DICOM specifications coming from WG-7 (a.k.a. "DICOM-RT") for making sure that data can move through the various phases of treatment planning.

On top of this, the whole machine characterization/modeling issue has been placed outside the scope of DICOM (it isn't patient information) and there doesn't appear to be a standard means for storing/exchanging the information.

So... with respect to the question "Is this even possible" (use of DICOM as the archive/full fidelity exchange):
1) Between different planning systems: "Not at this point, but the general area is being worked on (by IHE-RO and DICOM WG-7)"
2) Within an individual system "Possible, but would probably require extensive use of Private Elements and some additional contortions"

Stuart
(disclaimer: opinions are my own and do not reflect those of my employer, IMPAC/ELEKTA)
P.S. PROS is an active member of both WG-7 and IHE-RO...

Bawa, Walter wrote:

> Hi users,
>
> Can Pinnacle generate a full DicomRT file with Patient Information?(RT Plan,RT structures,Contours etc.).The DicomRT generated now is only good for treatment and doesnot

contain all the information I am looking for.I would like to be able to store patient plans as Dicomrt, which can be later reimported into pinnacle OR other planning systems that can import DICOMRT messages.Is this an available option in Pinnacle?Is this even possible?

Thanks for your response

Walter Bawa
Programmer Analyst
Grand River Regional Cancer Centre
Kitchener,On,Canada

De: Stuart Swerdloff
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: Re: AW: AW: Pinnacle is not IMPAC
Fecha: domingo, 04 de junio de 2006 10:48:20
Archivos adjuntos:

Wow, I can't imagine Scot Dube rolling over on anything for anyone.
He even argues with himself just to make sure he isn't giving himself a free ride;-)

A lot of the FDA related stuff (coupling of s/w with h/w or not) comes down to interpretations by the regulatory group within a vendor at the time, what the FDA was expecting at the time of the initial submission, etc. Trying to make sense of it ten years down the line is an intellectual exercise...

The rest seems like free market economics.
You want to talk about weird prices and not believing the stories, try the airline industry (flights, delays, etc.).

Stuart
(disclaimer: opinions expressed are my own and don't represent that of my employer: IMPAC/ELEKTA)

Norton Ian wrote:

> If Philips aquires Electa then Pinnacle may ideed become Impac. This wouldn't affect the FDA or CE approval process though.
>
> We have both Pinnacle and Eclipse. Varian quoted us 2x the price of a Pinnacle Workstation for another Eclipse box. That is relevant in my books.
>
> There are more merits to Pinnacle, unless of course you are a 100% Varian site. In that case you'll know where they got ya too...
>
> Ian
>
> ---
>
> **Von:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** JOHN ERB
> **Gesendet:** Mittwoch, 31. Mai 2006 18:07
> **An:** pinnacle-users@explode.unsw.edu.au
> **Betreff:** Re: AW: Pinnacle is not IMPAC
>
> I was only commenting on the requirements for hardware per FDA for
> a TPS versus R&V system, not on the relative merits of competing systems.
>
> John C. Erb
>
> ***Norton Ian <Ian.Norton@usz.ch>*** wrote:
>
> > If you know how much Varian wants for the Eclipse licence alone, then the cost of the workstation is irrelevant.
> >
> > And you can only open one window with Eclipse on that windows box...
> >
> > ---
> > **Ian Norton**
> > Clinic for Radiation Oncology
> > University Hospital Zurich
> > Raemistrasse 100
> > CH-8091 Zurich
> > Switzerland
> > -

Tel.: +41 -(0)44-255-3251

ian.norton@usz.ch
http://www.usz.ch

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** JOHN ERB
Gesendet: Mittwoch, 31. Mai 2006 17:33
An: pinnacle-users@explode.unsw.edu.au
Betreff: Re: Pinnacle is not IMPAC

Scott,

Varian works the same way.
We provide our own hardware (per Varian's specs) for VARiS; however,
we must buy the hardware for Eclipse directly from Varian.

I do not know the in's & out's of the differences.

John C. Erb

Scott DUBE ***<sdube@queens.org>*** wrote:

> "Does everyone in the know concur with Scott's conclusion?"
>
> > I question Scott's conclusion. In fact, I think he is rolling over on
> this one because he is indebted to Marc Mlyn.
>
> It sounds like Philips submitted their 510(k) application to the FDA
> with specific computer hardware. But could they not have submitted the
> application with a more general specification of hardware? Instead of
> saying a "Sun Blade 2000" could they not have simply said a "UNIX based
> computer system"?
>
> The reason I ask is that IMPAC requires FDA clearance yet we are allowed
> to use any Windows based computer to run their software. In fact, IMPAC
> does not sell hardware at all. That is true for the file server as
> well.
>
> So don't be swayed by Scott's summary judgement.

De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Can Pinnacle Generate DicomRT??
Fecha:	lunes, 05 de junio de 2006 1:47:20
Archivos adjuntos:	

All,

The basic DICOM encoding and transport scheme has little or nothing to do with imaging or patient data. One could imagine adding a set of object definitions like the RT addendum, but for treatment machines and associated data. The main problem is that the models are so varied and such a scheme would involve organizing all the R&D as well as practice. It might not be a bad idea, but it would mostly facilitate research and development, rather than patient care. The dose calculation base data and methods are NOT part of the patient record, except in a limited descriptive way. It is like storing the operating data and algorithms used in CT image reconstruction (not the scanograms, those ARE stored with the patient if needed). In the imaging case, these data are proprietary in most circumstances.

A complete specification of the treatment given to a patient does NOT require any information about how the dose was computed or how the plan was arrived at (like "It came to me in the shower that morning, to add another oblique field and that made the plan work"). What makes for a complete plan specification is all the actual machine settings. I believe DICOM already does a good and adequate job of supporting that, without the use of private elements.

The spec was NEVER intended to be the basis of a plan database design, but only an exchange protocol. The idea was that manufactureres of RTP systems, linacs, etc. could invent their own proprietary storage schemes, and the only requirement was to be able to generate and accept complete DICOM data sets, not that the DICOM model should be the internal storage model.

Ira

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> Plan and RT Structure Set.
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>> Walter Bawa
>> Programmer Analyst
>> Grand River Regional Cancer Centre
>> Kitchener,On,Canada
>> ----------
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>>
>>
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A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Can Pinnacle Generate DicomRT??
Fecha:	lunes, 05 de junio de 2006 1:47:20
Archivos adjuntos:	

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>>
>>
>>
>>
>

De:	David Biggs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Siemens Doual Source CT scanner
Fecha:	martes, 06 de junio de 2006 8:52:02
Archivos adjuntos:	

Does anyone have any experience of the new Siemens Definition Dual Source CT scanner for planning with Pinnacle?
Particularly is anyone aware of any issues regarding CT/ Electron Density tables?

Kind regards
David

David S Biggs, DCRT, MSC, MIPEM, MACPSEM
Chief Medical Physicist
East Coast Medical Physics
Sydney Radiotherapy & Oncology Centre
m +61 425 293486
t +61 2 9487 9316
f +61 2 9487 9303
dsbiggs@smartchat.net.au

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle is not IMPAC
Fecha:	martes, 06 de junio de 2006 16:52:24
Archivos adjuntos:	

Hello Dr. Williams,

The Viper laptops are running the same OS as the desktop systems.

I am guessing that we were a little less specific in the follow up 510k because we were not sure if we were going to rev or modify the OS that we were going to be using, in general.

It was not meant in any way to open the doors for the laptop or any other device.

Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

"Williams, Matthew" <WilliamsMJ@iahs.nsw.gov.au>

To
"'pinnacle-users@explode.unsw.edu.au'"
<pinnacle-users@explode.unsw.edu.au>

cc

Sent by:	Subject
owner-pinnacle-users @explode.unsw.edu.au	RE: Pinnacle is not IMPAC Classification

06/01/2006 06:01 PM

Please respond to
pinnacle-users@explo
de.unsw.edu.au

Not sure how they relate to the actual 510(k) application but found them on the FDA web site several months ago.

510(k) Summary of safety and effectiveness for Pinnacle version 6.6 stated: "Pinnacle3 RTP is a software package that runs on a Sun UNIX workstation and
consists of a core software module..."

510(k) Summary of safety and effectiveness for Pinnacle version 7.2 stated: "Pinnacle3 RTP is a software package that runs on a Sun UNIX (or UNIX compliant) computer and consists of a core software module..."

We thought that perhaps the section in brackets was to allow the use of Pinnacle on the Tadpole Viper laptops that some of the sales reps have been using... either way I doubt it was a typo.

****

Matthew Williams, PhD.
Medical Physicist

Illawarra Cancer Care Centre
The Wollongong Hospital
Private Mail Bag 8808
South Coast Mail Centre NSW 2521

Ph: +61 2 4222 5709
Fax: +61 2 4222 5793
****

-----Original Message-----

From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Scott DUBE
Sent: Thursday, 1 June 2006 1:17 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle is not IMPAC

"Does everyone in the know concur with Scott's conclusion?"

> I question Scott's conclusion. In fact, I think he is rolling over on this one because he is indebted to Marc Mlyn.

It sounds like Philips submitted their 510(k) application to the FDA with specific computer hardware. But could they not have submitted the application with a more general specification of hardware? Instead of saying a "Sun Blade 2000" could they not have simply said a "UNIX based computer system"?

The reason I ask is that IMPAC requires FDA clearance yet we are allowed to use any Windows based computer to run their software. In fact, IMPAC does not sell hardware at all. That is true for the file server as well.

So don't be swayed by Scott's summary judgement.

are solely those of the individual sender, except where the sender is specifically authorised by South East Sydney & Illawarra Area Health.

##
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unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Can Pinnacle Generate DicomRT??
Fecha:	martes, 06 de junio de 2006 17:13:56
Archivos adjuntos:	

Hello Walter,

Well, the answer is yes and no.

In a month or so we will release a new version of Dicom RT which will add export of true RT Image and Dose. This means that exporting a plan to an RT PACS system or another RTP system should work well.

However, remember that RT does not include most of what is needed to be called a "plan" - such as machine models, etc.

At this point we are not able to import all of these objects, and even if we were, the plan would not be able to be modified beyond what it was at the time that it was exported.

IHE-RO should put all of us Vendors on the path to righteousness.

Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

pinnacle-users@explode.unsw.edu.au
cc

"Bawa, Walter"
<walter.bawa@grhosp.on.ca>

Subject
Can Pinnacle Generate DicomRT??
Classification

Sent by:
owner-pinnacle-users@explode.unsw.edu.au

05/31/2006 09:04 AM

Please respond to
pinnacle-users@explode.unsw.edu.au

Hi users,

Can Pinnacle generate a full DicomRT file with Patient Information?(RT Plan,RT structures,Contours etc.).The DicomRT generated now is only good for treatment and doesnot
contain all the information I am looking for.I would like to be able to store patient plans as Dicomrt, which can be later reimported into pinnacle OR other planning systems that can import DICOMRT messages.Is this an available option in Pinnacle?Is this even possible?

Thanks for your response

Walter Bawa
Programmer Analyst
Grand River Regional Cancer Centre
Kitchener,On,Canada

De:	Sheila Cioffa
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Electronic signature
Fecha:	martes, 06 de junio de 2006 23:50:41
Archivos adjuntos:	

Does anyone know the status of being able to electronically approve a Pinnacle treatment plan (i.e. an electronic signature)?

De:	Marshall, Mark
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Electronic signature
Fecha:	miércoles, 07 de junio de 2006 0:11:54
Archivos adjuntos:	

That is a feature available in version 8.0.
Shipping (I believe) is happening now, but with a few hundred users, Pinnacle will take a while to get to each of us.

Mark

Mark Marshall, M.S.
St Patrick Hospital
500 W. Broadway
Missoula, MT 59802
(406) 329-5655

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Sheila Cioffa
Sent: Tuesday, June 06, 2006 3:30 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: Electronic signature

Does anyone know the status of being able to electronically approve a Pinnacle treatment plan (i.e. an electronic signature)?

##

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##

De:	Bob Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Import CBCT
Fecha:	miércoles, 07 de junio de 2006 22:28:34
Archivos adjuntos:	

Marc:

I've been successful in doing CBCT with the ADAC/IMPAC/CBCT interface. The two major problems are:
1) The isocenter coordinates displayed and printed by ADAC isn't the same as in the DICOM file; different format. I have to get the isocenter coordinates directly from the DICOM file.
2) The ROIs aren't displayed on the CBCT screen.

We need to complete the process and import CBCTs into ADAC. Can you set me up to import CBCT? I'm aware of the issues about doing treatment planning on them? I would like to start fusing these images. In addition I've been getting calls and site visit requests from people referred to me from ADAC, IMPAC, and Varian salesmen. I would like to tell them that ADAC can do something with the CBCT images.

Bob

~~~~~~

Robert M. Smith, MS
Medical Physicist
bsmith@prapa.com

Princeton Radiation Oncology Center
(609) 655-5755
www.princetonradiology.com

CentraState Medical Center
(732) 303-5290
~~~~~~

De: Norton Ian

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: AW: 7.6c upgrade

Fecha: jueves, 08 de junio de 2006 11:12:29

Archivos adjuntos:

Hi Walter,

We recently went from version 6.2b to 7.6c and it went fairly smoothly.

The only problem we found was that on the plan summary sheet it now says "move lasers RIGHT x.xx cm " instead of "move table LEFT x.xx cm".

We went through release notes for versions 7.4 and 7.6 but this change was not documented. We didn't receive any other release notes before this upgrade from philips. We are pretty vigilant about checking every single detail in the release notes and checking the SW thoughoughly, but this was something we missed.

This caused a bit of confusion, as we didn't notice it until a few days after we started using 7.6c. Some patients were incorrectly simulated (table moved in wrong direction) but luckily no patient was incorrectly treated...

We are currently assuming that this small but significant change was in release notes that we never received.

A detailed list of all SW changes, however so small should be in the release notes AND the service engineer should also provide all previous release notes for missed upgrades. That's my opinion.

Ian

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
Im Auftrag von Bawa, Walter
Gesendet: Freitag, 2. Juni 2006 15:10
An: pinnacle-users@explode.unsw.edu.au
Betreff: RE: 7.6c upgrade

Thanks Ian,It works.
It was a displeasing situation as the pinnacle user interface changed from 7.4f to 7.6c.
Therapists and Docs were not happy, having to look where the old smartsim button has been placed.
After looking around, we found that the button is now called simulation and we can get it in the utilities menu.
My take on this is that for minor upgrades like this one, Philips should not make major changes on the user interface.

Walter

> -----Original Message-----
> **From:** Norton Ian [mailto:Ian.Norton@usz.ch]
> **Sent:** Friday, June 02, 2006 2:02 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** AW: 7.6c upgrade
>
> Install pinnacle, then dicomrt then imrt. The imrt install includes the plug-ins and has to come last.

Ian

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Bawa, Walter
Gesendet: Donnerstag, 1. Juni 2006 18:55
An: pinnacle-users@explode.unsw.edu.au
Betreff: RE: 7.6c upgrade

We have already DICOMRT 2.4d installed in the previous version (7.4f)

> -----Original Message-----
> **From:** Norton Ian [mailto:Ian.Norton@usz.ch]
> **Sent:** Thursday, June 01, 2006 8:09 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** AW: 7.6c upgrade
>
> Hi Walter
>
> Did you install a newer version of DicomRT? I believe you need version 2.4d
>
> I can email a tar file to you if you need it.
>
> Ian
>
> ---
> **Ian Norton**
>
> Clinic for Radiation Oncology
> University Hospital Zurich
> Raemistrasse 100
> CH-8091 Zurich
> Switzerland
>
> Tel.: +41 -(0)44-255-3251
>
> ian.norton@usz.ch
> http://www.usz.ch
> ---

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Bawa, Walter
Gesendet: Donnerstag, 1. Juni 2006 16:36
An: pinnacle-users@explode.unsw.edu.au
Betreff: 7.6c upgrade

Hi All,
We had a bug in 7.4f, where the plan revision number wasn't printing on the plan. Philips says is a buy and we were given

7.6c for upgrade , apparentlt this version fixes it.I just install 7.6c and the system is mess up.
1.)openning a plan in 7.4, can't add/delete trials anymore.This operation exit with an inconsistence error, say to call Philips.

opening plan in 7.6c can export DICOMRT, empty tab, says "DICOMRT is not available".Anyone come across these errors??

Thanks

-----Original Message-----
From: Matthew McMullen [mailto:McMullMr@trinity-health.org]
Sent: Thursday, June 01, 2006 6:57 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle AQSIM3 and Brilliance Big Bore

Hello,

We recently took delivery on 16 slice Brilliance Big Bore. We are current users of Pinnacle/AQSIM3 (v 7.6c) and AQSIM CT device. The absolute localization feature in AQSIM3 has worked flawlessly with the AQSIM_CT for 18 months.

Issue: The Couch Height parameter does not match from Brilliance Big Bore to Pinnacle. The difference is quite large ~20cm. The sagittal and the couch long are fine. Onsite trainer seems convinced this is due to Pinnacle issue. Pinnacle has CT density table and CT laser offset tables. These are tables which have worked in the past with the AQSIM CT device. The only variable which has changed is the CT device.

I hope someone on the list has seen or heard of this issue and can provide support to our site.

Thanks,

Matthew R. McMullen, MS DABR
Chief Clinical Medical Physicist
St Joseph's Mercy Hospital
Ann Arbor, MI
Phone (734) 712-3597
E-mail: McMullMR@trinity-health.org

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De:	graham.freestone@ksa.ch
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	7.6c upgrade
Fecha:	jueves, 08 de junio de 2006 11:21:25
Archivos adjuntos:	

Hi Ian,

We got caught out with that as well:

You have to set the option to move lasers or the table in the CT scanner table in physics mode.

Freundliche Grüsse

Graham Freestone

Medizin Phyziker Senior,
Institut für Radio-Onkologie,
Kantonsspital Aarau AG,
CH5001 Aarau,
Switzerland

Tel: +41 62 838 9569
Fax: +41 62 838 5223
Email: graham.freestone@ksa.ch

De:	David Djajaputra
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: AW: 7.6c upgrade
Fecha:	jueves, 08 de junio de 2006 12:01:24
Archivos adjuntos:	

Hi Walter,

We recently went from version 6.2b to 7.6c and it went fairly smoothly.

The only problem we found was that on the plan summary sheet it now says "move lasers RIGHT x.xx cm " instead of "move table LEFT x.xx cm".

> We also went through the same version upgrade recently and now every time we print the plan we have to go to Beam > Isocenter and make sure that "Table motion" is selected instead of "Laser motion".

The problem is, we also use Pinnacle for simulation and the docs usually make isocenter moves during simulation. We send the isocenter moves to LAP laser and to do that we have to select "Laser motion".

Is there any way we can set a default in Pinnacle to "Table motion" for printing (and for printing only)?

Thanks,

David

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: AW: 7.6c upgrade
Fecha:	jueves, 08 de junio de 2006 12:18:12
Archivos adjuntos:	e.vdieren.vcf

Hi,

We've had the same problem, and a problem exporting DRRs to our EPID system (theraview). Both were detected AFTER taking version 7.6 into use, fortunately without causing problems.
I agree with Ian that every change should be documented in the release notes. The alternative is to do a full functionality test for every (minor) upgrade.

sincerely
Erik van Dieren

Norton Ian schreef:

> Hi Walter,
>
> We recently went from version 6.2b to 7.6c and it went fairly smoothly.
>
> The only problem we found was that on the plan summary sheet it now says "move lasers RIGHT x.xx cm " instead of "move table LEFT x.xx cm".
>
> We went through release notes for versions 7.4 and 7.6 but this change was not documented. We didn't receive any other release notes before this upgrade from philips. We are pretty vigilant about checking every single detail in the release notes and checking the SW thoughoughly, but this was something we missed.
>
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Ian

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Bawa, Walter
Gesendet: Freitag, 2. Juni 2006 15:10
An: pinnacle-users@explode.unsw.edu.au
Betreff: RE: 7.6c upgrade

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After looking around, we found that the button is now called simulation and we can get it in the utilities menu.
My take on this is that for minor upgrades like this one, Philips should not make major changes on the user interface.

Walter

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De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: 7.6c upgrade
Fecha:	jueves, 08 de junio de 2006 14:21:02
Archivos adjuntos:	

Is 7.6c being released to all with service contracts or only a select few.
I thought I read a while back that it was only being delivered to those who reported a certain issue with the database.

Thanks.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Keith Nakonechny
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Percentage blocked
Fecha:	jueves, 08 de junio de 2006 22:00:26
Archivos adjuntos:	

The odd plan comes up where the % blocked is not computed (necessary for our hand calcs). Has anyone else seen this? We contacted Philips awhile back but a clear solution was not offered.

Keith Nakonechny, M.Sc.
Radiotherapy Physicist
CancerCare Manitoba
675 McDermot Avenue
Winnipeg, Manitoba
Canada, R3E 0V9

Phone: (204) 787-2130

De:	John Lewis
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Percentage blocked
Fecha:	jueves, 08 de junio de 2006 23:01:04
Archivos adjuntos:	John Lewis.vcf

Fairly frequent, of late. Can often force with re-calc, but faster just to do hand calc of blocking (which is more of an independent check)

John S. Lewis, Ph.D., MCCPM
Senior Medical Physicist, Cancer Care Manitoba
Adjunct professor, University of Manitoba
address:
Medical Physics - Radiotherapy
CancerCare Manitoba
675 McDermot Ave
Winnipeg, MB,
Canada R3E 0V9

phone: 204-787-7322
e-mail: john.lewis@cancercare.mb.ca

>>> Keith.Nakonechny@cancercare.mb.ca 6/8/2006 2:30 PM >>>
The odd plan comes up where the % blocked is not computed (necessary for our hand calcs). Has anyone else seen this? We contacted Philips awhile back but a clear solution was not offered.

Keith Nakonechny, M.Sc.
Radiotherapy Physicist
CancerCare Manitoba
675 McDermot Avenue
Winnipeg, Manitoba
Canada, R3E 0V9

Phone: (204) 787-2130

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Percentage blocked
Fecha:	jueves, 08 de junio de 2006 23:42:17
Archivos adjuntos:	

It is a known bug the last time I called applications. Clicking off MLC and then turning MLC back on should fix it.

Bryan Murray, BSRT (T), CMD
Medical Dosimetrist
UT Southwestern Medical Center at Dallas
Department of Radiation Oncology
5801 Forest Park Road
Dallas, TX 75390-9183
(214)645-8544 Telefax (214)645-7617

De:	Depew, Michael J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle 7.4 client shutdown scripts
Fecha:	jueves, 08 de junio de 2006 23:46:27
Archivos adjuntos:	

A question for sys admins with a Pinnacle 7.4 system.

Is there a safe, clean, unattended way to script shutting down the Pinnacle client applications on a network?

A couple of my concerns on scripting the shut down of a Pinnacle client app...
a) Causing a user to lose unsaved clinical data (killing the app before an auto-save saves the data)
b) Corrupting an open file or image that's being read/written to

Any input would be greatly appreciated.

Thanks,
Mike

De:	Bos, L.J.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Beam fitting problem
Fecha:	viernes, 09 de junio de 2006 13:25:01
Archivos adjuntos:	

Pinnacle users,

For more than half a year beam-fit procedures for photon beams were performed in our department using Pinnacle, version 7.6c. The measured profiles of the basic set of fields are accurately predicted by the calculations. However, after several attempts, large deviations in absolute dose remain for offset fields, i.e. half and quarter fields. These deviations are largest for wedged fields; 9% for quarter-wedged fields at 15 MV, and 5% at lower energies. Also, deviations for open fields with more pronounced offsets may reach 9%.
These deviation do not warrant full clinical introduction of the system, but only simple techniques using symmetrical fields.

Despite several months of testing, and research in cooperation with Pinnacle experts of Philips, there is no advance in finding a solution for the apparent problem. Together with one Pinnacle expert of Philips we have come to the point that we fear a conceptual problem in the dose calculations of Pinnacle. Philips acknowledged our problem, but is reluctant to relate our problem with a conceptual problem in the dose calculations or a possible software bug.

We appreciate your response if you are familiar with this problem,..... and how you solved it.

Furthermore, we are interested in the typical deviations in absolute dose between measurements and calculations for half and quarter fields (for example: 10x10 under reference conditions, high and low energy) found in other institutions.

Luc Bos
Medisch Centrum Alkmaar
Alkmaar, the Netherlands

unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

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##

De:	graham.freestone@ksa.ch
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Beam fitting problem
Fecha:	viernes, 09 de junio de 2006 14:33:49
Archivos adjuntos:	

Dear Luc,

What linacs do you have?
Are you using the arbitrary profile editor or cone?
Are you using a split field size model? If so, where are the breakpoints?

We have been seeing results of Pinnacle predicting 3-5% low for supraclav type fields (5 x 10cm double assym). Planning these type of fields can result in the dose point placement being in the steep dose gradient central part of the field (Siemens linacs), so the model fit is very important in this area. We have yet to find a solution to this discrepancy.....

For big double assym fields, you may need to consider trying to model the primary collimator clipping(?) in the outer corner of the field. Unfortunately this is a tedious process as Pinnacle does not allow the entry of diagonal profiles, so I have been fiddling the OAR iteratively and comparing the dose differences in clinical mode in the water phantom patient.

Dose verification for single assym open and wedged breast tangent type fields e.g. 8cm (wedged axis, assym) by 22cm (symmetrical) on both heel and toe sides gave reasonable results i.e. within 3-4% of local dose except for the toe side of the 60degree hard wedge (up to 6% difference due to poor model fit).

On one of our linacs I changed the 45degree hard wedge physical profile to make the fit better on the toe and heel sides for 18X, but bearing in mind that the wedge profile affects both energies unless you have separate machines with one energy each for a dial mode lianc.....this might help, depending on how good your modelling is.

quote from v7.4 manual: 'current implementation of photon dose algorithm does not handle independant jaw output factors. Equivalent field size is currently used for output factor determination'. This might be an issue for

you.

Freundliche Grüsse

Graham Freestone

Medizin Phyziker Senior,
Institut für Radio-Onkologie,
Kantonsspital Aarau AG,
CH5001 Aarau,
Switzerland

Tel: +41 62 838 9569
Fax: +41 62 838 5223
Email: graham.freestone@ksa.ch

De:	Keith Nakonechny
A:	pinnacle-users@explode.unsw.edu.au; l.j.bos@mca.nl;
Cc:	
Asunto:	Re: Beam fitting problem
Fecha:	viernes, 09 de junio de 2006 17:22:04
Archivos adjuntos:	

For all our Varian and Siemens linacs (7 linacs ranging from 4-18 MV, v7.6c), agreement with measured and predicted "absolute" point doses for asymmetric fields (half-blocked 15x30 for all wedge angles - field centre and off-axis; centre of quarter-blocked 10x10 and 6x20 fields with no wedges) was almost always within 1%, with a few outliers reaching 2-3%. Our modeling approach is always manual (no auto-modeling), no splitting of the model but weighting the quality of fits to measured data for smaller more clinically relevant field sizes if necessary. We have, though rarely, seen problems where we have good relative agreement, then poor results on absolute dose checks, but not of the magnitude you're speaking. Any adjustments to the model usually involved primarily the extra-focal scatter model.

Hope this helps.

Keith Nakonechny, M.Sc.
Radiotherapy Physicist
CancerCare Manitoba
675 McDermot Avenue
Winnipeg, Manitoba
Canada, R3E 0V9

Phone: (204) 787-2130

>>> l.j.bos@mca.nl 6/9/2006 6:00 AM >>>
Pinnacle users,

For more than half a year beam-fit procedures for photon beams were performed in our department using Pinnacle, version 7.6c. The measured profiles of the basic set of fields are accurately predicted by the calculations. However, after several attempts, large deviations in absolute dose remain for offset fields, i.e. half and quarter fields. These deviations are largest for wedged fields; 9% for quarter-wedged fields at 15 MV, and 5% at lower energies. Also, deviations for open fields with more pronounced offsets may reach 9%.
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Furthermore, we are interested in the typical deviations in absolute dose between measurements and calculations for half and quarter fields (for example: 10x10 under reference conditions, high and low energy) found in other institutions.

Luc Bos
Medisch Centrum Alkmaar
Alkmaar, the Netherlands

##
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unsubscribe pinnacle-users <e-mail address>
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account will not be distributed unless that account is also subscribed.
##

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Electronic signature
Fecha:	domingo, 11 de junio de 2006 16:53:13
Archivos adjuntos:	

I just talked to phillips about the new versions release Friday. They said that it is not shipping yet, but will "anyday now". They also told me that the first users to get it will be the ones that purchased auto-segmentation.

Pat

>From: "Marshall, Mark" <MMarshall@saintpatrick.org>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: RE: Electronic signature
>Date: Tue, 6 Jun 2006 15:44:57 -0600
>
>That is a feature available in version 8.0.
>Shipping (I believe) is happening now, but with a few hundred users,
>Pinnacle will take a while to get to each of us.
>
>Mark
>
>
>Mark Marshall, M.S.
>St Patrick Hospital
>500 W. Broadway
>Missoula, MT 59802
>(406) 329-5655
>
>
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Sheila
>Cioffa
>Sent: Tuesday, June 06, 2006 3:30 PM
>To: 'pinnacle-users@explode.unsw.edu.au'
>Subject: Electronic signature
>
>Does anyone know the status of being able to electronically approve a

>Pinnacle treatment plan (i.e. an electronic signature)?
>
>
>##
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>mailing list, send the message unsubscribe pinnacle-users <e-mail
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account will not be distributed unless that account is also subscribed.
##

De:	Craig Dersley
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	FW:OLD DLT Tspes still not working after upgrade to sb2500
Fecha:	lunes, 12 de junio de 2006 14:31:19
Archivos adjuntos:	

DLT Tape drive only scsi device on the cahin and is terminated OK set to scsi ID 4

Any body had an experience where old DLT tapes cannot be read on a SB2500. Everything worked perfectly on the SB2000, new tapes and old.

However, New DLT tapes work OK(read from index) - But OLD DLT Tapes with old archived data with header cannot be read..

Any Ideas

Thanks
Craig Dersley

-----Original Message-----
From: Annie Lechi [mailto:annie.lechi@philips.com] On Behalf Of PROS Support
Sent: 09 June 2006 06:34
To: Craig Dersley
Cc: hjason@insight.com.au; 'Paul Reilly'; PROS Support; 'Wendy Schumer'
Subject: RE: DLT not working after upgrade to sb2500

Hello

Customer should be selecting Solaris Format when trying to restore.
I could modem in and take a look on the DLT settings.

Annie Lechi
PROS Customer Support

	To
	PROS Support/MLS/MS/PHILIPS@PHILIPS
	cc
"Craig Dersley" <cdersley@insight.com.au>	<hjason@insight.com.au> '"Paul Reilly"' <preilly@insight.com.au> '"Wendy Schumer"' <wschumer@insight.com.au>
06/07/2006 03:33 PM	
	Subject
	RE: DLT not working after upgrade to sb2500
	Classification

Yes Annie,

It's the only one on the chain.

Any other ideas - could it be anything to do with selecting sunOS format to read the header info ??

As Paul has said he has exhausted pretty much most of the possibilities. Can someone vpn in and have a look. Just let me know who can do this an d I will email the vpn connection.

Thanks

Craig
Insight

-----Original Message-----
From: Annie Lechi [mailto:annie.lechi@philips.com] On Behalf Of PROS Support
Sent: 08 June 2006 06:32
To: Craig Dersley
Cc: 'Paul Reilly'; PROS Support; Robert L Thompson; 'Wendy Schumer'
Subject: Re: DLT not working after upgrade to sb2500

Hello

Those patches should be installed on the system already. There is no need to reinstall those patches. Did you connect the DLT tape at the end of the SCSI chain with terminator plug on the output?

Annie Lechi
PROS Customer Support

	To
	PROS Support/MLS/MS/PHILIPS@PHILIPS
	cc
"Craig Dersley" <cdersley@insight.com.au>	'"Paul Reilly"' <preilly@insight.com.au> '"Wendy Schumer"' <wschumer@insight.com.au>
06/06/2006 07:28 PM	Robert L Thompson/MLS/MS/PHILIPS@PHILIPS
	Subject
	DLT not working after upgrade to sb2500
	Classification

Dear support,

A customer has a problem restoring from their DLT tape drive.
It was working on the SB2000
It has been moved from a SB2000 to a SB2500.

I have read the notes on the install guide for the SDLT for the SB2500.
This includes the DLT tape drive. It recommends installing the following patches to ensure correct config and operation of the drive

When I browse to the site the patches arent available. Can you send me the cluster I need to install on the SB2500. Do I need to install all of them ?

Sparc 108275-xx
108528-xx
108987-xx
112396-xx
111111-xx
111310-xx

Can you help. The customer is getting frustrated with not being able to use the restore function.
Thanks
Craig

-----Original Message-----
From: preilly [mailto:preilly@insight.com.au <mailto:preilly@insight.com.au >]
Sent: 01 June 2006 13:17
To: 'PROS Support'
Cc: 'Craig Dersley'
Subject: RE: DLT not working
Hi anne/support,

This site has not got a modem only vpn access onto their network. I have had a look and cannot see any errors on the log files regarding the scsi connection. Also, this was working fine on the blade 2000 server before it was upgraded to the new blade 2500 server, so I do not invisage it being a problem with the tape drive or tapes. In any case, different tapes have been tested with the same result. When, trying to read from the header, you can hear the tape drive iniatilise for about 10secs before it gives the error "Unable to read header information.Please check that the file name and the restore options are correct." It seems as though pinnacle can read what has been backed up onto the tape. As I mentioned previously if I run a debug and try to read the header the debug screen reads;

restoring header file.....
read: I/O error
0+0 records in
0+0 records out
Is there someone else there that may have experienced the same issue?
regards

_____

Paul Reilly
Product Specialist
InSight Oceania
7b Green St
Brookvale
NSW

2100
Phone: 1 800 228 118
Fax: 02 9907 4200
Email: preilly@insight.com.au

-----Original Message-----
From: Annie Lechi [mailto:annie.lechi@philips.com < mailto:annie.lechi@philips.com>] On Behalf Of PROS Support
Sent: Thursday, June 01, 2006 2:04 AM
To: preilly@insight.com.au
Cc: PROS Support
Subject: RE: DLT not working
Paul
I do not find anything wrong with the IODeviceDB file. Is there a modem line so I could log in and double check the configuration? Did you try

using a different tape or tape drive? Did you check the log files to make sure there are no scsi errors....etc?
Annie Lechi
PROS Customer Support

To
PROS Support/MLS/MS/PHILIPS@PHILIPS
cc
"preilly"
<preilly@insight.com Subject
.au> RE: DLT not working
Classification
05/31/2006 02:56 AM

Please respond to
<preilly@insight.com
.au>

Hi support,
I have changed the scsi cable and this has still not solved the issue. Did you look at the config jpegs of the system that I sent to verify that it wall correct?

regards

Paul Reilly
Product Specialist
InSight Oceania
7b Green St
Brookvale
NSW
2100
Phone: 1 800 228 118
Fax: 02 9907 4200
Email: preilly@insight.com.au

-----Original Message-----
From: Annie Lechi [mailto:annie.lechi@philips.com < mailto:annie.lechi@philips.com>] On Behalf Of PROS Support
Sent: Wednesday, May 31, 2006 2:56 AM
To: preilly@insight.com.au
Cc: PROS Support
Subject: RE: DLT not working
Hi Paul
I would replace the scsi cable to see if that will fix the problem Annie Lechi
PROS Customer Support

To
PROS Support/MLS/MS/PHILIPS@PHILIPS
cc
"preilly"
<preilly@insight.com Subject
.au> RE: DLT not working
Classification

05/29/2006 01:54 AM
Please respond to
<preilly@insight.com
.au>

Dear support,
I have tried copying the IODeviceDB.distrib to the IODeviceDB file to see if that would help, but I am still receiving the same error when I do a restore "Unable to read header information.Please check that the file name and the restore options are correct." If I start pinnacle in a debug mode, when I try to read the header, the text on the debug displays"

restoring header file.....
read: I/O error
0+0 records in
0+0 records out
I am able to extract from the tape using the gnutar tvf command, and from pinnacle I can back up without error.
I have attached screen grabs of all my configs, could you please take a look at them to see if there is an error. Also, this is a dlt, not an sdlt.

I had to change the blade 2000 scsi cable (HD68 to HD68) to a (HD68 to a vhdci) cable as the blade 2500 has the vhdci scsi connector output. Do you think that this cable could cause an issue?

Thanks for your help.
regards

_____

Paul Reilly
Product Specialist
InSight Oceania
7b Green St
Brookvale
NSW
2100

Phone: 1 800 228 118
Fax: 02 9907 4200
Email: preilly@insight.com.au

-----Original Message-----
From: Mike Howard [mailto:mike.howard@philips.com < mailto:mike.howard@philips.com>] On Behalf Of PROS Support
Sent: Tuesday, May 23, 2006 11:54 PM
To: Paul Reilly
Cc: PROS Support
Subject: RE: DLT not working
Paul,
I have verified that I can restore from an SDLT tape drive using 7.6 c. If there is a config problem, it would almost have to be in the IODeviceDB file. There is a IODevice.distrib file in the /usr/local/adacnew/LPStatic directory. You could copy that over the IODeviceDB file and see if that corrects the problem.

Michael Howard
PROS Customer Support

To
PROS Support/MLS/MS/PHILIPS@PHILIPS
cc
"Paul Reilly"
<PReilly@insight.com Subject
.au> RE: DLT not working
Classification
05-22-2006 08:56 PM

Hi support,

i have already tried using the gnutar xvf command which worked correctly without error to do the restore. That is why i think it may be a pinnacle config.

regards
Paul Reilly
Insight Oceania
7b Green St
Brookvale
NSW
2100
From: Annie Lechi on behalf of PROS Support
Sent: Tue 5/23/2006 2:13 AM
To: Paul Reilly
Cc: PROS Support
Subject: RE: DLT not working
Hi s

Hello
Were you able to read the tape using gnutar tvf command to read the header info? Did you try to manually restore the tape to a new Institution using gnutar xvf command?

Annie Lechi
PROS Customer Support

To
PROS Support/MLS/MS/PHILIPS@PHILIPS
cc
"preilly"
<preilly@insight.com Subject
.au> RE: DLT not working
Classification
05/21/2006 05:54 PM
Please respond to
<preilly@insight.com
.au>

Dear support,
I have checked with the customer and they have got the format set to SOLARIS and not SUN OS, and they still have the same error as indicated below. Do you have any other suggestions why this should error during a restore?

Thanks for your help.
regards

_____

Paul Reilly
Product Specialist
InSight Oceania
7b Green St
Brookvale
NSW
2100
Phone: 1 800 228 118
Fax: 02 9907 4200
Email: preilly@insight.com.au

_____

-----Original Message-----
From: Obet Garcia [mailto:obet.garcia@philips.com < mailto:obet.garcia@philips.com>] On Behalf Of PROS Support
Sent: Friday, May 12, 2006 9:20 AM
To: preilly@insight.com.au
Subject: Re: DLT not working
Paul,
Make sure on the restore window the format should be on Solaris not onSun OS.
Obet Garcia
PROS Customer Support

To
PROS Support/MLS/MS/PHILIPS@PHILIPS
cc
"preilly"
<preilly@insight.com Subject
.au> DLT not working
Classification
05/10/2006 09:59 PM
Please respond to
<preilly@insight.com
.au>

Dear support,
i have recently upgraded a blade 2000 to the 2500. I have configured the tape drive as per the original for the 2000. I can backup fine, but when i try to do a restore i get the error "unable to check header information.

Please check that the file name and restore options are correct".
I can write from the tape to a test file outside of pinnacle with no issues using the same specified rewind device as in the pinnacle config, but in pinnacle cannot. Attached, is the IODeviceDB file from the system. Do you have any ideas why this might be giving an error?

regards

Paul Reilly
Product Specialist
InSight Oceania
7b Green St
Brookvale
NSW
2100
Phone: 1 800 228 118
Fax: 02 9907 4200

Email: preilly@insight.com.au

--
No virus found in this outgoing message.
Checked by AVG Free Edition.
Version: 7.1.392 / Virus Database: 268.5.6/336 - Release Date: 5/10/2006

--
No virus found in this incoming message.
Checked by AVG Free Edition.
Version: 7.1.392 / Virus Database: 268.5.6/337 - Release Date: 5/11/2006

--
Internal Virus Database is out-of-date.
Checked by AVG Free Edition.
Version: 7.1.392 / Virus Database: 268.5.6/339 - Release Date: 5/14/2006

--
Internal Virus Database is out-of-date.
Checked by AVG Free Edition.
Version: 7.1.392 / Virus Database: 268.5.6/339 - Release Date: 5/14/2006

--
No virus found in this outgoing message.
Checked by AVG Free Edition.
Version: 7.1.394 / Virus Database: 268.7.2/349 - Release Date: 5/26/2006

[attachment "hobart dlt screen grabs.zip" deleted by Annie Lechi/MLS/MS/PHILIPS]
--
No virus found in this incoming message.

--

--

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De:	Craig Dersley
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	FW:OLD DLT Tspes still not working after upgrade to sb2500
Fecha:	lunes, 12 de junio de 2006 14:43:54
Archivos adjuntos:	

DLT Tape drive only scsi device on the cahin and is terminated OK set to scsi ID 4

Any body had an experience where old DLT tapes cannot be read on a SB2500. Everything worked perfectly on the SB2000, new tapes and old.

However, New DLT tapes work OK(read from index) - But OLD DLT Tapes with old archived data with header cannot be read..

Any Ideas

Thanks
Craig Dersley

-----Original Message-----
From: Annie Lechi [mailto:annie.lechi@philips.com] On Behalf Of PROS Support
Sent: 09 June 2006 06:34
To: Craig Dersley
Cc: hjason@insight.com.au; 'Paul Reilly'; PROS Support; 'Wendy Schumer'
Subject: RE: DLT not working after upgrade to sb2500

Hello

Customer should be selecting Solaris Format when trying to restore.
I could modem in and take a look on the DLT settings.

Annie Lechi
PROS Customer Support

	To
	PROS Support/MLS/MS/PHILIPS@PHILIPS
	cc
"Craig Dersley" <cdersley@insight.com.au>	<hjason@insight.com.au> '"Paul Reilly"' <preilly@insight.com.au> '"Wendy Schumer"' <wschumer@insight.com.au>
06/07/2006 03:33 PM	
	Subject
	RE: DLT not working after upgrade to sb2500
	Classification

Yes Annie,

It's the only one on the chain.

Any other ideas - could it be anything to do with selecting sunOS format to read the header info ??

As Paul has said he has exhausted pretty much most of the possibilities. Can someone vpn in and have a look. Just let me know who can do this an d I will email the vpn connection.

Thanks

Craig
Insight

-----Original Message-----
From: Annie Lechi [mailto:annie.lechi@philips.com] On Behalf Of PROS Support
Sent: 08 June 2006 06:32
To: Craig Dersley
Cc: 'Paul Reilly'; PROS Support; Robert L Thompson; 'Wendy Schumer'
Subject: Re: DLT not working after upgrade to sb2500

Hello

Those patches should be installed on the system already. There is no need to reinstall those patches. Did you connect the DLT tape at the end of the SCSI chain with terminator plug on the output?

Annie Lechi
PROS Customer Support

	To
	PROS Support/MLS/MS/PHILIPS@PHILIPS
	cc
"Craig Dersley" <cdersley@insight.com.au>	'"Paul Reilly"' <preilly@insight.com.au> '"Wendy Schumer"' <wschumer@insight.com.au>
06/06/2006 07:28 PM	Robert L Thompson/MLS/MS/PHILIPS@PHILIPS
	Subject
	DLT not working after upgrade to sb2500
	Classification

Dear support,

A customer has a problem restoring from their DLT tape drive.
It was working on the SB2000
It has been moved from a SB2000 to a SB2500.

I have read the notes on the install guide for the SDLT for the SB2500.
This includes the DLT tape drive. It recommends installing the following patches to ensure correct config and operation of the drive

When I browse to the site the patches arent available. Can you send me the cluster I need to install on the SB2500. Do I need to install all of them ?

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108528-xx
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112396-xx
111111-xx
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Can you help. The customer is getting frustrated with not being able to use the restore function.
Thanks
Craig

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From: preilly [mailto:preilly@insight.com.au <mailto:preilly@insight.com.au >]
Sent: 01 June 2006 13:17
To: 'PROS Support'
Cc: 'Craig Dersley'
Subject: RE: DLT not working
Hi anne/support,

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_____

Paul Reilly
Product Specialist
InSight Oceania
7b Green St
Brookvale
NSW

2100
Phone: 1 800 228 118
Fax: 02 9907 4200
Email: preilly@insight.com.au

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Sent: Thursday, June 01, 2006 2:04 AM
To: preilly@insight.com.au
Cc: PROS Support
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Annie Lechi
PROS Customer Support

To
PROS Support/MLS/MS/PHILIPS@PHILIPS
cc
"preilly"
<preilly@insight.com Subject
.au> RE: DLT not working
Classification
05/31/2006 02:56 AM

Please respond to
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Paul Reilly
Product Specialist
InSight Oceania
7b Green St
Brookvale
NSW
2100
Phone: 1 800 228 118
Fax: 02 9907 4200
Email: preilly@insight.com.au

-----Original Message-----
From: Annie Lechi [mailto:annie.lechi@philips.com < mailto:annie.lechi@philips.com>] On Behalf Of PROS Support
Sent: Wednesday, May 31, 2006 2:56 AM
To: preilly@insight.com.au
Cc: PROS Support
Subject: RE: DLT not working
Hi Paul
I would replace the scsi cable to see if that will fix the problem Annie Lechi
PROS Customer Support

To
PROS Support/MLS/MS/PHILIPS@PHILIPS
cc
"preilly"
<preilly@insight.com Subject
.au> RE: DLT not working
Classification

05/29/2006 01:54 AM
Please respond to
<preilly@insight.com
.au>

Dear support,
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Thanks for your help.
regards

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Paul Reilly
Product Specialist
InSight Oceania
7b Green St
Brookvale
NSW
2100

Phone: 1 800 228 118
Fax: 02 9907 4200
Email: preilly@insight.com.au

-----Original Message-----
From: Mike Howard [mailto:mike.howard@philips.com < mailto:mike.howard@philips.com>] On Behalf Of PROS Support
Sent: Tuesday, May 23, 2006 11:54 PM
To: Paul Reilly
Cc: PROS Support
Subject: RE: DLT not working
Paul,
I have verified that I can restore from an SDLT tape drive using 7.6 c. If there is a config problem, it would almost have to be in the IODeviceDB file. There is a IODevice.distrib file in the /usr/local/adacnew/LPStatic directory. You could copy that over the IODeviceDB file and see if that corrects the problem.

Michael Howard
PROS Customer Support

To
PROS Support/MLS/MS/PHILIPS@PHILIPS
cc
"Paul Reilly"
<PReilly@insight.com Subject
.au> RE: DLT not working
Classification
05-22-2006 08:56 PM

Hi support,

i have already tried using the gnutar xvf command which worked correctly without error to do the restore. That is why i think it may be a pinnacle config.

regards
Paul Reilly
Insight Oceania
7b Green St
Brookvale
NSW
2100
From: Annie Lechi on behalf of PROS Support
Sent: Tue 5/23/2006 2:13 AM
To: Paul Reilly
Cc: PROS Support
Subject: RE: DLT not working
Hi s

Hello
Were you able to read the tape using gnutar tvf command to read the header info? Did you try to manually restore the tape to a new Institution using gnutar xvf command?

Annie Lechi
PROS Customer Support

To
PROS Support/MLS/MS/PHILIPS@PHILIPS
cc
"preilly"
<preilly@insight.com Subject
.au> RE: DLT not working
Classification
05/21/2006 05:54 PM
Please respond to
<preilly@insight.com
.au>

Dear support,
I have checked with the customer and they have got the format set to SOLARIS and not SUN OS, and they still have the same error as indicated below. Do you have any other suggestions why this should error during a restore?

Thanks for your help.
regards

_____

Paul Reilly
Product Specialist
InSight Oceania
7b Green St
Brookvale
NSW
2100
Phone: 1 800 228 118
Fax: 02 9907 4200
Email: preilly@insight.com.au

_____

-----Original Message-----
From: Obet Garcia [mailto:obet.garcia@philips.com < mailto:obet.garcia@philips.com>] On Behalf Of PROS Support
Sent: Friday, May 12, 2006 9:20 AM
To: preilly@insight.com.au
Subject: Re: DLT not working
Paul,
Make sure on the restore window the format should be on Solaris not onSun OS.
Obet Garcia
PROS Customer Support

To
PROS Support/MLS/MS/PHILIPS@PHILIPS
cc
"preilly"
<preilly@insight.com Subject
.au> DLT not working
Classification
05/10/2006 09:59 PM
Please respond to
<preilly@insight.com
.au>

Dear support,
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Please check that the file name and restore options are correct".
I can write from the tape to a test file outside of pinnacle with no issues using the same specified rewind device as in the pinnacle config, but in pinnacle cannot. Attached, is the IODeviceDB file from the system. Do you have any ideas why this might be giving an error?

regards

Paul Reilly
Product Specialist
InSight Oceania
7b Green St
Brookvale
NSW
2100
Phone: 1 800 228 118
Fax: 02 9907 4200

Email: preilly@insight.com.au

--
No virus found in this outgoing message.
Checked by AVG Free Edition.
Version: 7.1.392 / Virus Database: 268.5.6/336 - Release Date: 5/10/2006

--
No virus found in this incoming message.
Checked by AVG Free Edition.
Version: 7.1.392 / Virus Database: 268.5.6/337 - Release Date: 5/11/2006

--
Internal Virus Database is out-of-date.
Checked by AVG Free Edition.
Version: 7.1.392 / Virus Database: 268.5.6/339 - Release Date: 5/14/2006

--
Internal Virus Database is out-of-date.
Checked by AVG Free Edition.
Version: 7.1.392 / Virus Database: 268.5.6/339 - Release Date: 5/14/2006

--
No virus found in this outgoing message.
Checked by AVG Free Edition.
Version: 7.1.394 / Virus Database: 268.7.2/349 - Release Date: 5/26/2006

[attachment "hobart dlt screen grabs.zip" deleted by Annie Lechi/MLS/MS/PHILIPS]
--
No virus found in this incoming message.

--

--

--

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: AW: 7.6c upgrade
Fecha:	lunes, 12 de junio de 2006 16:41:50
Archivos adjuntos:	

Hello All,

We did receive this report from other people, and I personally wrote the text for a warning with a big exclamation sign describing this issue. I do not recall if it was in the release notes or the manual, now, but it will definitely be in the docs.

Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

To pinnacle-users@explode.unsw.edu.au

cc

Subject Re: AW: 7.6c upgrade

Classification

"e.vdieren" <e.vdieren@hagaziekenhuis.nl>

Sent by:
owner-pinnacle-users@explode.unsw.edu.au

06/08/2006 06:05 AM

Please respond to pinnacle-users@explode.unsw.edu.au

Hi,

We've had the same problem, and a problem exporting DRRs to our EPID system (theraview). Both were detected AFTER taking version 7.6 into use, fortunately without causing problems.
I agree with Ian that every change should be documented in the release notes. The alternative is to do a full functionality test for every (minor) upgrade.

sincerely
Erik van Dieren

Norton Ian schreef:
Hi Walter,

We recently went from version 6.2b to 7.6c and it went fairly smoothly.

The only problem we found was that on the plan summary sheet it now says "move lasers RIGHT x.xx cm " instead of "move table LEFT x.xx cm".

We went through release notes for versions 7.4 and 7.6 but this change was not documented. We didn't receive any other release notes before this

upgrade from philips. We are pretty vigilant about checking every single detail in the release notes and checking the SW thoughoughly, but this was something we missed.

This caused a bit of confusion, as we didn't notice it until a few days after we started using 7.6c. Some patients were incorrectly simulated (table moved in wrong direction) but luckily no patient was incorrectly treated...

We are currently assuming that this small but significant change was in release notes that we never received.

A detailed list of all SW changes, however so small should be in the release notes AND the service engineer should also provide all previous release notes for missed upgrades. That's my opinion.

Ian

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Bawa, Walter
Gesendet: Freitag, 2. Juni 2006 15:10
An: pinnacle-users@explode.unsw.edu.au
Betreff: RE: 7.6c upgrade

Thanks Ian,It works.
It was a displeasing situation as the pinnacle user interface changed from 7.4f to 7.6c.
Therapists and Docs were not happy, having to look where the old smartsim button has been placed.
After looking around, we found that the button is now called simulation and we can get it in the utilities menu.
My take on this is that for minor upgrades like this one, Philips should not make major changes on the user interface.

Walter

[attachment "e.vdieren.vcf" deleted by Marc Mlyn/MLS/MS/PHILIPS]

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Beam fitting problem
Fecha:	lunes, 12 de junio de 2006 16:42:31
Archivos adjuntos:	

Hello All,

Sorry for my silence, I have been on the road for the past few weeks.

Luc, when I was in Germany recently, I had the opportunity to review some data from one or two sites in the Netherlands that described some of these problems. We believe that they are related to the fact that the head scatter model assumes that the wedge is much farther downstream than is really true on the Elekta systems.

I cannot agree with, or argue with, your QA results at this time. We have submitted these reports into our complaint system, and we hope to get to the bottom of this soon. If you would like to send me any additional data via email, I would be happy to take it.

In the next version of our software, we may revisit our handling of Elekta physics. Although Pinnacle 8.0 (not yet released) will support the fixed jaws of the Beam Modulator, we have not changed any of the other Physics aspects of the model.

Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

To <pinnacle-users@explode.unsw.edu.au>

cc

Subject Beam fitting problem

Classification

"Bos, L.J." <l.j.bos@mca.nl>

Sent by:
owner-pinnacle-users@explode.
unsw.edu.au

06/09/2006 07:00 AM

Please respond to
pinnacle-users@explode.unsw.
edu.au

Pinnacle users,

For more than half a year beam-fit procedures for photon beams were performed in our department using Pinnacle, version 7.6c. The measured profiles of the basic set of fields are accurately predicted by the calculations. However, after several attempts, large deviations in absolute dose remain for offset fields, i.e. half and quarter fields. These deviations are largest for wedged fields; 9% for quarter-wedged fields at 15 MV, and 5% at lower energies. Also, deviations for open fields with more pronounced offsets may reach 9%.
These deviation do not warrant full clinical introduction of the system, but only simple techniques using symmetrical fields.

Despite several months of testing, and research in cooperation with Pinnacle experts of Philips, there is no advance in finding a solution for the apparent problem. Together with one Pinnacle expert of Philips we have come to the point that we fear a conceptual problem in the dose calculations of Pinnacle. Philips acknowledged our problem, but is reluctant to relate our problem with a conceptual problem in the dose calculations or a possible software bug.

We appreciate your response if you are familiar with this problem,..... and how you solved it.

Furthermore, we are interested in the typical deviations in absolute dose between measurements and calculations for half and quarter fields (for example: 10x10 under reference conditions, high and low energy) found in other institutions.

Luc Bos
Medisch Centrum Alkmaar
Alkmaar, the Netherlands

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: 7.6c upgrade
Fecha:	lunes, 12 de junio de 2006 16:52:23
Archivos adjuntos:	

Hello Jeff,

7.6c was a limited release to those who purchased AcQsim3 or simply "needed it" for a specific reason (i.e., a particular bug or problem in their current software required an upgrade to resolve it).

In addition, folks with a support contract who had not received 7.4f may have received this software.

As always, you can always call in and request a new version if one is available - generally, we send at least one version in every 12 month period.

Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

To pinnacle-users@explode.unsw.edu.au
cc
Subject Re: 7.6c upgrade
Classification

JGarrett@mbhs.org

Sent by:
owner-pinnacle-users@explode.unsw.edu.au

06/08/2006 07:44 AM

Please respond to pinnacle-users@explode.unsw.edu.au

Is 7.6c being released to all with service contracts or only a select few.
I thought I read a while back that it was only being delivered to those who
reported a certain issue with the database.

Thanks.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Mark Daniels
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Leaf motion
Fecha:	lunes, 12 de junio de 2006 20:23:25
Archivos adjuntos:	

Hello. Quick question... Is there a patch for carriage motion issues encountered with Pinnacle and Varian 21 EX machines yet? We are running v7.4 in Pinnacle and have planned a few wide pelvic fields with control points where 1) if the collimator is rotated (i.e. 90 or 270 degrees), and the block exceeds the allowable MLC travel distance of some 14.5 cm, the Pinnacle MLC still drives the leaves to the block edge...(unlike what will happen if the collimator is at 180 degrees where they promptly stop at their maximum travel distance) and thereby gives an error on the Linac as the therapist attempts to load the field OR 2) the leaf positions outside the field require manual movement to a new common "meeting ground" vs. at iso. as it will create the same error on the Linac. Just curious. Thanks, -Mark

De:	Sotnick, Steven
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Ultra 10 monitor replacement
Fecha:	lunes, 12 de junio de 2006 21:00:24
Archivos adjuntos:	

Has anyone used a 3rd party vendor to successfully replace a monitor for the Ultra 10 workstation?

Steve Sotnick
Palmetto General Hospital

De:	graham.freestone@ksa.ch
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Electron modelling
Fecha:	viernes, 16 de junio de 2006 14:03:54
Archivos adjuntos:	

Dear Listers,

I am having problems electron modelling, and would like to ask if anybody would be willing to share their models

I am modelling a Siemens AvantGarde with 6-21e, and am concentrating on 9 & 12e at present 10x10cm cone. I have been modelling 110SSD for a 10 open cone, but the 100SSD isodoses have a much poorer fit.

As per a previous post a few weeks ago, I can easily end up values of Sigma and FMCS that are very different from that measured/recommended in the manual to get a fit.

TIA

Graham Freestone

Medizin Phyziker Senior,
Institut für Radio-Onkologie,
Kantonsspital Aarau AG,
CH5001 Aarau,
Switzerland

Tel: +41 62 838 9569
Fax: +41 62 838 5223
Email: graham.freestone@ksa.ch

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	MLD < 15 Gy
Fecha:	viernes, 16 de junio de 2006 18:52:49
Archivos adjuntos:	

We have been using a lung objective of V20<25% for our IMRT plans. There is another parameter which is discussed in the literature called the Mean Lung Dose (MLD). It has been recommended to keep the MLD less than 15 Gy to avoid severe radiation pneumonitis:

Radiology Vol 235, No 1, pp 208-215
IJROBP Vol 65, No 1, pp 125-131

Although we cannot set this as an IMRT objective, it is a good way to evaluate the final plan for lung sparing. It may be especially helpful when the V20 is greater than 25%.

De:	Damian Speakman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Filming an IMRT composite
Fecha:	viernes, 16 de junio de 2006 23:16:11
Archivos adjuntos:	

Does anyone know if there is a way to film the composite MLC of an IMRT field?

Thanks

Damian

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Hostnames
Fecha:	domingo, 18 de junio de 2006 23:42:58
Archivos adjuntos:	

Dear all,

Are there anyone who can inform how the ip name conversion is working, and how I should include an additional name to the serves hostlist such that it would be vissible to all the clients?

I have added an entry in the /etc/hosts file on the server. However this entry is not "vissible" on the clients. The local /etc/hosts files do not contain the names of all the clients still they can ping each other by use of name (not only IP). I assumed that this information was stored in the /etc/hosts on the server. There is also a file /etc/inet/hosts which for the clients is the same as /etc/hosts (symbolic link) but is a different file on the server. I tried to add the same entry to this file whitout any succes seen from the clients (I am not able to ping the new entry by name).

Is there someone who can guide me?

All the best

Carsten Brink

==========

Carsten Brink, Ph.D.
Stedfortræder for cheffysiker/Assistant Head of Laboratory of Radiation Physics
Radiofysisk laboratorium / Laboratory of Radiation Physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

unsubscribe pinnacle-users <e-mail address>
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##

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Hostnames
Fecha:	lunes, 19 de junio de 2006 1:43:18
Archivos adjuntos:	

Carsten

You need to add the hostname to the NIS (formerly YP) database.
To do this become root user (su passwd)

cd /var/yp
/usr/ccs/bin/make

After the edit to the hosts file, this then updates the NIS. To see what is currently in the NIS use

ypcat hosts

This will list the defined hosts, note you should get the same result on the server or the clients. You don't need to edit the hosts file on the clients.

Trivia question: What did YP stand for and why is it now known as NIS?

Regards

Nick

At 11:05 PM 18/06/2006 +0200, you wrote:
>Dear all,
>
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>how I should include an additional name to the serves hostlist such that
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>Carsten Brink
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>
>===================================
>Carsten Brink, Ph.D.
>Stedfortræder for cheffysiker/Assistant Head of Laboratory of Radiation
>Physics
>Radiofysisk laboratorium / Laboratory of Radiation Physics
>Odense Universitetshospital / Odense University Hospital
>DK-5000 Odense C
>Denmark
>Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
>e-mail: carsten.brink@ouh.fyns-amt.dk
>
>
>
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##

De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Hostnames
Fecha:	lunes, 19 de junio de 2006 8:32:18
Archivos adjuntos:	

NIS is network information service. Didn't yp mean yellow pages?

Here is a quote from the informit.com (redhat linux) site:

NIS, developed by Sun Microsystems as part of its SunOS operating system, was originally known as The Yellow Pages, or YP for short. Unfortunately, the name Yellow Pages had already been trademarked, and the resulting lawsuit forced the name change to NIS. You will soon discover that all the NIS commands are still prefixed with yp

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Nick Bennie
Gesendet: Montag, 19. Juni 2006 01:00
An: pinnacle-users@explode.unsw.edu.au
Betreff: Re: Hostnames

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##

De:	e.damen@nki.nl
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MLD < 15 Gy
Fecha:	lunes, 19 de junio de 2006 12:03:35
Archivos adjuntos:	

Dear Pinnacle users,

If you use Version 7.4 or higher, there is a way to set the Mean Lung Dose (MLD) as an IMRT objective in the following way: define a maximum EUD, with volume parameter "a" set to 1.0. Using this value, the EUD is equivalent to the mean dose (see e.g. Kwa etal 1998 Radioth Oncol 48; 61-69 or Choi etal 2002 PMB 47; 3579-3589).

Best Regards,

Eugène Damen

Eugène M.F. Damen, Ph.D.
Clinical Physicist
Radiotherapy Division

The Netherlands Cancer Institute
Antoni van Leeuwenhoek Hospital
Amsterdam, The Netherlands
phone: +31 20 512 2205
fax: +31 20 669 1101
e-mail: e.damen@nki.nl

> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-
> users@explode.unsw.edu.au] On Behalf Of Scott DUBE
> Sent: Friday, June 16, 2006 17:40
> To: pinnacle-users@explode.unsw.edu.au
> Subject: MLD < 15 Gy
>
> We have been using a lung objective of V20<25% for our IMRT plans.
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> the Mean Lung Dose (MLD). It has been recommended to keep the MLD

> less than 15 Gy to avoid severe radiation pneumonitis:
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> Radiology Vol 235, No 1, pp 208-215
> IJROBP Vol 65, No 1, pp 125-131
>
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##

De:	Yibing Hu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Philips Webex Training Sessions
Fecha:	lunes, 19 de junio de 2006 15:43:07
Archivos adjuntos:	

Dear Marc:

Is there more webex training session coming up soon? If so, please let me know.

Thanks,

Harry

On 4/20/06, **Marc Mlyn** <marc.mlyn@philips.com> wrote:

> Hello All,
>
> We are going to be starting a series of free Webex based training sessions, available to our customers. We will begin with Physics topics, to review the changes since v7.4f, and then we will move on to IMRT and other special subjects in future programs.
>
> The first program is set for next week, Wednesday the 26th of April from 11:00am to 12:30pm EDT (UTC/GMT -4 hours)
>
> Several more will follow so do not worry if you can't make this one. **This first session is limited to 10 attendees**, so please send an email requesting registration and the access information to **pros.support@philips.com**, attention to Marc Mlyn.
>
> Please do not send an email to me directly - I will receive all of your emails to the above address.

We look forward to increasing the number and quality of these continuing education programs for you in the next few months.

Best Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support USA 1-800-722-9377
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com

--
Yibing Hu (Harry), MS
Medical Physicist
Radiation Medicine Specialists
Forty Fort, PA 18704

De:	Kowalski, Matt
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 7.6c upgrade
Fecha:	lunes, 19 de junio de 2006 17:21:00
Archivos adjuntos:	

Hello Marc:

Please, include me on the next WEBEX learning session
Best wishes,
Matt Kowalski

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Marc Mlyn
Sent: Monday, June 12, 2006 8:17 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: 7.6c upgrade

Hello Jeff,

7.6c was a limited release to those who purchased AcQsim3 or simply "needed it" for a specific reason (i.e., a particular bug or problem in their current software required an upgrade to resolve it).

In addition, folks with a support contract who had not received 7.4f may have received this software.

As always, you can always call in and request a new version if one is available - generally, we send at least one version in every 12 month period.

Regards,

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PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

To pinnacle-users@explode.unsw.edu.au

cc

Subject Re: 7.6c upgrade

Classification

JGarrett@mbhs.org

Sent by:
owner-pinnacle-users@explode.
unsw.edu.au

06/08/2006 07:44 AM

Please respond to
pinnacle-users@explode.unsw.
edu.au

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Thanks.

Jeffrey A. Garrett, MS, DABR
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Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Kowalski, Matt
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 7.6c upgrade
Fecha:	lunes, 19 de junio de 2006 17:25:23
Archivos adjuntos:	

Hello Marc:

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Matt Kowalski

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Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

To pinnacle-users@explode.unsw.edu.au

cc

Subject Re: 7.6c upgrade

Classification

JGarrett@mbhs.org

Sent by:
owner-pinnacle-users@explode.
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06/08/2006 07:44 AM

Please respond to
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Mississippi Baptist Medical Center
1225 North State Street
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Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	creating a startup script
Fecha:	martes, 20 de junio de 2006 2:26:17
Archivos adjuntos:	

I would like a particular shell script to run each time the Pinnacle workstation is started. How would I go about doing this? The executable I would like to configure and run each morning is in /usr/local/bin and I have the script working just fine in $HOME/bin but it is a hassle to have to run it each morning on all of our remote Pinnacle boxes via telnet or some other remote connection. I have read that you can create startup scripts in /etc/init.d but it doesn't run when I try and put it in there. Can one of you who have scripts that run on startup run me through what needs to happen to get this script to run?

Thanks,

-Mike

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: creating a startup script
Fecha:	martes, 20 de junio de 2006 3:04:03
Archivos adjuntos:	

---

put your script in /etc/rc2.d

I usually call the ones I put there something like S99xxxxx

If you look in /etc/rc2.d you will see that there will be other scripts with similar names. The scripts are run sequentially with the smaller number (like S90xxxx) run first.

==========

Stephen K. Thompson, MS, DABR
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
> **Sent:** Monday, June 19, 2006 4:53 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** creating a startup script
>
> I would like a particular shell script to run each time the Pinnacle workstation is started. How would I go about doing this? The executable I would like to configure and run each morning is in /usr/local/bin and I have the script working just fine in $HOME/bin but it is a hassle to have to run it each morning on all of our remote Pinnacle boxes via telnet or some other remote connection. I have read that you can create startup

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Thanks,

-Mike

De:	Craig Dersley
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	SB2500 - restoring from a old backed up DLT TAPE with launchpad 3.4b
Fecha:	martes, 20 de junio de 2006 7:53:12
Archivos adjuntos:	

Has anyone migrated a DLT8000 from a SB2000 to a SB2500 and got the DLT tape to work on both old tapes and new DLT tapes?????????

I have the following scenario!!

LaunchPad 3.4b
Pinnacle 6.2b and Pinnacle 7.6

Restoring new data from a DLT tape works fine (this method uses restore from index),

However, I cannot get the restore function to work when restoring from older backed up data. (this method uses restore from header) - I get a failed message.

Based on the above surely pinnacle recognises the tape drive Ok - so its goto be something to do with the LaunchPad 3.4b and Pinnacle.

Any Suggestions much appreciated

What should the IODeviceDB look like - has anyone got a sample on efor a DLT tape drive on a SB2500

Thanks
Craig Dersley

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Nine Field IMRT poll
Fecha:	martes, 20 de junio de 2006 8:21:05
Archivos adjuntos:	

Many centers use a nine field technique to treat abdomen and pelvis. I am curious which geometries are used. Please tell which applies to you:

A) 0, 40, 80, 120, 160, 200, 240, 280, 320

B) 180, 220, 260, 300, 340, 20, 60, 100, 140

C) Other

I'll post a summary in a few days. Thanks.

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Nine Field IMRT poll
Fecha:	martes, 20 de junio de 2006 8:28:07
Archivos adjuntos:	

Many centers use a nine field technique to treat abdomen and pelvis. I am curious which geometries are used. Please tell which applies to you:

A) 0, 40, 80, 120, 160, 200, 240, 280, 320

B) 180, 220, 260, 300, 340, 20, 60, 100, 140

C) Other

I'll post a summary in a few days. Thanks.

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Nine Field IMRT poll
Fecha:	martes, 20 de junio de 2006 12:39:46
Archivos adjuntos:	

Seems like it might depend on the gantry angle convention.

Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Monday, June 19, 2006 11:58 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Nine Field IMRT poll

Many centers use a nine field technique to treat abdomen and pelvis. I
am curious which geometries are used. Please tell which applies to you:

A) 0, 40, 80, 120, 160, 200, 240, 280, 320

B) 180, 220, 260, 300, 340, 20, 60, 100, 140

C) Other

I'll post a summary in a few days. Thanks.

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##

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account will not be distributed unless that account is also subscribed.
##

De:	Yibing Hu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle 7.4, Siemens Primus and Mapcheck
Fecha:	martes, 20 de junio de 2006 15:23:07
Archivos adjuntos:	

Dear Listers:

We are at the last step finishing the upgrade from 6.2 to 7.4. However, we came across this
problem. We updated the machine configuration to match with the Siemens Primus, which
has the tray opening toward patient right. In doing so, the ODM under inverse planning and
planar dose fluence map are displayed 90 degree rotated. eg: when you expect the fluence
map look like this "^", you will see this "<" on the screen. It seems that Pinnacle always
display the ODM according to the definitions of "top, bottem, left, right", regardless with jaw
they are corresponding to. And in our situation, Y2 jaw (which is the upper Y jaw) is defined
as "left". The end result is that ODM and planar dose are displayed sideways. I have confirmed
with Phillips and a few friends that it is normal for Primus machines. However, we also use
mapcheck to do our IMRT QA. And with this configuration, the planar dose that is sent over
to mapcheck is also rotated. The workaround from Sunnuclear is to setup mapcheck in the
rotated direction as well. We are reluctant to do so because we feel that we are manipulating
the measurement in this way. We'd like to know if there is better solution out there. Anyone out there
also use Siemens Primus and Mapcheck to do your QA? Please share your experience.

TIA

--
Yibing Hu (Harry), MS
Medical Physicist
Radiation Medicine Specialists
Forty Fort, PA 18704

De:	Wamala Muhamudu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: creating a startup script
Fecha:	martes, 20 de junio de 2006 16:37:56
Archivos adjuntos:	

Hello Mike,

Basically, all you have to do is create links to your script in the following directories:

- cd /etc/rc3.d (assuming your default run level is 3… You can find this out by running the command 'who –r')
- ln –s /usr/local/bin/script.mike.start /etc/rc3.d/S78mike.start (links S78mike.start to script.mike.start…)
- cd /etc/rcS.d
- ln –s /usr/local/bin/script.mike.stop /etc/rcS.d/K78mike.stop (clean-up script)

I hope that helps.

Moe

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
Sent: Monday, June 19, 2006 7:53 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: creating a startup script

I would like a particular shell script to run each time the Pinnacle workstation is started. How would I go about doing this? The executable I would like to configure and run each morning is in /usr/local/bin and I have the script working just fine in $HOME/bin but it is a hassle to have to run it each morning on all of our remote Pinnacle boxes via telnet or some other remote connection. I have read that you can create startup scripts in /etc/init.d but it doesn't run when I try and put it in there. Can one of you who have scripts that run on startup run me through what needs to happen to get this script to run?

Thanks,

-Mike

De:	Barrett Marc
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Nine Field IMRT poll
Fecha:	martes, 20 de junio de 2006 16:44:41
Archivos adjuntos:	

I would also suggest that patient orientation (prone, supine, head to gantry, feet to gantry, etc.) be included along with the beam angles used and the angle convention used.

Thanks,

Marc R. Barrett
Radiation Safety Officer, Director
Radiation Physicist
Rapides Cancer Center

"Remember, no matter where you go...there you are"

De:	Jennifer Buskerud
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Nine Field IMRT poll
Fecha:	martes, 20 de junio de 2006 23:47:46
Archivos adjuntos:	

We use all of the choices depending on the location of the tumor.
Jennifer

Scott DUBE <sdube@queens.org> wrote:

> Many centers use a nine field technique to treat abdomen and pelvis. I
> am curious which geometries are used. Please tell which applies to you:
>
> A) 0, 40, 80, 120, 160, 200, 240, 280, 320
>
> B) 180, 220, 260, 300, 340, 20, 60, 100, 140
>
> C) Other
>
> I'll post a summary in a few days. Thanks.
>
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> account will not be distributed unless that account is also subscribed.
> ##

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	P.S. Nine Field IMRT poll
Fecha:	miércoles, 21 de junio de 2006 0:59:01
Archivos adjuntos:	

" Seems like it might depend on the gantry angle convention."

> I've known Greg since graduate school and he has always been the master of understatement. It certainly does matter on the convention because there are a number of Varian machines out there which defy the IEC. So let me rephrase the question:

Assume machine is IEC compliant (Gantry 0 at 12:00, Gantry 90 at 3:00)
Assume patient is supine and head toward the gantry
Assume you are treating prostate plus pelvis nodes

What gantry angles would you use?

De:	Clay Stablein
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: P.S. Nine Field IMRT poll
Fecha:	miércoles, 21 de junio de 2006 2:18:13
Archivos adjuntos:	

207, 260, 309, 0, 51, 100, 153

Scott DUBE <sdube@queens.org> wrote:

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>
> > I've known Greg since graduate school and he has always been the master of understatement. It certainly does matter on the convention because there are a number of Varian machines out there which defy the IEC. So let me rephrase the question:
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> Assume you are treating prostate plus pelvis nodes
>
> What gantry angles would you use?
>
>

De:	Clay Stablein
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: P.S. Nine Field IMRT poll
Fecha:	miércoles, 21 de junio de 2006 2:26:26
Archivos adjuntos:	

207, 260, 309, 0, 51, 100, 153

Scott DUBE <sdube@queens.org> wrote:

> " Seems like it might depend on the gantry angle convention."
>
> > I've known Greg since graduate school and he has always been the master of understatement. It certainly does matter on the convention because there are a number of Varian machines out there which defy the IEC. So let me rephrase the question:
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> Assume patient is supine and head toward the gantry
> Assume you are treating prostate plus pelvis nodes
>
> What gantry angles would you use?
>
>

De:	Stanley Makgere
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DICOM RT
Fecha:	miércoles, 21 de junio de 2006 9:00:47
Archivos adjuntos:	

Dear All

I am using version Pinnacle 7.6c with DICOM RT configured, and we use CDs to import patient file. We can only import image from the CD but with no DICOM RT structures.

Is there someone who can help so that I can be able to import structures from the CDs.

Thanx

Stanley Makgere
Medical Physicist
Netcare Parklands Hospital
Durban
South Africa

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DICOM RT
Fecha:	miércoles, 21 de junio de 2006 9:12:38
Archivos adjuntos:	

Stanley

I haven't tried it but I expect using Plan Import to read in the structure set file defaults to the DICOM receive dir ie /autoDataSets/DICOM whereas when importing the images, you select the source, in your case DICOM-CD.

I would suggest coping the Structure set file from the CD into /autoDataSets/DICOM then try Plan Import.

Regards

Nick

At 08:40 AM 21/06/2006 +0200, you wrote:

> Dear All
>
> I am using version Pinnacle 7.6c with DICOM RT configured, and we use CDs to import patient file. We can only import image from the CD but with no DICOM RT structures.
>
> Is there someone who can help so that I can be able to import structures from the CDs.
>
> Thanx
>
> Stanley Makgere
> Medical Physicist
> Netcare Parklands Hospital
> Durban
> South Africa

De:	Jeff Limmer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Tomo rfp
Fecha:	miércoles, 21 de junio de 2006 16:18:06
Archivos adjuntos:	

Scott,

Do you have an RFP for the Tomo unit you purchased that I could use as a template for mine?

Jeff

Jeffrey P. Limmer, MS Ed, MSc, D.A.B.R.
Chief Medical Physicist
U of Wisconsin Cancer Centers
Wausau and Wisconsin Rapids
215 N 28th Ave
Wausau, WI 54401

Office: 715/847-2685

De:	Clay Stablein
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle 7.4, Siemens Primus and Mapcheck
Fecha:	miércoles, 21 de junio de 2006 16:23:05
Archivos adjuntos:	

Well, I think that it is admirable of you to care about proper orientation. However, if you establish proper orientation by confirming that rotation is needed, then you are still confirming proper orientation. I've been reluctant to rotate simply to get orientation agreement, myself. But, once I confirmed through a visual at the machine and (in my mind) "on the patient", then I was comfortable rotating the planar dose (or rotating mapcheck itself).

Yibing Hu <huyibing@gmail.com> wrote:

> Dear Listers:
>
> We are at the last step finishing the upgrade from 6.2 to 7.4. However, we came across this
> problem. We updated the machine configuration to match with the Siemens Primus, which
> has the tray opening toward patient right. In doing so, the ODM under inverse planning and
> planar dose fluence map are displayed 90 degree rotated. eg: when you expect the fluence
> map look like this "^", you will see this "<" on the screen. It seems that Pinnacle always
> display the ODM according to the definitions of "top, bottem, left, right", regardless with jaw
> they are corresponding to. And in our situation, Y2 jaw (which is the upper Y jaw) is defined
> as "left". The end result is that ODM and planar dose are displayed sideways. I have confirmed
> with Phillips and a few friends that it is normal for Primus machines. However, we also use
> mapcheck to do our IMRT QA. And with this configuration, the planar dose that is sent over
> to mapcheck is also rotated. The workaround from Sunnuclear is to setup mapcheck in the

rotated direction as well. We are reluctant to do so because we feel that we are manipulating
the measurement in this way. We'd like to know if there is better solution out there. Anyone out there
also use Siemens Primus and Mapcheck to do your QA? Please share your experience.

TIA

--
Yibing Hu (Harry), MS
Medical Physicist
Radiation Medicine Specialists
Forty Fort, PA 18704

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: P.S. Nine Field IMRT poll
Fecha:	miércoles, 21 de junio de 2006 16:55:04
Archivos adjuntos:	

180,220,280,330,30,80,140

Kim P. Knight, RT (R)(T), A.R.R.T., CMD
Certified Medical Dosimetrist
Cabrini Center for Cancer Care
Alexandria, LA 71301

Phone: 318-448-6937
Fax: 318-483-4097

Email: kim.knight@christushealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Tuesday, June 20, 2006 5:13 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: P.S. Nine Field IMRT poll

" Seems like it might depend on the gantry angle convention."

> I've known Greg since graduate school and he has always been the master of understatement. It certainly does matter on the convention because there are a number of Varian machines out there which defy the IEC. So let me rephrase the question:

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What gantry angles would you use?

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De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Tomo rfp
Fecha:	miércoles, 21 de junio de 2006 19:55:43
Archivos adjuntos:	

Below you will find the Technical Section we included in the RFP we sent to Tomotherapy, Varian, Elekta, and Siemens. The responses were all over the map but it helped us do a comparison of apples and apples.

vvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvvv

IGRT RFP

Please describe the hardware, software, process, and other pertinent information associated with each item identified below. Describe any exceptions or deviations from the workflow.

Assume the patient is to be treated with highly modulated IMRT. The PTV treats a 20 cm long volume including the nasopharynx plus regional and supraclavicular nodes while sparing the cord and parotids.

Planning
1. Scan patient on AcQSim
2. Plan patient on Pinnacle for IMRT treatment
3. Transfer treatment parameters to IMPAC
4. Transfer DRRs to IMPAC
5. Transfer CT images to IMPAC

IMRT Plan Validation
1. Verify MU with RadCalc
2. Use IMPAC QA mode to deliver treatment to film in phantom
3. Analyze QA film on RIT

Daily Treatment
1. Import treatment parameters from IMPAC
2. Import DRRs from IMPAC
3. Import CT images from IMPAC
4. Position patient on couch with immobilization
5. Align patient with laser system
6. Generate Radiograph setup images (kV and/or MV)
7. Generate CT setup images (kV and/or MV)

8. Determine patient shifts
9. Perform patient shifts from treatment console
10. Treat patient

Daily Treatment Record
1. Export treatment record to IMPAC
2. Export Radiographs to IMPAC
3. Export CT images to IMPAC

Time Analysis
1. Time to generate treatment plan if not using Pinnacle
2. Time to generate Radiographs on linac
3. Time to generate CT images on linac
4. Time to analyze images and perform shifts
5. Time to treat patient

Current Options
1. Treatment planning
2. Radiograph imaging
3. CT imaging
4. Treatment delivery

Future Developments
1. Treatment planning
2. Radiograph imaging
3. CT imaging
4. Treatment delivery

Training Options
Physician
Physicist
Dosimetrist
Therapist
Biomedical Engineer

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sent from a subscribed account. Messages sent from a users secondary
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##

De:	Phelan, David
A:	Pinnacle-Users (E-mail);
Cc:	
Asunto:	Transferring Pinnacle documents to Impac
Fecha:	miércoles, 21 de junio de 2006 21:17:02
Archivos adjuntos:	

We are exploring the transfer of Pinnacle documents to Impac instead of printing them in our effort to go chartless. At this point we have used this method:

From ADAC TPS:

Print the plan to a file.
Open file manager and locate the file.
Double click on the file to open it in image viewer.
Open xterm
Run XV
Capture each page of the printed plan page by page and save as a jpeg file
Next we setup windows with the images/isodoses we want to print.
Again these are captured using XV and saved as jpegs files
Using a FTP progam these files are transferred from the ADAC server to a windows workstation and are imported into IMPAC.

Has anyone installed a PDF converter in ADAC so that the printing output can be changed from postscript to PDF? A single PDF file for the text output of the plan would be a major time saver since it is my understanding that IMPAC supports PDF documents.

I'm interested to know how other facilities are handling this issue.

Thanks in advance.

David Phelan CMD

De:	Hendee, Eric
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Transferring Pinnacle documents to Impac
Fecha:	miércoles, 21 de junio de 2006 21:20:57
Archivos adjuntos:	

We use a pdf converter called pstill (acknowledgement to Radiation Oncology Resources for setting it up...).
There is a script our hotscript list that does it all: prints the plan, DVH, isodose, anything else you want to a file, automatically combines, rotates, converts to PDF, and FTPs the file to the escan directory. Very slick, almost too slick!

Eric

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Phelan, David
Sent: Wednesday, June 21, 2006 1:43 PM
To: Pinnacle-Users (E-mail)
Subject: Transferring Pinnacle documents to Impac

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Thanks in advance.

David Phelan CMD

viruses.
ProHealth Care accepts no liability for any damage caused by any virus transmitted by this email.

De:	Hendee, Eric
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Transferring Pinnacle documents to Impac
Fecha:	miércoles, 21 de junio de 2006 21:29:18
Archivos adjuntos:	

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Sent: Wednesday, June 21, 2006 1:43 PM
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David Phelan CMD

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De:	Matthew McMullen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Transferring Pinnacle documents to Impac
Fecha:	miércoles, 21 de junio de 2006 21:45:56
Archivos adjuntos:	

We use licensed copy of Adobe Writer. It recognizes the *.ps file and by double-clicking converts to pdf on the fly. Adobe Writer has many other tools like combining files and electronic signatures which are useful.

Matt

>>> eric.hendee@phci.org 21-Jun-06 2:51 PM >>>
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account will not be distributed unless that account is also subscribed.
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De: Hendee, Eric

A: "pinnacle-users@explode.unsw.edu.au";

Cc:

Asunto: RE: Transferring Pinnacle documents to Impac

Fecha: miércoles, 21 de junio de 2006 21:48:56

Archivos adjuntos:

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
On Behalf Of Thompson, Stephen K
Sent: Wednesday, June 21, 2006 2:05 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Transferring Pinnacle documents to Impac

Please share the script!!!

Here you go, but a couple things to consider:
1. If your system crashes, it ain't my fault.
2. I borrowed parts of the FTP script from a similar script that sends to a PC, and can't really give that out so you're on your own there.
3. You'd have to download and install the pdf converter yourself, or get help if you need it (not from me since I didn't do it here). Pstill is downloadable from the web. There are probably others that do the same thing.
4. You can change what gets printed, and there are ways to script directly printing the dvh without having it open. This script assumes the DVH is open and in front of the window with the isodose dist'n that you want to print (because it dismisses the dvh window after printing).
5. I think if you type pstill in a command line window it will tell you the various commands to rotate, resize, etc.
6. If it's an IMRT plan, you may want to select printing the IMRT summary before or as part of the script to see those pages.

I'm sure there are lots of good ideas out there to do this, and I have to say that it has had a huge impact on our efficiency. Plans are accessible from any computer at any time. No more chasing charts!
Eric

```
WindowList .TrialMain .Create = "PlanButton";

WindowList .TrialPrintConfirmation .Create = "Print Plan...";

WindowList .PrinterSelection .Create = "Select Printer...";

PrinterControl .PrintToFile = 0;

PrinterControl .PrintToFile = 1;

PrinterControl .PrintToFileFileList .Directory = "~";

PrinterControl .PrintToFileFileList .RelativeDirectory = "PlansToPDF";

PrinterControl .PrintToFileFileList .File = "plan";

WindowList .PrinterSelection .Unrealize = "Dismiss";

PrinterControl .ValidateSelectedPrinter = "Print";
```

```
WindowList .TrialPrintConfirmation .Unrealize = "Print";

TrialList .Current .Report = "Print";

WindowList .TrialMain .Unrealize = "Dismiss";

// print dvh, then dismiss window

WindowList .ColorPrinterSelection .Create = "Select Printer...";

ColorPrinterControl .WindowDumpSelectionMethod .LongName = "Define rectangular area using cursor.";

ColorPrinterControl .UpdateScaleMethod = "Define rectangular area using cursor.";

ColorPrinterControl .PrintToFile = 0;

ColorPrinterControl .PrintToFile = 1;

PrinterControl .PrintToFileFileList .Directory = "~";

PrinterControl .PrintToFileFileList .RelativeDirectory = "PlansToPDF";

ColorPrinterControl .PrintToFileFileList .File = "dvh";

WindowList .ColorPrinterSelection .Unrealize = "Dismiss";

ColorPrinterControl .ValidateSelectedPrinter = "Proceed";

WindowList .WindowPrint .Unrealize = "Proceed";

WarningMessage = "Please draw rectangle on DVH window to print";

ResolveDependencies = "Proceed";

SleepSeconds = "1";

PrintWindowDumpReport = "Proceed";

WindowList .PlanEval .Unrealize = "Close Window";

// print isodose

WindowList .ColorPrinterSelection .Create = "Select Printer...";

PrinterControl .PrintToFileFileList .Directory = "~";

PrinterControl .PrintToFileFileList .RelativeDirectory = "PlansToPDF";

ColorPrinterControl .PrintToFileFileList .File = "isodose";

WindowList .ColorPrinterSelection .Unrealize = "Dismiss";

ColorPrinterControl .ValidateSelectedPrinter = "Proceed";

WindowList .WindowPrint .Unrealize = "Proceed";

WarningMessage = "Please draw rectangle on isodose window to print";
```

```
ResolveDependencies = "Proceed";

SleepSeconds = "1";

PrintWindowDumpReport = "Proceed";

// convert PS to PDF

SpawnCommand = "/home/p3rtp/PlansToPDF/pstill_dist/pstill -M allowed=PLMCA -o /home/p3rtp/PlansToPDF/plan.
pdf /home/p3rtp/PlansToPDF/plan /home/p3rtp/PlansToPDF/isodose /home/p3rtp/PlansToPDF/dvh ";

// script to export plan

WaitMessage = "Sending files to PC...";



// Create a string for storing the FTPADAC command

Store.At.TempCommand = SimpleString{};

Store.At.TempCommand.AppendString = "$CBOBDIR/PinnacleSiteData/Scripts/FTPPlan ";

Store.At.TempCommand.AppendString = PatientDirectory;

Store.At.TempCommand.AppendString = " \"";

Store.At.TempCommand.AppendString = PlanInfo.LastName;

Store.At.TempCommand.AppendString = PlanInfo.FirstName;

Store.At.TempCommand.AppendString = PlanInfo.MedicalRecordNumber;

Store.At.TempCommand.AppendString = PlanInfo.Comment;

Store.At.TempCommand.AppendString = "\"";

// Spawn the command

SpawnCommand = Store.At.TempCommand.String;

WaitMessageOff = "";

/* ²ò */
```

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Transferring Pinnacle documents to Impac
Fecha:	miércoles, 21 de junio de 2006 21:48:56
Archivos adjuntos:	

Please share the script!!!

==========

Stephen K. Thompson, MS, DABR
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Hendee, Eric
> **Sent:** Wednesday, June 21, 2006 11:51 AM
> **To:** 'pinnacle-users@explode.unsw.edu.au'
> **Subject:** RE: Transferring Pinnacle documents to Impac
>
> We use a pdf converter called pstill (acknowledgement to Radiation Oncology Resources for setting it up...).
> There is a script our hotscript list that does it all: prints the plan, DVH, isodose, anything else you want to a file, automatically combines, rotates, converts to PDF, and FTPs the file to the escan directory. Very slick, almost too slick!
>
> Eric
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Phelan, David
> Sent: Wednesday, June 21, 2006 1:43 PM
> To: Pinnacle-Users (E-mail)
> Subject: Transferring Pinnacle documents to Impac

We are exploring the transfer of Pinnacle documents to Impac instead of printing them in our effort to go chartless. At this point we have used this method:

From ADAC TPS:

Print the plan to a file.
Open file manager and locate the file.
Double click on the file to open it in image viewer.
Open xterm
Run XV
Capture each page of the printed plan page by page and save as a jpeg file
Next we setup windows with the images/isodoses we want to print.
Again these are captured using XV and saved as jpegs files
Using a FTP progam these files are transferred from the ADAC server to a windows workstation and are imported into IMPAC.

Has anyone installed a PDF converter in ADAC so that the printing output can be changed from postscript to PDF? A single PDF file for the text output of the plan would be a major time saver since it is my understanding that IMPAC supports PDF documents.

I'm interested to know how other facilities are handling this issue.

Thanks in advance.

David Phelan CMD

members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Transferring Pinnacle documents to Impac
Fecha:	miércoles, 21 de junio de 2006 21:49:30
Archivos adjuntos:	

How would we get this pstill converter ?

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Hendee, Eric
Sent: Wednesday, June 21, 2006 1:51 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: Transferring Pinnacle documents to Impac

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There is a script our hotscript list that does it all: prints the plan, DVH, isodose, anything else you want to a file, automatically combines, rotates, converts to PDF, and FTPs the file to the escan directory. Very slick, almost too slick!

Eric

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Phelan, David
Sent: Wednesday, June 21, 2006 1:43 PM
To: Pinnacle-Users (E-mail)
Subject: Transferring Pinnacle documents to Impac

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I'm interested to know how other facilities are handling this issue.

Thanks in advance.

David Phelan CMD

to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle plans to IMPAC
Fecha:	miércoles, 21 de junio de 2006 21:59:40
Archivos adjuntos:	

I think the listserv is blocking my attachment (small pdf file) so shoot me an e-mail if interested in our procedure.

I have tried posting this attachment before on the IMPAC listserv but could not get it to work, it might not this time either. I have typed a document explaining our procedure for importing plans into IMPAC. We started doing this about 6 months ago and although time consuming at first, it seems to have worked out. Eric was helpful as well as Mike Tallhamer for giving me an idea for what is needed. We decided to go with a method that does not install any third party software on the Pinnacle systems to avoid any potential problems with Philips. (I don't know if there would be any anyways.)

Bryan Murray, BSRT (T), CMD
Medical Dosimetrist
UT Southwestern Medical Center at Dallas
Department of Radiation Oncology
5801 Forest Park Road
Dallas, TX 75390-9183
(214)645-8544 Telefax (214)645-7617

De:	Ed McPadden
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Transferring Pinnacle documents to Impac
Fecha:	miércoles, 21 de junio de 2006 22:04:45
Archivos adjuntos:	

---

http://www.pstill.com/

-----Original Message-----
From: Joe Grant [mailto:jgrant@carti.com]
Sent: Wednesday, June 21, 2006 2:20 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Transferring Pinnacle documents to Impac

How would we get this pstill converter ?

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Hendee, Eric
Sent: Wednesday, June 21, 2006 1:51 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: Transferring Pinnacle documents to Impac

We use a pdf converter called pstill (acknowledgement to Radiation Oncology Resources for setting it up...).
There is a script our hotscript list that does it all: prints the plan, DVH, isodose, anything else you want to a file, automatically combines, rotates, converts to PDF, and FTPs the file to the escan directory. Very slick, almost too slick!

Eric

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Phelan, David
Sent: Wednesday, June 21, 2006 1:43 PM

To: Pinnacle-Users (E-mail)
Subject: Transferring Pinnacle documents to Impac

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I'm interested to know how other facilities are handling this issue.

Thanks in advance.

David Phelan CMD

the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Phelan, David
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle plans to IMPAC
Fecha:	miércoles, 21 de junio de 2006 22:04:53
Archivos adjuntos:	

This is a note to Bryan Murray to let him know that his attachment is coming through. It is probably being filtered when the list sends it back to you if it is by your own facility. Anyway, I got it fine. Thanks for the reply.

David Phelan CMD

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Bryan Murray
Sent: Wednesday, June 21, 2006 12:25 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle plans to IMPAC

I have tried posting this attachment before on the IMPAC listserv but could not get it to work, it might not this time either. I have typed a document explaining our procedure for importing plans into IMPAC. We started doing this about 6 months ago and although time consuming at first, it seems to have worked out. Eric was helpful as well as Mike Tallhamer for giving me an idea for what is needed. We decided to go with a method that does not install any third party software on the Pinnacle systems to avoid any potential problems with Philips. (I don't know if there would be any anyways.)

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Medical Dosimetrist
UT Southwestern Medical Center at Dallas
Department of Radiation Oncology
5801 Forest Park Road
Dallas, TX 75390-9183
(214)645-8544 Telefax (214)645-7617

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle plans to IMPAC
Fecha:	miércoles, 21 de junio de 2006 22:39:59
Archivos adjuntos:	Generic Procedure for Pinnacle plans to IMPAC.pdf

---

I have tried posting this attachment before on the IMPAC listserv but could not get it to work, it might not this time either. I have typed a document explaining our procedure for importing plans into IMPAC. We started doing this about 6 months ago and although time consuming at first, it seems to have worked out. Eric was helpful as well as Mike Tallhamer for giving me an idea for what is needed. We decided to go with a method that does not install any third party software on the Pinnacle systems to avoid any potential problems with Philips. (I don't know if there would be any anyways.)

Bryan Murray, BSRT (T), CMD
Medical Dosimetrist
UT Southwestern Medical Center at Dallas
Department of Radiation Oncology
5801 Forest Park Road
Dallas, TX 75390-9183
(214)645-8544 Telefax (214)645-7617

De:	Tallhamer, Mike
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: creating a startup script
Fecha:	jueves, 22 de junio de 2006 3:29:20
Archivos adjuntos:	

Moe

I have pasted my script which runs fine from $HOME/bin

Script: vnc

#! /bin/csh -f
#
Startup script used to configure the VNC connections for remote planning and review
#
#

x11vnc -display :0 -overlay -passwdfile $HOME/bin/login -forever -shared -bg

---

I have placed it in /usr/local/bin
I have also place a symbolic link to it in /etc/rc3.d with the name S78StartVNC
This does not run when I start the Pinnacle workstartion my run level is 3 indicated by using who -r. Since I'm not that familiar with the run levels I'm not sure at which point this script should run but even after login as p3rtp it still as not run. Any ideas?

-Mike

From: Wamala Muhamudu [mailto:Muhamudu.Wamala@hrcc.on.ca]
Sent: Tuesday, June 20, 2006 7:48 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: creating a startup script

Hello Mike,

Basically, all you have to do is create links to your script in the following directories:

- cd /etc/rc3.d (assuming your default run level is 3... You can find this out

by running the command 'who -r')
- ln -s /usr/local/bin/script.mike.start /etc/rc3.d/S78mike.start (links S78mike.start to script.mike.start...)
- cd /etc/rcS.d
- ln -s /usr/local/bin/script.mike.stop /etc/rcS.d/K78mike.stop (clean-up script)

I hope that helps.

Moe

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
Sent: Monday, June 19, 2006 7:53 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: creating a startup script

I would like a particular shell script to run each time the Pinnacle workstation is started. How would I go about doing this? The executable I would like to configure and run each morning is in /usr/local/bin and I have the script working just fine in $HOME/bin but it is a hassle to have to run it each morning on all of our remote Pinnacle boxes via telnet or some other remote connection. I have read that you can create startup scripts in /etc/init.d but it doesn't run when I try and put it in there. Can one of you who have scripts that run on startup run me through what needs to happen to get this script to run?

Thanks,

-Mike

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Transferring Pinnacle documents to Impac
Fecha:	jueves, 22 de junio de 2006 14:19:52
Archivos adjuntos:	

Eric,

Do you have any ballpark figure on how much it cost to have this company set this up? I am just wondering whether it is worth my time to try to figure out how to do this myself or not. Basically wondering if it would be quicker for me to figure it out or try to get the capital to pay someone else to do it lol.

Thanks.

Pat

>From: "Hendee, Eric" <eric.hendee@phci.org>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: '"pinnacle-users@explode.unsw.edu.au"'
><pinnacle-users@explode.unsw.edu.au>
>Subject: RE: Transferring Pinnacle documents to Impac Date: Wed, 21 Jun
>2006 14:26:00 -0500
>
>
>
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Thompson,
>Stephen K
>Sent: Wednesday, June 21, 2006 2:05 PM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: RE: Transferring Pinnacle documents to Impac
>
>
>Please share the script!!!
>
>Here you go, but a couple things to consider:
>1. If your system crashes, it ain't my fault.

>2. I borrowed parts of the FTP script from a similar script that sends to a
>PC, and can't really give that out so you're on your own there.
>3. You'd have to download and install the pdf converter yourself, or get
>help if you need it (not from me since I didn't do it here). Pstill is
>downloadable from the web. There are probably others that do the same
>thing.
>4. You can change what gets printed, and there are ways to script directly
>printing the dvh without having it open. This script assumes the DVH is
>open and in front of the window with the isodose dist'n that you want to
>print (because it dismisses the dvh window after printing).
>5. I think if you type pstill in a command line window it will tell you the
>various commands to rotate, resize, etc.
>6. If it's an IMRT plan, you may want to select printing the IMRT summary
>before or as part of the script to see those pages.
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>I'm sure there are lots of good ideas out there to do this, and I have to
>say that it has had a huge impact on our efficiency. Plans are accessible
>from any computer at any time. No more chasing charts!
>Eric
>
>----------
>----------
>
>WindowList .TrialMain .Create = "PlanButton";
>
>WindowList .TrialPrintConfirmation .Create = "Print Plan...";
>
>WindowList .PrinterSelection .Create = "Select Printer...";
>
>PrinterControl .PrintToFile = 0;
>
>PrinterControl .PrintToFile = 1;
>
>PrinterControl .PrintToFileFileList .Directory = "~";
>
>PrinterControl .PrintToFileFileList .RelativeDirectory = "PlansToPDF";
>
>PrinterControl .PrintToFileFileList .File = "plan";
>
>WindowList .PrinterSelection .Unrealize = "Dismiss";
>
>PrinterControl .ValidateSelectedPrinter = "Print";
>
>WindowList .TrialPrintConfirmation .Unrealize = "Print";
>

```
>TrialList .Current .Report = "Print";
>
>WindowList .TrialMain .Unrealize = "Dismiss";
>
>// print dvh, then dismiss window
>
>WindowList .ColorPrinterSelection .Create = "Select Printer...";
>
>ColorPrinterControl .WindowDumpSelectionMethod .LongName = "Define
>rectangular area using cursor.";
>
>ColorPrinterControl .UpdateScaleMethod = "Define rectangular area using
>cursor.";
>
>ColorPrinterControl .PrintToFile = 0;
>
>ColorPrinterControl .PrintToFile = 1;
>
>PrinterControl .PrintToFileFileList .Directory = "~";
>
>PrinterControl .PrintToFileFileList .RelativeDirectory = "PlansToPDF";
>
>ColorPrinterControl .PrintToFileFileList .File = "dvh";
>
>WindowList .ColorPrinterSelection .Unrealize = "Dismiss";
>
>ColorPrinterControl .ValidateSelectedPrinter = "Proceed";
>
>WindowList .WindowPrint .Unrealize = "Proceed";
>
>WarningMessage = "Please draw rectangle on DVH window to print";
>
>ResolveDependencies = "Proceed";
>
>SleepSeconds = "1";
>
>PrintWindowDumpReport = "Proceed";
>
>WindowList .PlanEval .Unrealize = "Close Window";
>
>// print isodose
>
>WindowList .ColorPrinterSelection .Create = "Select Printer...";
>
>PrinterControl .PrintToFileFileList .Directory = "~";
```

```
>
>PrinterControl .PrintToFileFileList .RelativeDirectory = "PlansToPDF";
>
>ColorPrinterControl .PrintToFileFileList .File = "isodose";
>
>WindowList .ColorPrinterSelection .Unrealize = "Dismiss";
>
>ColorPrinterControl .ValidateSelectedPrinter = "Proceed";
>
>WindowList .WindowPrint .Unrealize = "Proceed";
>
>WarningMessage = "Please draw rectangle on isodose window to print";
>
>ResolveDependencies = "Proceed";
>
>SleepSeconds = "1";
>
>PrintWindowDumpReport = "Proceed";
>
>// convert PS to PDF
>
>SpawnCommand = "/home/p3rtp/PlansToPDF/pstill_dist/pstill -M allowed=PLMCA
>-o /home/p3rtp/PlansToPDF/plan.pdf /home/p3rtp/PlansToPDF/plan
>/home/p3rtp/PlansToPDF/isodose /home/p3rtp/PlansToPDF/dvh ";
>
>// script to export plan
>
>WaitMessage = "Sending files to PC...";
>
>
>
>// Create a string for storing the FTPADAC command
>
>Store.At.TempCommand = SimpleString{};
>
>Store.At.TempCommand.AppendString =
>"$CBOBDIR/PinnacleSiteData/Scripts/FTPPlan ";
>
>Store.At.TempCommand.AppendString = PatientDirectory;
>
>Store.At.TempCommand.AppendString = " \"";
>
>Store.At.TempCommand.AppendString = PlanInfo.LastName;
>
>Store.At.TempCommand.AppendString = PlanInfo.FirstName;
```

>
>Store.At.TempCommand.AppendString = PlanInfo.MedicalRecordNumber;
>
>Store.At.TempCommand.AppendString = PlanInfo.Comment;
>
>Store.At.TempCommand.AppendString = "\"";
>
>// Spawn the command
>
>SpawnCommand = Store.At.TempCommand.String;
>
>WaitMessageOff = "";
>
>/* ²ò */
>
>
>
>
>
>
>This information is confidential and intended solely for the use of the
>individual or entity to whom it is addressed.
>If you have received this email in error please notify the sender or our
>Customer Support Center at (262) 928-2777.
>
>We have scanned this email and its attachments for malicious content.
>However, the recipient should check this email and any attachments for the
>presence of viruses.
>ProHealth Care accepts no liability for any damage caused by any virus
>transmitted by this email.
>

De:	Lee Zarger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Transferring Pinnacle documents to Impac
Fecha:	jueves, 22 de junio de 2006 15:06:22
Archivos adjuntos:	

You can use any FTP program-installed on your PC- you probably already have this if you do IMRT- for the qa(planar dose export). If you don't have this your IT people can help you set it up- the programs are usually freeware. Adobe Acrobat Professional is a few hundred bucks I think. Of course you also need the Escan module from Impac- don't think you need to pay someone
to help you set it all up- Impac would help you with that part.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Pat Meek
Sent: Thursday, June 22, 2006 7:51 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Transferring Pinnacle documents to Impac

Eric,

Do you have any ballpark figure on how much it cost to have this company set this up? I am just wondering whether it is worth my time to try to figure out how to do this myself or not. Basically wondering if it would be quicker for me to figure it out or try to get the capital to pay someone else to do it lol.

Thanks.

Pat

>From: "Hendee, Eric" <eric.hendee@phci.org>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: '"pinnacle-users@explode.unsw.edu.au"'
><pinnacle-users@explode.unsw.edu.au>
>Subject: RE: Transferring Pinnacle documents to Impac Date: Wed, 21 Jun
>2006 14:26:00 -0500
>
>

>
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Thompson,
>Stephen K
>Sent: Wednesday, June 21, 2006 2:05 PM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: RE: Transferring Pinnacle documents to Impac
>
>
>Please share the script!!!
>
>Here you go, but a couple things to consider:
>1. If your system crashes, it ain't my fault.
>2. I borrowed parts of the FTP script from a similar script that sends to a
>PC, and can't really give that out so you're on your own there.
>3. You'd have to download and install the pdf converter yourself, or get
>help if you need it (not from me since I didn't do it here). Pstill is
>downloadable from the web. There are probably others that do the same
>thing.
>4. You can change what gets printed, and there are ways to script directly
>printing the dvh without having it open. This script assumes the DVH is
>open and in front of the window with the isodose dist'n that you want to
>print (because it dismisses the dvh window after printing).
>5. I think if you type pstill in a command line window it will tell you the
>various commands to rotate, resize, etc.
>6. If it's an IMRT plan, you may want to select printing the IMRT summary
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>I'm sure there are lots of good ideas out there to do this, and I have to
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>from any computer at any time. No more chasing charts!
>Eric
>
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>----------
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>WindowList .TrialMain .Create = "PlanButton";
>
>WindowList .TrialPrintConfirmation .Create = "Print Plan...";
>
>WindowList .PrinterSelection .Create = "Select Printer...";
>
>PrinterControl .PrintToFile = 0;
>

```
>PrinterControl .PrintToFile = 1;
>
>PrinterControl .PrintToFileFileList .Directory = "~";
>
>PrinterControl .PrintToFileFileList .RelativeDirectory = "PlansToPDF";
>
>PrinterControl .PrintToFileFileList .File = "plan";
>
>WindowList .PrinterSelection .Unrealize = "Dismiss";
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>PrinterControl .ValidateSelectedPrinter = "Print";
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>WindowList .TrialPrintConfirmation .Unrealize = "Print";
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>TrialList .Current .Report = "Print";
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>// print dvh, then dismiss window
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>WindowList .ColorPrinterSelection .Create = "Select Printer...";
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>WarningMessage = "Please draw rectangle on DVH window to print";
```

```
>
>ResolveDependencies = "Proceed";
>
>SleepSeconds = "1";
>
>PrintWindowDumpReport = "Proceed";
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>WindowList .PlanEval .Unrealize = "Close Window";
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>SleepSeconds = "1";
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>// convert PS to PDF
>
>SpawnCommand = "/home/p3rtp/PlansToPDF/pstill_dist/pstill -M allowed=PLMCA
>-o /home/p3rtp/PlansToPDF/plan.pdf /home/p3rtp/PlansToPDF/plan
>/home/p3rtp/PlansToPDF/isodose /home/p3rtp/PlansToPDF/dvh ";
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>// script to export plan
>
>WaitMessage = "Sending files to PC...";
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```

>// Create a string for storing the FTPADAC command
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>Store.At.TempCommand = SimpleString{};
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>Store.At.TempCommand.AppendString =
>"$CBOBDIR/PinnacleSiteData/Scripts/FTPPlan ";
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>Store.At.TempCommand.AppendString = PatientDirectory;
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>Store.At.TempCommand.AppendString = " \"";
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>Store.At.TempCommand.AppendString = PlanInfo.LastName;
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>Store.At.TempCommand.AppendString = PlanInfo.FirstName;
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>Store.At.TempCommand.AppendString = PlanInfo.MedicalRecordNumber;
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>Store.At.TempCommand.AppendString = PlanInfo.Comment;
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>Store.At.TempCommand.AppendString = "\"";
>
>// Spawn the command
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>SpawnCommand = Store.At.TempCommand.String;
>
>WaitMessageOff = "";
>
>/* ²ò */
>
>
>
>
>
>
>

>

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary

account will not be distributed unless that account is also subscribed.
##

De:	Hendee, Eric
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Transferring Pinnacle documents to Impac
Fecha:	jueves, 22 de junio de 2006 15:36:42
Archivos adjuntos:	

I honestly don't know, but you can certainly call Radiation Oncology Resources to find out. Their number is 866-312-3499.

Eric

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Pat Meek
Sent: Thursday, June 22, 2006 6:51 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Transferring Pinnacle documents to Impac

Eric,

Do you have any ballpark figure on how much it cost to have this company set this up? I am just wondering whether it is worth my time to try to figure out how to do this myself or not. Basically wondering if it would be quicker for me to figure it out or try to get the capital to pay someone else to do it lol.

Thanks.

Pat

>From: "Hendee, Eric" <eric.hendee@phci.org>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: '"pinnacle-users@explode.unsw.edu.au"'
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>Subject: RE: Transferring Pinnacle documents to Impac Date: Wed, 21 Jun
>2006 14:26:00 -0500

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```
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>// Spawn the command
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>SpawnCommand = Store.At.TempCommand.String;
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De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Transferring Pinnacle documents to Impac
Fecha:	sábado, 24 de junio de 2006 2:49:11
Archivos adjuntos:	

I was just wondering, is there anywhere that I can go to educate myself on how to write these scripts? By analyzing the script I can kinda tell what most of it is doing, but there are some parts where I am not sure. Just wanting to educate myself somewhat so that I can write a script similar that is custom to our facility.

Thanks.

Pat

>From: "Hendee, Eric" <eric.hendee@phci.org>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: '"pinnacle-users@explode.unsw.edu.au"'
><pinnacle-users@explode.unsw.edu.au>
>Subject: RE: Transferring Pinnacle documents to Impac
>Date: Thu, 22 Jun 2006 08:04:14 -0500
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>

De:	Wamala Muhamudu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: creating a startup script
Fecha:	sábado, 24 de junio de 2006 4:40:40
Archivos adjuntos:	

Two things: 1) Instead of $HOME, specify the full path or define the variable HOME in your script. 2) add "&" at the end of the "x11vnc" command.

If this does not work, check the x11vnc logfile... This might give you some indication of why the script is failing.

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Tallhamer, Mike
Sent: Wed 6/21/2006 9:03 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: creating a startup script

Moe

I have pasted my script which runs fine from $HOME/bin

Script: vnc

#! /bin/csh -f
#
Startup script used to configure the VNC connections for remote planning and review
#
#

x11vnc -display :0 -overlay -passwdfile $HOME/bin/login -forever -shared -bg

---

I have placed it in /usr/local/bin
I have also place a symbolic link to it in /etc/rc3.d with the name S78StartVNC
This does not run when I start the Pinnacle workstartion my run level is 3 indicated by using who -r. Since I'm not that familiar with the run levels I'm not sure at which point this script should run but even after login as p3rtp it still as

not run. Any ideas?

-Mike

From: Wamala Muhamudu [mailto:Muhamudu.Wamala@hrcc.on.ca]
Sent: Tuesday, June 20, 2006 7:48 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: creating a startup script

Hello Mike,

Basically, all you have to do is create links to your script in the following directories:

- cd /etc/rc3.d (assuming your default run level is 3... You can find this out by running the command 'who -r')
- ln -s /usr/local/bin/script.mike.start /etc/rc3.d/S78mike.start (links S78mike.start to script.mike.start...)
- cd /etc/rcS.d
- ln -s /usr/local/bin/script.mike.stop /etc/rcS.d/K78mike.stop (clean-up script)

I hope that helps.

Moe

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
Sent: Monday, June 19, 2006 7:53 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: creating a startup script

I would like a particular shell script to run each time the Pinnacle workstation is started. How would I go about doing this? The executable I would like to configure and run each morning is in /usr/local/bin and I have the script working just fine in $HOME/bin but it is a hassle to have to run it each morning on all of our remote Pinnacle boxes via telnet or some other remote connection. I have read that you can create startup scripts in /etc/init.d but it doesn't run when I try and put it in there. Can one of you who have scripts that run on startup run me through what needs to happen to get this script to run?

Thanks,

-Mike

The contents of this electronic mail message and any attachments are confidential, possibly privileged and intended for the addressee(s) only. Only the addressee(s) may read, disseminate, retain or otherwise use this message. If received in error, please immediately inform the sender and then delete this message without disclosing its contents to anyone.

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Transferring Pinnacle documents to Impac
Fecha:	lunes, 26 de junio de 2006 15:29:40
Archivos adjuntos:	

There are two things you can do. First, you can figure out quite a bit just by examining the syntax of files in the patient plan directory, e.g. plan.Trial, plan.PlanInfo. Once you compare this syntax to the scripts you've seen, you'll get a feel for how to extend them.

Second, record a few scripts and then view/edit them. This will place the script commands in the context of the Pinnacle commands.

Dave

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> patmeek@hotmail.com 6/23/2006 8:17 PM >>>
I was just wondering, is there anywhere that I can go to educate myself on how to write these scripts? By analyzing the script I can kinda tell what most of it is doing, but there are some parts where I am not sure. Just wanting to educate myself somewhat so that I can write a script similar that is custom to our facility.

Thanks.

Pat

>From: "Hendee, Eric" <eric.hendee@phci.org>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: '"pinnacle-users@explode.unsw.edu.au"'
><pinnacle-users@explode.unsw.edu.au>
>Subject: RE: Transferring Pinnacle documents to Impac
>Date: Thu, 22 Jun 2006 08:04:14 -0500
>
>I honestly don't know, but you can certainly call Radiation Oncology

>Resources to find out. Their number is 866-312-3499.
>Eric
>
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Pat Meek
>Sent: Thursday, June 22, 2006 6:51 AM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: RE: Transferring Pinnacle documents to Impac
>
>
>Eric,
>
>Do you have any ballpark figure on how much it cost to have this company
>set
>
>this up? I am just wondering whether it is worth my time to try to figure
>out how to do this myself or not. Basically wondering if it would be
>quicker for me to figure it out or try to get the capital to pay someone
>else to do it lol.
>
>Thanks.
>
>Pat
>
>
> >From: "Hendee, Eric" <eric.hendee@phci.org>
> >Reply-To: pinnacle-users@explode.unsw.edu.au
> >To: '"pinnacle-users@explode.unsw.edu.au"'
> ><pinnacle-users@explode.unsw.edu.au>
> >Subject: RE: Transferring Pinnacle documents to Impac Date: Wed, 21 Jun
> >2006 14:26:00 -0500
> >
> >
> >
> >-----Original Message-----
> >From: owner-pinnacle-users@explode.unsw.edu.au
> >[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Thompson,
> >Stephen K
> >Sent: Wednesday, June 21, 2006 2:05 PM
> >To: pinnacle-users@explode.unsw.edu.au
> >Subject: RE: Transferring Pinnacle documents to Impac
> >
> >
> >Please share the script!!!
> >

> >Here you go, but a couple things to consider:
> >1. If your system crashes, it ain't my fault.
> >2. I borrowed parts of the FTP script from a similar script that sends to
>a
> >PC, and can't really give that out so you're on your own there.
> >3. You'd have to download and install the pdf converter yourself, or get
> >help if you need it (not from me since I didn't do it here). Pstill is
> >downloadable from the web. There are probably others that do the same
> >thing.
> >4. You can change what gets printed, and there are ways to script
>directly
> >printing the dvh without having it open. This script assumes the DVH is
> >open and in front of the window with the isodose dist'n that you want to
> >print (because it dismisses the dvh window after printing).
> >5. I think if you type pstill in a command line window it will tell you
>the
> >various commands to rotate, resize, etc.
> >6. If it's an IMRT plan, you may want to select printing the IMRT summary
> >before or as part of the script to see those pages.
> >
> >I'm sure there are lots of good ideas out there to do this, and I have to
> >say that it has had a huge impact on our efficiency. Plans are
>accessible
> >from any computer at any time. No more chasing charts!
> >Eric
> >
> >----------
>-
> >----------
> >
> >WindowList .TrialMain .Create = "PlanButton";
> >
> >WindowList .TrialPrintConfirmation .Create = "Print Plan...";
> >
> >WindowList .PrinterSelection .Create = "Select Printer...";
> >
> >PrinterControl .PrintToFile = 0;
> >
> >PrinterControl .PrintToFile = 1;
> >
> >PrinterControl .PrintToFileFileList .Directory = "~";
> >
> >PrinterControl .PrintToFileFileList .RelativeDirectory = "PlansToPDF";
> >
> >PrinterControl .PrintToFileFileList .File = "plan";
> >

> >WindowList .PrinterSelection .Unrealize = "Dismiss";
> >
> >PrinterControl .ValidateSelectedPrinter = "Print";
> >
> >WindowList .TrialPrintConfirmation .Unrealize = "Print";
> >
> >TrialList .Current .Report = "Print";
> >
> >WindowList .TrialMain .Unrealize = "Dismiss";
> >
> >// print dvh, then dismiss window
> >
> >WindowList .ColorPrinterSelection .Create = "Select Printer...";
> >
> >ColorPrinterControl .WindowDumpSelectionMethod .LongName = "Define
> >rectangular area using cursor.";
> >
> >ColorPrinterControl .UpdateScaleMethod = "Define rectangular area using
> >cursor.";
> >
> >ColorPrinterControl .PrintToFile = 0;
> >
> >ColorPrinterControl .PrintToFile = 1;
> >
> >PrinterControl .PrintToFileFileList .Directory = "~";
> >
> >PrinterControl .PrintToFileFileList .RelativeDirectory = "PlansToPDF";
> >
> >ColorPrinterControl .PrintToFileFileList .File = "dvh";
> >
> >WindowList .ColorPrinterSelection .Unrealize = "Dismiss";
> >
> >ColorPrinterControl .ValidateSelectedPrinter = "Proceed";
> >
> >WindowList .WindowPrint .Unrealize = "Proceed";
> >
> >WarningMessage = "Please draw rectangle on DVH window to print";
> >
> >ResolveDependencies = "Proceed";
> >
> >SleepSeconds = "1";
> >
> >PrintWindowDumpReport = "Proceed";
> >
> >WindowList .PlanEval .Unrealize = "Close Window";
> >

```
> >// print isodose
> >
> >WindowList .ColorPrinterSelection .Create = "Select Printer...";
> >
> >PrinterControl .PrintToFileFileList .Directory = "~";
> >
> >PrinterControl .PrintToFileFileList .RelativeDirectory = "PlansToPDF";
> >
> >ColorPrinterControl .PrintToFileFileList .File = "isodose";
> >
> >WindowList .ColorPrinterSelection .Unrealize = "Dismiss";
> >
> >ColorPrinterControl .ValidateSelectedPrinter = "Proceed";
> >
> >WindowList .WindowPrint .Unrealize = "Proceed";
> >
> >WarningMessage = "Please draw rectangle on isodose window to print";
> >
> >ResolveDependencies = "Proceed";
> >
> >SleepSeconds = "1";
> >
> >PrintWindowDumpReport = "Proceed";
> >
> >// convert PS to PDF
> >
> >SpawnCommand = "/home/p3rtp/PlansToPDF/pstill_dist/pstill -M
>allowed=PLMCA
> >-o /home/p3rtp/PlansToPDF/plan.pdf /home/p3rtp/PlansToPDF/plan
> >/home/p3rtp/PlansToPDF/isodose /home/p3rtp/PlansToPDF/dvh ";
> >
> >// script to export plan
> >
> >WaitMessage = "Sending files to PC...";
> >
> >
> >
> >// Create a string for storing the FTPADAC command
> >
> >Store.At.TempCommand = SimpleString{};
> >
> >Store.At.TempCommand.AppendString =
> >"$CBOBDIR/PinnacleSiteData/Scripts/FTPPlan ";
> >
> >Store.At.TempCommand.AppendString = PatientDirectory;
> >
```

> >Store.At.TempCommand.AppendString = " \"";
> >
> >Store.At.TempCommand.AppendString = PlanInfo.LastName;
> >
> >Store.At.TempCommand.AppendString = PlanInfo.FirstName;
> >
> >Store.At.TempCommand.AppendString = PlanInfo.MedicalRecordNumber;
> >
> >Store.At.TempCommand.AppendString = PlanInfo.Comment;
> >
> >Store.At.TempCommand.AppendString = "\"";
> >
> >// Spawn the command
> >
> >SpawnCommand = Store.At.TempCommand.String;
> >
> >WaitMessageOff = "";
> >
> >/* ²ò */
> >
> >
> >
> >
> >
> >
> >This information is confidential and intended solely for the use of the
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> >If you have received this email in error please notify the sender or our
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> >
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> >
>
>
>
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>
>Note: To avoid non-delivery error messages being sent to all list
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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Transferring Pinnacle documents to Impac
Fecha:	lunes, 26 de junio de 2006 19:40:42
Archivos adjuntos:	

You can also examine the *.Transcript file in the patient plan directory. That contains in scripting language everything you have done to create the patient's plan. There is a separate transcript for each time you have opened the plan.

On occasion I have done a tail -f on the current transcript file so I can see immediately the syntax for what I am doing.

==========
Stephen K. Thompson, MS, DABR
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Dave Lockman
Sent: Monday, June 26, 2006 5:54 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Transferring Pinnacle documents to Impac

There are two things you can do. First, you can figure out quite a bit just by examining the syntax of files in the patient plan directory, e.g. plan.Trial, plan.PlanInfo. Once you compare this syntax to the scripts you've seen, you'll get a feel for how to extend them.

Second, record a few scripts and then view/edit them. This will place the script commands in the context of the Pinnacle commands.

Dave

David Lockman, D.Sc.

Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> patmeek@hotmail.com 6/23/2006 8:17 PM >>>
I was just wondering, is there anywhere that I can go to educate myself on how to write these scripts? By analyzing the script I can kinda tell what most of it is doing, but there are some parts where I am not sure. Just wanting to educate myself somewhat so that I can write a script similar that is custom to our facility.

Thanks.

Pat

>From: "Hendee, Eric" <eric.hendee@phci.org>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: '"pinnacle-users@explode.unsw.edu.au"'
><pinnacle-users@explode.unsw.edu.au>
>Subject: RE: Transferring Pinnacle documents to Impac
>Date: Thu, 22 Jun 2006 08:04:14 -0500
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>
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>[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Pat Meek
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>To: pinnacle-users@explode.unsw.edu.au
>Subject: RE: Transferring Pinnacle documents to Impac
>
>
>Eric,
>
>Do you have any ballpark figure on how much it cost to have this
>company
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>
>this up? I am just wondering whether it is worth my time to try to
>figure out how to do this myself or not. Basically wondering if it
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>pay someone else to do it lol.

>
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>
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> >From: "Hendee, Eric" <eric.hendee@phci.org>
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> >To: '"pinnacle-users@explode.unsw.edu.au"'
> ><pinnacle-users@explode.unsw.edu.au>
> >Subject: RE: Transferring Pinnacle documents to Impac Date: Wed, 21 Jun
> >2006 14:26:00 -0500
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> >
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> >-----Original Message-----
> >From: owner-pinnacle-users@explode.unsw.edu.au
> >[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Thompson,
> >Stephen K
> >Sent: Wednesday, June 21, 2006 2:05 PM
> >To: pinnacle-users@explode.unsw.edu.au
> >Subject: RE: Transferring Pinnacle documents to Impac
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> >
> >Please share the script!!!
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> >Here you go, but a couple things to consider:
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> >You'd have to download and install the pdf converter yourself, or get
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> >is downloadable from the web. There are probably others that do the
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> >are
>accessible
> >from any computer at any time. No more chasing charts!
> >Eric
> >
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> >------
>-
> >----------
> >
> >WindowList .TrialMain .Create = "PlanButton";
> >
> >WindowList .TrialPrintConfirmation .Create = "Print Plan...";
> >
> >WindowList .PrinterSelection .Create = "Select Printer...";
> >
> >PrinterControl .PrintToFile = 0;
> >
> >PrinterControl .PrintToFile = 1;
> >
> >PrinterControl .PrintToFileFileList .Directory = "~";
> >
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```
> >rectangular area using cursor.";
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> >using cursor.";
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> >SleepSeconds = "1";
> >
> >PrintWindowDumpReport = "Proceed";
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> >WindowList .PlanEval .Unrealize = "Close Window";
> >
> >// print isodose
> >
> >WindowList .ColorPrinterSelection .Create = "Select Printer...";
> >
> >PrinterControl .PrintToFileFileList .Directory = "~";
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> >PrinterControl .PrintToFileFileList .RelativeDirectory =
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> >ColorPrinterControl .PrintToFileFileList .File = "isodose";
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> >WindowList .ColorPrinterSelection .Unrealize = "Dismiss";
> >
> >ColorPrinterControl .ValidateSelectedPrinter = "Proceed";
```

```
> >
> >WindowList .WindowPrint .Unrealize = "Proceed";
> >
> >WarningMessage = "Please draw rectangle on isodose window to print";
> >
> >ResolveDependencies = "Proceed";
> >
> >SleepSeconds = "1";
> >
> >PrintWindowDumpReport = "Proceed";
> >
> >// convert PS to PDF
> >
> >SpawnCommand = "/home/p3rtp/PlansToPDF/pstill_dist/pstill -M
>allowed=PLMCA
> >-o /home/p3rtp/PlansToPDF/plan.pdf /home/p3rtp/PlansToPDF/plan
> >/home/p3rtp/PlansToPDF/isodose /home/p3rtp/PlansToPDF/dvh ";
> >
> >// script to export plan
> >
> >WaitMessage = "Sending files to PC...";
> >
> >
> >
> >// Create a string for storing the FTPADAC command
> >
> >Store.At.TempCommand = SimpleString{};
> >
> >Store.At.TempCommand.AppendString =
> >"$CBOBDIR/PinnacleSiteData/Scripts/FTPPlan ";
> >
> >Store.At.TempCommand.AppendString = PatientDirectory;
> >
> >Store.At.TempCommand.AppendString = " \"";
> >
> >Store.At.TempCommand.AppendString = PlanInfo.LastName;
> >
> >Store.At.TempCommand.AppendString = PlanInfo.FirstName;
> >
> >Store.At.TempCommand.AppendString = PlanInfo.MedicalRecordNumber;
> >
> >Store.At.TempCommand.AppendString = PlanInfo.Comment;
> >
> >Store.At.TempCommand.AppendString = "\"";
> >
> >// Spawn the command
```

> >
> >SpawnCommand = Store.At.TempCommand.String;
> >
> >WaitMessageOff = "";
> >
> >/* ²ò */
> >
> >
> >
> >
> >
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> >
>
>
>
>
>##
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>
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account will not be distributed unless that account is also subscribed.
##

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au; impac-users@wfubmc.edu;
Cc:	
Asunto:	Re: IMPAC and going paperless
Fecha:	viernes, 30 de junio de 2006 18:42:54
Archivos adjuntos:	

We are in the process of purchasing software from Radiation Oncology Resources (ROR) called P3EChart which will reside on the Pinnacle server and send the treatment plan to the IMPAC server as a multiple page PDF file. (I think that is correct.) I'll let you know how it turns out.

>>> "Timothy Kensora" <tkensora@YAHOO.COM> 06/30/06 5:48 AM >>>
Are there any facilities out there that are no longer printing out the individual patient computer plans? Apparently IMPAC can receive plans with isodoses, pretty much everything you see on the Philips planning screen can be sent and viewed in IMPAC. Anyone that has experience with this, I would be interested in hearing about how it is being received and used in your department.
thanks,
Tim Kensora,M.S.
tkensora@yahoo.com

##

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMPAC and going paperless
Fecha:	viernes, 30 de junio de 2006 20:24:52
Archivos adjuntos:	

Scott or anyone else,
How does the Doc(s) sign the isodose plans?

Kim

Kim P. Knight, RT (R)(T), A.R.R.T., CMD
Certified Medical Dosimetrist
Cabrini Center for Cancer Care
Alexandria, LA 71301

Phone: 318-448-6937
Fax: 318-483-4097

Email: kim.knight@christushealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Friday, June 30, 2006 10:53 AM
To: pinnacle-users@explode.unsw.edu.au; impac-users@wfubmc.edu
Subject: Re: IMPAC and going paperless

We are in the process of purchasing software from Radiation Oncology Resources (ROR) called P3EChart which will reside on the Pinnacle server and send the treatment plan to the IMPAC server as a multiple page PDF file. (I think that is correct.) I'll let you know how it turns out.

>>> "Timothy Kensora" <tkensora@YAHOO.COM> 06/30/06 5:48 AM >>>
Are there any facilities out there that are no longer printing out the individual patient computer plans? Apparently IMPAC can receive plans with isodoses, pretty much everything you see on the Philips planning screen can be sent and viewed in IMPAC. Anyone that has experience with this, I would be interested in hearing about how it is

being received and used in your department.
thanks,
Tim Kensora,M.S.
tkensora@yahoo.com

##
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unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

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##

De:	Matthew McMullen
A:	pinnacle-users@explode.unsw.edu.au; tkensora@yahoo.com;
Cc:	
Asunto:	Pinnacle export/IMPAC import
Fecha:	viernes, 30 de junio de 2006 20:47:53
Archivos adjuntos:	

Hi Tim,

Satellite facility in Brighton MI opened in May and we are paperless.

1) Pinnacle print is done to file with a postscript (*.ps) extension.
2) Ftp client is used to send these print jobs (both color and text) to hospital network....IMPAC directory.
3) We use Adobe Distiller to convert ps files to pdf files.
4) Escan module imports the pdf into IMPAC converting these to tif image files when imported. (We NEED native pdf support from IMPAC)

The above process takes less than five minutes. The documents are queued up in IMPAC as encounters requiring signature only or as signature plus co-sign....like dosimetry might require. Electronic signature flow in IMPAC is not perfect but it works.

IMPAC will accept any pdf...so we import everything for planning and physics (RadCalc..IMRT qa...etc) into IMPAC for review checks and chart rounds. I believe what Scott Dube is describing is that ROR has written scripts to automate the above process for them.

Matt

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##

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle export/IMPAC import
Fecha:	viernes, 30 de junio de 2006 21:05:50
Archivos adjuntos:	

Our process is very similar to what Matt described. As for signatures, once the document is in the eScan folder drag it down to the patient's document folder, click "Encounter". We assign it a "Type" <treatment plan>, "Uploaded By" <dosimetrist's name>, "Review Req(uired) By" <physician's name>, "Co-Sign Req By" <physicist's name>. The document is then in the document section of the patient's chart and it is labeled "pending". We then click on status and change it to "review required". This will put the plan on the doctor's signature required list. We do the same with Rad Calc except the physicist and physician are switched for approval and co-sign.

Question for those who are dropping a pdf file directly into IMPAC. Are you having any trouble with the conversion to tiff format such as dropping pages, pages in the wrong order, etc.? We bought a 3rd party document converter to convert the pdf files to tiff files before putting them in the eScan folder and no problems so far. It has also proved useful for things like printing Rad Calc directly to a tiff file, excel spreadsheets to tiff, etc.

Bryan

De:	Matthew McMullen
A:	pinnacle-users@explode.unsw.edu.au; Bryan.Murray@UTSouthwestern.edu;
Cc:	
Asunto:	Re: Pinnacle export/IMPAC import
Fecha:	viernes, 30 de junio de 2006 21:40:28
Archivos adjuntos:	

Bryan:

Oh yes...IMPAC's converter from pdf to tiff (to my observation is also a third party alternative) is THE most troublesome part of this equation. The Escan window often fails to update.....locks up....after/during the conversion process. As I said...we NEED native pdf import support. That is do NOT convert it to the bulky *.tif option but keep and use it in the cleaner *.pdf. BTW...we use the electronic signature option in Adobe Writer to sign off on documents that physics (four of us) open and edit frequently. Keeps an electronic record of changes with comments. Pretty sure MS Word can do this, too.

Matt

>>> Bryan.Murray@UTSouthwestern.edu 30-Jun-06 2:33 PM >>>
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Bryan

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##

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle export/IMPAC import
Fecha:	lunes, 03 de julio de 2006 19:00:40
Archivos adjuntos:	

Listers,

I made the request to IMPAC over three years ago to import native PDF documents in to the patient database record. There is no technical advantage I can think of in converting to TIFF format from PS or PDF. It degrades document quality and requires significantly greater storage resources.

I would suggest we all contact our IMPAC sales reps and make the request for <<native>> PDF support. It is really fatiguing to hear the same "It'll be in the next version..." reply. That now it is not in the next "Latest and Greatest" incarnation, Mosaiq, is almost laughable.

Sean

_____

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Matthew McMullen
Sent: Friday, June 30, 2006 13:55
To: pinnacle-users@explode.unsw.edu.au; Bryan.Murray@UTSouthwestern.edu
Subject: Re: Pinnacle export/IMPAC import

Bryan:

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Bryan

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account will not be distributed unless that account is also subscribed.
##

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle export/IMPAC import
Fecha:	lunes, 03 de julio de 2006 19:50:45
Archivos adjuntos:	leadtools print window.jpg

I will add this just in my experimentation with converting documents. From what I understand, IMPAC does not seem to use any type of compression in their conversion from pdf to tiff. When the IMPAC support people were at our facility, they made the comment that they are using an old version of software to convert documents. I am by no means an employee or on any payroll for the LEAD tools ePrint software that we use, but by converting pdf files to tiff using 3rd party software before importing it into IMPAC, you can save a significant amount of space. There are many different types of compression algorithms to choose from as well as other image types within the software. I just tested a patient's treatment plan by converting it from pdf to tiff using 8 bit LZW RGB conversion and the whole file with 10 pages was 1.53 MB in pdf versus 1.35 MB in tiff with virtually no difference in quality. In my opinion, it is worth the $40 investment. Attached is an image with the pop-up when you hit print in the pdf document. It will sticky the IMPAC eScan directory as where it sends the converted document (which is not the case in the image I attached). Apologies to the Pinnacle users who do not have IMPAC as this seems to be turning into an IMPAC thread but hopefully Pinnacle and all R&V systems are working on an integrated electronic document system that will easily integrate with one another.

Bryan

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle and Philips
Fecha:	lunes, 10 de julio de 2006 21:44:48
Archivos adjuntos:	

Back when Philips acquired Pinnacle I was concerned about the importance that would be given to the planning system inside such a huge company. Those fears were somewhat eased by remarks from those inside Pinnacle that claimed Philips "fully supports the growth of Pinnacle". In fact the only noticeable change at that time was that on their web site the Pinnacle Radiation Therapy Treatment Planning System was listed under Imaging? Not sure why Philips considers Pinnacle and imaging station, but I was willing to ignore this minor insensitivity. However, last week I had to make a service call. It seems now that Pinnacle no longer deserves a subtopic in their menus system. In fact you have to dial down from Diagnostic Equipment (what?) to All Other Products. Is this really what Philips perceives Pinnacle as - just another product in their long line of products? When I did reach service the problem was discovered simply to be a faulty mouse. So I'm thinking OK I'll get a call from a field tech and he'll ship a new mouse pronto. No can do. The field engineer is busy with an install of some diagnostic equipment and will not be here for a week or two - "Can I hold out?" I'm think we'll yes it's OK, I have another mouse (stolen from my 4 year old) but what is the big deal about sending a $20 mouse(OK maybe under Philip's pricing scheme this is a $100 FDA approved mouse)? Why in the world does a field engineer need to come on site for this. Is this what we are in for with Philips? All of a sudden Eclipse/Helios isn't sounding too bad. At least Varian recognizes the importance of their planning system.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Chris Hawkins
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle and Philips
Fecha:	lunes, 10 de julio de 2006 22:10:00
Archivos adjuntos:	

I wouldn't be surprised if this had something to do with corporate structure, dating back to the time that Philips sold their radiation oncology business to Elekta. They then acquired Pinnacle when they purchased ADAC for their Nuc Med products.

^^^^^^^^^^^^^^^^^^^^^^^^^^

Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

>>> JGarrett@mbhs.org 7/10/2006 3:04:46 PM >>>
Back when Philips acquired Pinnacle I was concerned about the importance that would be given to the planning system inside such a huge company. Those fears were somewhat eased by remarks from those inside Pinnacle that claimed Philips "fully supports the growth of Pinnacle". In fact the only noticeable change at that time was that on their web site the Pinnacle Radiation Therapy Treatment Planning System was listed under Imaging? Not sure why Philips considers Pinnacle and imaging station, but I was willing to ignore this minor insensitivity. However, last week I had to make a service call. It seems now that Pinnacle no longer deserves a subtopic in their menus system. In fact you have to dial down from Diagnostic Equipment (what?) to All Other Products. Is this really what Philips perceives Pinnacle as - just another product in their long line of products? When I did reach service the problem was discovered simply to be a faulty mouse. So I'm thinking OK I'll get a call from a field tech and he'll ship a new mouse pronto. No can do. The field engineer is busy with an install of some diagnostic equipment and will not be here for a week or two - "Can I hold out?" I'm think we'll yes it's OK, I have another mouse (stolen from my 4 year old) but what is the big deal about sending a $20 mouse(OK maybe under

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Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	swarwick@stmaryshealth.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle and Philips
Fecha:	lunes, 10 de julio de 2006 22:16:16
Archivos adjuntos:	

I agree. Pinnacle is lost in the behemoth of Philips. The representation of it on their website is pitiful to say the least. Pinnacle users would have been much better off if Elekta had acquired it. With Impac and Pinnacle, Elekta would have become a potential formidable foe to Varian. Instead Varian is gaining marketshare by presenting a complete integrated product (IS, Planning, Treatment, etc.) despite the fact that their IS and TPS is not at the level of some others. Administrators like the one vendor turnkey solution and if they don't know Rad Onc, and many don't, it makes it an easy decision rather than piecemealing together an IS, TPS, and Linac together from 3 different vendors.

If I was CEO of Elekta, I would purchase Pinnacle away from Philips, dump PrecisePlan (Render), and rename the company Impac and go toe to toe with Varian. But I'm not so I guess I'll go back to my day job now.

JGarrett@mbhs.
org
Sent by: To: pinnacle-users@explode.unsw.edu.
au
owner-pinnacle-users@explode.
cc:
unsw.edu.au Fax
to:
Subject: Pinnacle and
Philips

07/10/2006 03:04
PM
Please respond
to
pinnacle-
users

Back when Philips acquired Pinnacle I was concerned about the importance that would be given to the planning system inside such a huge company. Those fears were somewhat eased by remarks from those inside Pinnacle that claimed Philips "fully supports the growth of Pinnacle". In fact the only noticeable change at that time was that on their web site the Pinnacle Radiation Therapy Treatment Planning System was listed under Imaging? Not sure why Philips considers Pinnacle and imaging station, but I was willing to ignore this minor insensitivity. However, last week I had to make a service call. It seems now that Pinnacle no longer deserves a subtopic in their menus system. In fact you have to dial down from Diagnostic Equipment (what?) to All Other Products. Is this really what Philips perceives Pinnacle as - just another product in their long line of products? When I did reach service the problem was discovered simply to be a faulty mouse. So I'm thinking OK I'll get a call from a field tech and he'll ship a new mouse pronto. No can do. The field engineer is busy with an install of some diagnostic equipment and will not be here for a week or two - "Can I hold out?" I'm think we'll yes it's OK, I have another mouse (stolen from my 4 year old) but what is the big deal about sending a $20 mouse(OK maybe under Philip's pricing scheme this is a $100 FDA approved mouse)? Why in the world does a field engineer need to come on site for this. Is this what we are in for with Philips? All of a sudden Eclipse/Helios isn't sounding too bad. At least Varian recognizes the importance of their planning system.

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account will not be distributed unless that account is also subscribed.
##

##

##

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle and Philips
Fecha:	lunes, 10 de julio de 2006 22:46:32
Archivos adjuntos:	

Hello Jeffrey,

I am sorry that you had this bad experience with service and your mouse. Certainly they should have been able to simply ship you the mouse without having to go to your site to help you install it.

I'll look into the matter and have your engineer ship you what you need.

We definitely benefit from being part of a huge company with the type of research and imaging resources such as we have here at Philips. Because the RTP products require less service (compared to other types of equipment), we do not always get the focus that I would like.

Please let me know in the future if something like this happens.

Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

To pinnacle-users@explode.unsw.edu.au
cc
Subject Pinnacle and Philips
Classification

JGarrett@mbhs.org

Sent by:
owner-pinnacle-users@explode.unsw.edu.au

07/10/2006 03:04 PM

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De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle, Philips, and Tomo
Fecha:	lunes, 10 de julio de 2006 22:52:35
Archivos adjuntos:	

"If I was CEO of Elekta, I would purchase Pinnacle away from Philips, dump PrecisePlan (Render), and rename the company Impac and go toe to toe with Varian."

> I would go one step further and purchase Tomotherapy because someday that will be the only IGRT machine that centers will buy.

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle, Philips, and Tomo
Fecha:	lunes, 10 de julio de 2006 22:54:15
Archivos adjuntos:	

Scott,
Why do you think that Tomo Therapy will be the machine of the future?

Kim

Kim P. Knight, RT (R)(T), A.R.R.T., CMD
Chief Radiation Therapist
Cabrini Center for Cancer Care
Alexandria, LA 71301

Phone: 318-448-6937
Fax: 318-483-4097

Email: kim.knight@christushealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Monday, July 10, 2006 3:09 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle, Philips, and Tomo

"If I was CEO of Elekta, I would purchase Pinnacle away from Philips, dump PrecisePlan (Render), and rename the company Impac and go toe to toe with Varian."

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account will not be distributed unless that account is also subscribed.
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De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle, Philips, and Tomo
Fecha:	lunes, 10 de julio de 2006 23:27:35
Archivos adjuntos:	

>" I would go one step further and purchase Tomotherapy because someday
>that will be the only IGRT machine that centers will buy."

I sure hope does not turn out to be true...I believe the competition between vendors for IGRT or any new technology is the primary driver for new technology and improved equipment. If everyone buys from the same vendor, what's the incentive for that vendor to make their system better?

Joe Herrick
Reno, NV

>From: "Scott DUBE" <sdube@queens.org>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Pinnacle, Philips, and Tomo
>Date: Mon, 10 Jul 2006 10:08:40 -1000
>
>"If I was CEO of Elekta, I would purchase Pinnacle away from Philips,
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>toe with Varian."
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##

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle, Philips, and Tomo
Fecha:	lunes, 10 de julio de 2006 23:53:40
Archivos adjuntos:	

Methinks Scott plays the devil's advocate ...

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> sdube@queens.org 7/10/2006 4:08 PM >>>
"If I was CEO of Elekta, I would purchase Pinnacle away from Philips, dump PrecisePlan (Render), and rename the company Impac and go toe to toe with Varian."

> I would go one step further and purchase Tomotherapy because someday that will be the only IGRT machine that centers will buy.

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	TOMOrrow
Fecha:	lunes, 10 de julio de 2006 23:59:41
Archivos adjuntos:	

For starters, it provides superior IMRT dose distributions by using a 40 cm wide MLC modulated at 51 gantry angles. Plus the IGRT process will be integrated with the planning process with the release of Adapative Planning.

>>> kim.knight@christushealth.org 07/10/06 10:36AM >>>
Scott,
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Kim

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Alexandria, LA 71301

Phone: 318-448-6937
Fax: 318-483-4097

Email: kim.knight@christushealth.org

account will not be distributed unless that account is also subscribed.
##

De:	Sapareto, Steve
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: TOMOrrow
Fecha:	martes, 11 de julio de 2006 1:17:53
Archivos adjuntos:	

Hi Scott,
While Tomotherapy is a very good technology (we are getting one this year), I would hesitate before calling it the future of Radiation Oncology. There is much more versatility with a Synergy/Trilogy approach. For one, I don't see how you will ever get live (real-time) monitoring of position for true respiratory tracking or other patient or organ movement. Adaptive planning is also possible with Cone-beam CT, and with kV xrays you will better visualize your target organ. With dynamic arc, a Synergy/Trilogy could do a 40 cm tomo-type treatment in a few rotations with no couch movement, a considerable time saver. So I wouldn't count the conventional linear accelerator dead just yet.

Stephen Sapareto, Ph.D.
Director of Medical Physics
Department of Radiation Oncology
Banner Good Samaritan Medical Center
1111 E McDowell Rd
Phoenix, AZ 85006
(602)239-4500

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott DUBE
Sent: Monday, July 10, 2006 2:13 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: TOMOrrow

For starters, it provides superior IMRT dose distributions by using a 40 cm wide MLC modulated at 51 gantry angles. Plus the IGRT process will be integrated with the planning process with the release of Adapative Planning.

>>> kim.knight@christushealth.org 07/10/06 10:36AM >>>
Scott,
Why do you think that Tomo Therapy will be the machine of the future?

Kim

Kim P. Knight, RT (R)(T), A.R.R.T., CMD
Chief Radiation Therapist
Cabrini Center for Cancer Care
Alexandria, LA 71301

Phone: 318-448-6937
Fax: 318-483-4097

Email: kim.knight@christushealth.org

De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: TOMOrrow
Fecha:	martes, 11 de julio de 2006 9:11:21
Archivos adjuntos:	

Scott, I'm not convinced.

Tomotherapy can only deliver coplanar dose. And many tomotherapy sites only manage to treat 20 patient cases a day.

Intensity modulated protons still produce the best dose distributions. That's the reference standard in my opinion.

Ian

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Scott DUBE
Gesendet: Montag, 10. Juli 2006 23:13
An: pinnacle-users@explode.unsw.edu.au
Betreff: TOMOrrow

For starters, it provides superior IMRT dose distributions by using a 40 cm wide MLC modulated at 51 gantry angles. Plus the IGRT process will be integrated with the planning process with the release of Adapative Planning.

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##

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	speed of netcard
Fecha:	martes, 11 de julio de 2006 9:14:40
Archivos adjuntos:	

Dear all

Are there anyone how knows how to check the setting of the net-card of a SunFire V250 solaris 8 workstation.

I assume that it defaults to auto-negotiation. I would like to test a locked setting for instance 100 Mbit half dubplex. I assume I could use the ndd or ifconfig commands with the correct arguments (which I do not know). Are there gui possibilities too?

Thanks in advance

Carsten

==========

Carsten Brink, Ph.D.
Stedfortræder for cheffysiker/Assistant Head of Laboratory of Radiation Physics
Radiofysisk laboratorium / Laboratory of Radiation Physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	Lindsay Tremethick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: AW: TOMOrrow
Fecha:	martes, 11 de julio de 2006 10:11:05
Archivos adjuntos:	

>Tomotherapy can only deliver coplanar dose. And many tomotherapy sites only manage to treat 20 patient cases a day.
>
>Intensity modulated protons still produce the best dose distributions. That's the reference standard in my opinion.
>
>
Not that this is really appropriate for this list server but protons are for children, carbon ions are the real man's modality.....

Lindsay

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: speed of netcard
Fecha:	martes, 11 de julio de 2006 10:13:15
Archivos adjuntos:	

Carsten

I sent this to the list a while ago. You should be able to follow thru the equivalent steps for your system.

The basics are as follows to force 100Mb/s full duplex. Modify as necessary to suit your system.

Same command only Bade uses eri0 NIC instead of hme0 like Ultras.

```
set eri:adv_100T4_cap=0
set eri:adv_100hdx_cap=0
set eri:adv_10fdx_cap=0
set eri:adv_10hdx_cap=0
set eri:adv_100fdx_cap=1
set eri:adv_autoneg_cap=0
```

Put these commands at the end of /etc/system and reboot. (originally from Michael Auria / Bob Thompson of support)

You can also use command ndd (use man to get instructions) to set things manually without rebooting. Drop the 0 eg

```
ndd   /dev/eri   \?
```
list parameters associated with device

```
ndd    /dev/eri    100fdx_cap
```
returns the status of parameter 100fdx_cap

Regards

Nick

At 09:06 AM 11/07/2006 +0200, you wrote:

> Dear all<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />
>
> Are there anyone how knows how to check the setting of the net-card of a SunFire V250 solaris 8 workstation.
>
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>
> Thanks in advance
>
> Carsten

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DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: speed of netcard
Fecha:	martes, 11 de julio de 2006 16:58:56
Archivos adjuntos:	

Carsten,

Determine the name of your network interface, e.g. on my SunBlade 2500 it is

bge0

Then use the

kstat

command and search for the name of your interface. You will find all kinds of goodies like

ifspeed
duplex

and so on.

Have fun.

Sean

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Carsten Brink
Sent: Tuesday, July 11, 2006 02:07
To: pinnacle-users@explode.unsw.edu.au
Subject: speed of netcard

Dear all

Are there anyone how knows how to check the setting of the net-card of a SunFire V250 solaris 8 workstation.

I assume that it defaults to auto-negotiation. I would like to test a locked setting for instance 100 Mbit half dubplex. I assume I could use the ndd or ifconfig commands with the correct arguments (which I do not know). Are there gui possibilities too?

Thanks in advance

Carsten

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DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	Rose, Stuart
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: speed of netcard
Fecha:	martes, 11 de julio de 2006 18:48:34
Archivos adjuntos:	

This is the script we heavily modified for our SB2000s and SB2500s, as well as our fibre connected servers. We call it "nic_check" and it runs without any parameters:

eg:

```
# nic_check

Results for /dev/eri0
-------------------------
Transceiver: internal
Link: Up
Speed: 100Mbps
Duplex: Full

Workstation NIC configured for Auto-Negotiation
Switch Port configured for Auto-Negotiation
```

You may have to use the "ifconfig -a" command to determine the network interface for a SF250 (we have none):

```
#---- cut here ---- cut here ---- cut here ---- cut here ---- cut here ----
cut here ----
#!/bin/sh
#set -xv
#
# Contributed by David Cashion
# Modified by Stuart Rose
# Princess Margaret Hospital
# 600 University Avenue
# Toronto, Ontario
# CANADA   M5G 2M9

TMPFILE=/tmp/`basename $0`_`echo $$`.tmp

################################################################################
#
#
# check_nic_setup
```

```
#
# This routine will check the setup of a NIC and reports setup values
#
# usage:
#
#       check_nic_setup <device> <instance>
#
# where
#       device  = the NIC device (eg: ce, hme, eri, alt, bge0)
#       instance        = the instance of the device (eg: 0, 1, 2)
#                       = NULL if there are no instances
#
# Note that each device has different setup parameters. This routine will
# assume that devices are either copper or fibre. Fibre devices are set to
# be of the device name of either "ce" or "alt".
#
################################################################################
#

check_nic_setup () {

        nic_device=$1
        nic_instance=$2

# if the instance is not part of the adapter name, set the instance to be
active

        if [ ! -z "$nic_instance" ]; then
                results=`ndd -set /dev/$nic_device instance $nic_instance`
# Select the nic_instance
                if [ -n "$results" ]; then
                        echo "ERROR: No such interface
${nic_device}${nic_instance}"
                        return
                fi
        fi

        echo ""
        echo "Results for /dev/${nic_device}${nic_instance}"
        echo "-------------------------"

# first part is for copper interfaces (hme eri bge0):

        if [ "$nic_device" != "alt" -a "$nic_device" != "ce" ]; then
                if [ "$nic_device" = "hme" -o "$nic_device" = "eri" ]; then
                        source=`ndd -get /dev/$nic_device transceiver_inuse`
#0 internal, 1 external
                fi
                status=`ndd -get /dev/$nic_device link_status`
```

```
#0 down, 1 up
        speed=`ndd -get /dev/$nic_device link_speed`
#0 10Mb, 1 100Mb
        if [ "$nic_device" = "hme" -o "$nic_device" = "eri" ]; then
            duplex=`ndd -get /dev/$nic_device link_mode`
#0 half, 1 full duplex
        else
            duplex=`ndd -get /dev/$nic_device link_duplex`
#0 half, 1 full duplex
        fi

# get workstation NIC capabilities

        ws_auto=`ndd -get /dev/$nic_device adv_autoneg_cap`
#0 on , 1 off

        if [ "$nic_device" = "bge0" ]; then
            ws_1000fd=`ndd -get /dev/$nic_device
adv_1000fdx_cap`            #0 on , 1 off
            ws_1000hd=`ndd -get /dev/$nic_device
adv_1000hdx_cap`             #0 on , 1 off
        fi

        ws_100fd=`ndd -get /dev/$nic_device adv_100fdx_cap`
#0 on , 1 off
        ws_100hd=`ndd -get /dev/$nic_device adv_100hdx_cap`
#0 on , 1 off
        ws_10fd=`ndd -get /dev/$nic_device adv_10fdx_cap`
#0 on , 1 off
        ws_10hd=`ndd -get /dev/$nic_device adv_10hdx_cap`
#0 on , 1 off

# get link partner (switch) NIC capabilities (eri only)

        if [ "$nic_device" != "bge0" ]; then
            lp_auto=`ndd -get /dev/$nic_device lp_autoneg_cap`
#0 on , 1 off
            lp_100fd=`ndd -get /dev/$nic_device lp_100fdx_cap`
#0 on , 1 off
            lp_100hd=`ndd -get /dev/$nic_device lp_100hdx_cap`
#0 on , 1 off
            lp_10fd=`ndd -get /dev/$nic_device lp_10fdx_cap`
#0 on , 1 off
            lp_10hd=`ndd -get /dev/$nic_device lp_10hdx_cap`
#0 on , 1 off

            if [ "$source" -eq 1 ]; then
                echo "Transceiver: external"
            else
```

```
                echo "Transceiver: internal"
            fi
        fi

# Convert to english and display

        if [ $status -eq 1 ]; then
            echo "Link: Up"
        else
            echo "Link: Down"
        fi

        if [ $speed -eq 0 ]; then
            echo "Speed: 10Mbps"
        elif [ $speed -eq 1 ]; then
            echo "Speed: 100Mbps"
        else
            echo "Speed: ${speed}Mbps"
        fi

        if [ $duplex -eq 1 ]; then
            echo "Duplex: Full"
        else
            echo "Duplex: Half"
        fi

        echo ""

        WS_CONFIG=""
        if [ "$ws_auto" = 1 ]; then
            WS_CONFIG=AUTO
            echo "Workstation NIC configured for
Auto-Negotiation"
        else
            if [ "$ws_100fd" = 1 ]; then
                WS_CONFIG=100FD
                echo "Workstation NIC configured for 100Mbps
Full Duplex"
            elif [ "$ws_100hd" = 1 ]; then
                WS_CONFIG=100HD
                echo "Workstation NIC configured for 100Mbps
Half Duplex"
            elif [ "$ws_10fd" = 1 ]; then
                WS_CONFIG=10FD
                echo "Workstation NIC configured for 100Mbps
Full Duplex"
            elif [ "$ws_10hd" = 1 ]; then
                echo "WS_CONFIG=10HD
                Workstation NIC configured for 100Mbps Half
```

```
Duplex"
                fi
        fi

        LP_CONFIG=""
        if [ "$nic_device" = "bge0" ]; then
                LP_CONFIG=$WS_CONFIG
                echo "Switch Port configuration unknown"
        elif [ "$lp_auto" = 1 ]; then
                LP_CONFIG=AUTO
                echo "Switch Port configured for Auto-Negotiation"
        else
                if [ "$lp_100fd" = 1 ]; then
                        LP_CONFIG=100FD
                        echo "Switch Port configured for 100Mbps
Full Duplex"
                elif [ "$lp_100hd" = 1 ]; then
                        LP_CONFIG=100HD
                        echo "Switch Port configured for 100Mbps
Half Duplex"
                elif [ "$lp_10fd" = 1 ]; then
                        LP_CONFIG=10FD
                        echo "Switch Port configured for 100Mbps
Full Duplex"
                elif [ "$lp_10hd" = 1 ]; then
                        LP_CONFIG=10HD
                        echo "Switch Port configured for 100Mbps
Half Duplex"
                fi
        fi

# If the NIC adapter is an eri, we can tell whether or not the workstation
and switch
# port (link partner) are mis-matched.

        if [ "$nic_device" != "beg0" ]; then
                if [ "$WS_CONFIG" != "$LP_CONFIG" ]; then
                        echo ""
                        echo "WARNING: Workstation NIC and Switch
Port mismatch"
                fi
        fi

# Fibre Gigabit statistics for Clinical Server

    elif [ "$nic_device" = "ce" ]; then
        kstat $nic_device:$nic_instance > $TMPFILE
        status=`cat $TMPFILE | grep link_up | awk '{print($2)}'`
        speed=`cat $TMPFILE | grep link_speed | awk '{print($2)}'`
```

```
        duplex=`cat $TMPFILE | grep link_duplex | awk '{print($2)}'`
        collisions=`cat $TMPFILE | grep "       collisions " | awk
'{print($2)}'`
        crc_err=`cat $TMPFILE | grep crc_err | awk '{print($2)}'`
        packets=`cat $TMPFILE | grep ipackets64 | awk '{print($2)}'`

        if [ $status -eq 1 ]; then
            echo "Link:  Up"
        else
            echo "Link:  Down"
        fi

        echo "Speed: ${speed}Mbps"

        if [ $duplex -eq 1 ]; then      # 0=down, 1=half, 2=full
            echo "Duplex: Half"
        elif [ $duplex -eq 2 ]; then
            echo "Duplex: Full"
        else
            echo "Duplex: None"
        fi

        echo "Number of Collisons:  $collisions"
        echo "Number of CRC Errors: $crc_err"
        echo "Number of Packets:    $packets"

# Fibre Gigabit statistics for Lab Server

    elif [ "$nic_device" = "alt" ]; then
        ndd -set /dev/$nic_device instance $nic_instance
        stat_ticks=`ndd -get /dev/$nic_device stat_ticks`
        send_max=`ndd -get /dev/$nic_device send_max_coalesced_bds`
        recv_max=`ndd -get /dev/$nic_device recv_max_coalesced_bds`
        link_negotiation=`ndd -get /dev/$nic_device
link_negotiation`
        fdr_filter=`ndd -get /dev/$nic_device fdr_filter`
        redund=`ndd -get /dev/$nic_device redund`
        rx_flow_control=`ndd -get /dev/$nic_device rx_flow_control`
        tx_flow_control=`ndd -get /dev/$nic_device tx_flow_control`

        if [ "$stat_ticks" -gt 0 ]; then
            echo "Seconds between statistic updates:
$stat_ticks"
        else
            echo "Statistic updates: off"
        fi

        echo "Number of sends before a send complete event:
$send_max"
```

```
		echo "Number of recvs before a send complete event:
$recv_max"
		echo "Number of read underflows: $redund"

		if [ "$link_negotiation" -eq 1 ]; then
			echo "Link Negotiation: auto"
		else
			echo "Link Negotiation: off"
		fi

		if [ "$fdr_filter" -eq 1 ]; then
			echo "Full Duplex Repeater Filter: on"
		else
			echo "Full Duplex Repeater Filter: off"
		fi

		if [ "$tx_flow_control" -eq 1 ]; then
			echo "Transmit Flow Control: on"
		else
			echo "Transmit Flow Control: off"
		fi

		if [ "$rx_flow_control" -eq 1 ]; then
			echo "Receive Flow Control: on"
		else
			echo "Receive Flow Control: off"
		fi
	fi
}
#################################################################################
#
#
# main program
#
#################################################################################
#

# get the device name of the active NIC card (we filter out the loopback
# adapter (lo0:), local workstation Gigabit cards (ce0:), lines with the
# MAC address (ether), as well as any virtual addresses (:[1-9]:)).

ifconfig -a | grep : | grep -v lo0: | grep -v ce0: | grep -v ether | grep -v
":[1-9]:" |
while read nic; do

	device=`echo $nic | awk -F: '{print(substr($1,1,2))}'`
	instance=`echo $nic | awk -F: '{print(substr($1,3,2))}'`

# For eri NIC cards (SB2000s), the instance is not part of the adapter name,
```

so parse

```
        if [ "$device" = "er" ]; then
                device=`echo $nic | awk -F: '{print(substr($1,1,3))}'`
                instance=`echo $nic | awk -F: '{print(substr($1,4,2))}'`
        fi

# For bge0 NIC cards (SB2500s), the instance is part of the adapter name, so
do not parse

        if [ "$device" = "bg" ]; then
                device=`echo $nic | awk -F: '{print(substr($1,1,4))}'`
                instance=""
        fi

# check it out ...

        check_nic_setup $device $instance
done

rm -f $TMPFILE
#---- cut here ---- cut here ---- cut here ---- cut here ---- cut here ----
cut here ----
```

Take Care,
Stuart

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Sean Frigo
Sent: Tuesday, July 11, 2006 10:21 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: speed of netcard

Carsten,

Determine the name of your network interface, e.g. on my SunBlade 2500 it is

  bge0

Then use the

  kstat

command and search for the name of your interface. You will find all kinds
of goodies like

  ifspeed
  duplex

and so on.

Have fun.

Sean

From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Carsten Brink
Sent: Tuesday, July 11, 2006 02:07
To: pinnacle-users@explode.unsw.edu.au
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Thanks in advance

Carsten

==========

Carsten Brink, Ph.D.
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##

De:	Nick Bennie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: AW: TOMOrrow
Fecha:	miércoles, 12 de julio de 2006 2:20:03
Archivos adjuntos:	

Lindsay

Keeping the tone inappropriate,

I was going to suggest that real real men would not be content with normal matter and would want to use anti-protons.

However, I guess you could up the ante (sic) and suggest anti-carbon ions!!

Regards

Nick

At 05:54 PM 11/07/2006 +1000, you wrote:

>>Tomotherapy can only deliver coplanar dose. And many tomotherapy sites
>>only manage to treat 20 patient cases a day.
>>
>>Intensity modulated protons still produce the best dose
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>
>
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##

De:	Stuart Swerdloff
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: AW: TOMOrrow
Fecha:	miércoles, 12 de julio de 2006 8:35:43
Archivos adjuntos:	

Interesting topic, but I'd prefer a different venue for this discussion (I have some opinions and at least a theoretical background in both Tomo and Protons).
I've signed up to medphys just for the purpose of following up on this.

Perhaps Norton would like to raise the topic in MedPhys, and I'll reply there.
Scott and others are more than welcome to join in (Nic B. will need to provide Carbon(ated) refreshment if he kicks in with the heavy elements)..

Stuart

(http://patft.uspto.gov/netacgi/nph-Parser?Sect1=PTO2&Sect2=HITOFF&p=1&u=%2Fnetahtml%2FPTO%2Fsearch-bool.html&r=0&f=S&l=50&TERM1=Swerdloff&FIELD1=INNM&co1=AND&TERM2=&FIELD2=&d=PTXT)
)

Norton Ian wrote:

> Scott, I'm not convinced.
>
> Tomotherapy can only deliver coplanar dose. And many tomotherapy sites only manage to treat 20 patient cases a day.
>
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>
> Ian
>
> -----Ursprüngliche Nachricht-----
> Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Scott DUBE
> Gesendet: Montag, 10. Juli 2006 23:13
> An: pinnacle-users@explode.unsw.edu.au
> Betreff: TOMOrrow
>
> For starters, it provides superior IMRT dose distributions by using a 40 cm wide MLC modulated at 51 gantry angles. Plus the IGRT process will be integrated with the planning process with the release of Adapative Planning.
>
> kim.knight@christushealth.org 07/10/06 10:36AM >>>
>
> Scott,
> Why do you think that Tomo Therapy will be the machine of the future?
>
> Kim
>
> Kim P. Knight, RT (R)(T), A.R.R.T., CMD
> Chief Radiation Therapist
> Cabrini Center for Cancer Care
> Alexandria, LA 71301
>
> Phone: 318-448-6937
> Fax: 318-483-4097
>
> Email: kim.knight@christushealth.org

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##

De:	Shawn Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle and Philips
Fecha:	miércoles, 12 de julio de 2006 15:56:22
Archivos adjuntos:	

Hi Jeffrey,

I didn't want to post this to the list since it is "contrary to policy"
possibly.
We are currently replacing all of the mice on our SUN Blade 2000's with

optical ones we have on order from DELL (We are a DELL PC shop).
I could not get optical mice from Philips (or SUN for that matter) ,
but Philips is basically turning a blind eye to their installation.
As long as we replace them ourselves they don't want to know.

The opticals seem to work far better, much easier to place contours,
etc.

And the scroll on the mouse acts like a third button.

Not sure if this would work for you, but we are giving it a try.

Good luck,

==========
Shawn Fraser B.C.Sc.(Hon) Shawn.fraser@cancercare.mb.ca)
Systems / Database Administrator
CancerCare Manitoba
4030 - 675 McDermot Ave. Work: (204)-772-5539 ext 1012
Winnipeg, MB, R3E 0V9 Fax: (204)-786-0180
==========

>>> JGarrett@mbhs.org 7/10/2006 2:04:46 PM >>>
Back when Philips acquired Pinnacle I was concerned about the
importance
that would be given to the planning system inside such a huge company.
Those fears were somewhat eased by remarks from those inside Pinnacle
that

claimed Philips "fully supports the growth of Pinnacle". In fact the only noticeable change at that time was that on their web site the Pinnacle Radiation Therapy Treatment Planning System was listed under Imaging? Not sure why Philips considers Pinnacle and imaging station, but I was willing to ignore this minor insensitivity. However, last week I had to make a service call. It seems now that Pinnacle no longer deserves a subtopic in their menus system. In fact you have to dial down from Diagnostic Equipment (what?) to All Other Products. Is this really what Philips perceives Pinnacle as - just another product in their long line of products? When I did reach service the problem was discovered simply to be a faulty mouse.
So I'm thinking OK I'll get a call from a field tech and he'll ship a new mouse pronto. No can do. The field engineer is busy with an install of some diagnostic equipment and will not be here for a week or two - "Can I hold out?" I'm think we'll yes it's OK, I have another mouse (stolen from my 4 year old) but what is the big deal about sending a $20 mouse(OK maybe under Philip's pricing scheme this is a $100 FDA approved mouse)? Why in the world does a field engineer need to come on site for this. Is this what we are in for with Philips? All of a sudden Eclipse/Helios isn't sounding too bad. At least Varian recognizes the importance of their planning system.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

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##

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	stability of Pinnacle IMRT
Fecha:	miércoles, 12 de julio de 2006 17:28:06
Archivos adjuntos:	e.vdieren.vcf

Dear All,

we're trying the get IMRT clinical, but it seems that our IMRT station isn't
as stable for IMRT as it is for standard mode. I hadn't seen fatal system errors since version 5.0, but i've certainly had a lot of them lately.

Does anyone else have the same problem? Any solutions, such as add additional internal memory, or buy an expensive new system (:-))?

We're used a SunBlad 1000 system, approx. 2 years old.

sincerely,
Erik

****

De:	Angel Reaves
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: stability of Pinnacle IMRT
Fecha:	miércoles, 12 de julio de 2006 18:14:30
Archivos adjuntos:	

Erik,
I have a Sunfire V250 with a dual processor. Fatal System errors are not common, but do happen sometimes. The best advise I can give is when the system starts to lag a bit, stop and let it catch up. and.....save often. :)
Angel

Angela Reaves, CMD (T) (R)
Senior Medical Dosimetrist
DCH Cancer Treatment Center
801 University Blvd East
Tuscaloosa, Al 35401
205-759-6758
areaves@dchsystem.com

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of e.vdieren
Sent: Wed 7/12/2006 9:53 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: stability of Pinnacle IMRT

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Erik

De:	Mark Hoffman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: stability of Pinnacle IMRT
Fecha:	miércoles, 12 de julio de 2006 18:46:14
Archivos adjuntos:	

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>>> areaves@dchsystem.com 07/12 11:54 AM >>>
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sincerely,
Erik

Center, or for a copy of our privacy practices, please visit us on
the Internet at www.amc.edu.

De:	Lee Zarger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: stability of Pinnacle IMRT
Fecha:	miércoles, 12 de julio de 2006 19:40:08
Archivos adjuntos:	

I agree with that answer- we seem to get fatals when we make too many mouse clicks waiting for the system to "catch up". We have learned not to do that and get many less fatals.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Angel Reaves
Sent: Wednesday, July 12, 2006 11:54 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: stability of Pinnacle IMRT

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sincerely,
Erik

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT planning turn around times
Fecha:	jueves, 13 de julio de 2006 20:44:38
Archivos adjuntos:	

I'm curious as to how long other centers allow for completion of IMRT plans.

We give 9 days from day of simulation to patient returning for a simple sim to verify isocenter placement. They then start their treatment the next day. That gives the physician/dosi about 6 days to get the plan done. And a few days for physics to get the QA done. I don't like to do just one IMRT QA so we usually wait until we have two or three to do.

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We've been doing about 100 IMRT plans per year.

What do others do for turnaround times, etc? I feel we need to somehow improve this workflow...

Thanks!

Steve T
==========
Stephen K. Thompson, MS, DABR
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au

[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mark Hoffman
Sent: Wednesday, July 12, 2006 9:32 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: stability of Pinnacle IMRT

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account will not be distributed unless that account is also subscribed.
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De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT planning turn around times
Fecha:	jueves, 13 de julio de 2006 21:23:28
Archivos adjuntos:	

We have 5 working days between Sim and first treatment. The patient comes in the day before to verify the isocenter prior to the first fraction. If it is a difficult case, then we tell the patient that we will call them when to start. The key is getting the Doc to do their part of the process. It the Doc(s) drag their feet on doing their job, then it does not matter how long or short your turn around times are for your Center. My Doc is very good at doing his part of the IMRT process, as well as, my Physicist get the QA done right on time.

Good Luck,
Kim

Kim P. Knight, RT (R)(T), A.R.R.T., CMD
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Phone: 318-448-6937
Fax: 318-483-4097

Email: kim.knight@christushealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Thompson, Stephen K
Sent: Thursday, July 13, 2006 1:07 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT planning turn around times

I'm curious as to how long other centers allow for completion of IMRT plans.

We give 9 days from day of simulation to patient returning for a simple sim to verify isocenter placement. They then start their treatment the next day. That gives the physician/dosi about 6 days to get the plan done. And a few days for physics to get the QA done. I don't like to do just one IMRT QA so we usually wait until we have two or three to do.

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What do others do for turnaround times, etc? I feel we need to somehow improve this workflow...

Thanks!

Steve T
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From: owner-pinnacle-users@explode.unsw.edu.au on behalf of e.vdieren
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sincerely,
Erik

heeft ontvangen, brengt u dan alstublieft de afzender op de hoogte, waarbij u bij deze gevraagd wordt het originele bericht te vernietigen.

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De:	Abe K. Kuruvilla
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT planning turn around times
Fecha:	jueves, 13 de julio de 2006 21:36:39
Archivos adjuntos:	

---

exactly

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Knight, Kim
Sent: Thursday, July 13, 2006 2:47 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT planning turn around times

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message, along with any attachments from your computer immediately.

De:	Therezo, ET
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: IMRT planning turn around times
Fecha:	jueves, 13 de julio de 2006 21:48:33
Archivos adjuntos:	

What is your staffing and how soon do you get info from physician?

e.t.

-----Original Message-----
From: Thompson, Stephen K [mailto:ThompsSK@sutterhealth.org]
Sent: Thursday, July 13, 2006 11:07 AM
To: pinnacle-users@explode.unsw.edu.au
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Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mark Hoffman
Sent: Wednesday, July 12, 2006 9:32 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: stability of Pinnacle IMRT

Philips support has told me about a "known" bug which causes a fatal system error in version 7.6. This happens when you delete a trial while the inverse planning window is open. Mark

>>> areaves@dchsystem.com 07/12 11:54 AM >>>
Erik,
I have a Sunfire V250 with a dual processor. Fatal System errors are not common, but do happen sometimes. The best advise I can give is when the system starts to lag a bit, stop and let it catch up.
and.....save often. :)
Angel

Angela Reaves, CMD (T) (R)
Senior Medical Dosimetrist
DCH Cancer Treatment Center
801 University Blvd East
Tuscaloosa, Al 35401
205-759-6758
areaves@dchsystem.com <mailto:areaves@dchsystem.com>

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of e.vdieren
Sent: Wed 7/12/2006 9:53 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: stability of Pinnacle IMRT

Dear All,

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Does anyone else have the same problem? Any solutions, such as add additional internal memory, or buy an expensive new system (:-))?

We're used a SunBlad 1000 system, approx. 2 years old.

sincerely,
Erik

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##

De:	Abe K. Kuruvilla
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT planning turn around times
Fecha:	jueves, 13 de julio de 2006 21:49:13
Archivos adjuntos:	

---

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Therezo, ET
Sent: Thursday, July 13, 2006 2:47 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: IMRT planning turn around times

What is your staffing and how soon do you get info from physician?

e.t.

-----Original Message-----
From: Thompson, Stephen K [mailto:ThompsSK@sutterhealth.org]
Sent: Thursday, July 13, 2006 11:07 AM
To: pinnacle-users@explode.unsw.edu.au
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We've been doing about 100 IMRT plans per year.

What do others do for turnaround times, etc? I feel we need to somehow improve this workflow...

Thanks!

Steve T
==========
Stephen K. Thompson, MS, DABR
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
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De:	rob rice
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle for sliding window IMRT?
Fecha:	jueves, 13 de julio de 2006 22:35:02
Archivos adjuntos:	

Hello.
Any of you using Pinnacle to do sliding-window IMRT on Varian clinacs? We were informed by Philips that no one was! Does it work for any of you? Thanks.

-Rob

De:	Matthew McMullen
A:	pinnacle-users@explode.unsw.edu.au; jrobinrice@yahoo.com;
Cc:	
Asunto:	Re: Pinnacle for sliding window IMRT?
Fecha:	jueves, 13 de julio de 2006 22:49:21
Archivos adjuntos:	

Hi Rob,

We have done several test prostate plans comparing step and shoot and sliding window techniques.

1) Dose distributions are similar.
2) Total treatment time is similar.
3) Total MU is NOT similar. For our small sampling, the SW plans require about twice (~800-900) the number of MU's than a SS (~400-500) equivalent plan.

So....we have chosen to continue using SS technique until we can better prove to ourselves the value of the SW technique as implemented in Pinnacle.

Matt

>>> jrobinrice@yahoo.com 13-Jul-06 3:47 PM >>>
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De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT planning turn around times
Fecha:	viernes, 14 de julio de 2006 2:00:09
Archivos adjuntos:	

Our turnaround times vary, but we can generally get a patient from sim to treat in 4-5 days with IMRT. I believe that this is extraordinary and I am sometimes not comfortable with it. If you are busy or a difficult case, there will be some time spent after work to get it done. Our doctor is usually pretty good with doing all the contouring right after the sim.

Pat

>From: "Thompson, Stephen K" <ThompsSK@sutterhealth.org>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: IMRT planning turn around times
>Date: Thu, 13 Jul 2006 11:06:58 -0700
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>(209) 572-7237 (phone)
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>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mark
>Hoffman
>Sent: Wednesday, July 12, 2006 9:32 AM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: RE: stability of Pinnacle IMRT
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>From: owner-pinnacle-users@explode.unsw.edu.au on behalf of e.vdieren

>Sent: Wed 7/12/2006 9:53 AM
>To: pinnacle-users@explode.unsw.edu.au
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De:	jianrong dai
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT planning turn around times
Fecha:	viernes, 14 de julio de 2006 2:33:46
Archivos adjuntos:	

I suggest one way to save time. When you have performed many IMRT (eg. >100) cases, the
dosimetric verifications are excellent. Then you may let a patient be treated for 1~3 fractions before his/her IMRT plan is verified through experiment. We have practiced in this way, and only do IMRT verifications on Tuesday/Wednesday and Friday. Except dosimetric verification, other QA items must be finished before treatment starting.

This way is a little risky, but still be acceptable.

Jianrong

--- "Abe K. Kuruvilla" <Akuruvilla@hungerford.org> wrote:

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De:	Clewlow, John
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT planning turn around times
Fecha:	viernes, 14 de julio de 2006 15:57:54
Archivos adjuntos:	

I strongly recommend against bypassing the QA.
There was an incident at a facility last year (I don't know which one) in which the mlc's did not move during the treatment ports.
Those patients had far from planned dose on day one.
Anyone who received the series of messages from Varian's President and other Varian staff last year that were difficult to interpret, that is exactly why they sent them out - they were reminding us to do our job of QA IMRT before
treatment. Just because the QA was good on 10, 50, or 100 cases, doesn't mean a computer network glitch cannot occur on 1 or 2 of your next 100 cases. I would not want to be one of those patients.

John Clewlow
Medical Physicist
Christus St. Michael Healthcare
Texarkana, TX

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of jianrong dai
Sent: Thursday, July 13, 2006 7:04 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT planning turn around times

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> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Therezo,
> ET
> Sent: Thursday, July 13, 2006 2:47 PM
> To: 'pinnacle-users@explode.unsw.edu.au'
> Subject: RE: IMRT planning turn around times
>
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> What is your staffing and how soon do you get info from physician?
>
> e.t.
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> -----Original Message-----
> From: Thompson, Stephen K [mailto:ThompsSK@sutterhealth.org]
> Sent: Thursday, July 13, 2006 11:07 AM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: IMRT planning turn around times
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> We've been doing about 100 IMRT plans per year.
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> What do others do for turnaround times, etc? I feel we need to somehow
> improve this workflow...
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> Thanks!
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>
> Steve T
> ==========
> Stephen K. Thompson, MS, DABR
> Medical Physicist
> Memorial Medical Center
> Department of Radiation Therapy
> 1700 Coffee Road
> Modesto, CA 95355
> (209) 572-7237 (phone)
> (209) 526-5280 (fax)
> thompssk@sutterhealth.org
>
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> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mark
> Hoffman
> Sent: Wednesday, July 12, 2006 9:32 AM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: stability of Pinnacle IMRT
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> not common, but do happen sometimes. The best advise I can give is
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> and.....save often. :)
> Angel
>
> Angela Reaves, CMD (T) (R)
> Senior Medical Dosimetrist
> DCH Cancer Treatment Center
> 801 University Blvd East
> Tuscaloosa, Al 35401
> 205-759-6758
> areaves@dchsystem.com <mailto:areaves@dchsystem.com>
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> Sent: Wed 7/12/2006 9:53 AM
> To: pinnacle-users@explode.unsw.edu.au
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> Does anyone else have the same problem? Any solutions, such as add
> additional internal memory, or buy an expensive new system (:-))?
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> We're used a SunBlad 1000 system, approx. 2 years old.
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> sincerely,
> Erik
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> waarbij u bij deze gevraagd wordt het originele bericht te
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> ervan. Tenzij uitdrukkelijk het tegendeel blijkt, kunnen aan dit
bericht
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De:	Chris Hawkins
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT planning turn around times
Fecha:	viernes, 14 de julio de 2006 18:10:54
Archivos adjuntos:	

The incident referred to is a good reason to NOT use a separate QA mode for the test. We use the patient's treatment file for our testing (Pinnacle-LANTIS-Siemens Primus). This verifies that the doses are being correctly recorded in the R & V system. The peace of mind is worth the little extra time required to go into LANTIS and zero out the doses recorded in the patient's file from the QA exposures.

^^^^^^^^^^^^^^^^^^^^^^^^^^

Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

>>> john.clewlow@christushealth.org 7/14/2006 9:41:43 AM >>>
I strongly recommend against bypassing the QA.
There was an incident at a facility last year (I don't know which one)
in which the mlc's did not move during the treatment ports.
Those patients had far from planned dose on day one.
Anyone who received the series of messages from Varian's President and
other Varian staff last year that were difficult to interpret, that is
exactly why they sent them out - they were reminding us to do our job of
QA IMRT before
treatment. Just because the QA was good on 10, 50, or 100 cases,
doesn't mean a computer network glitch cannot occur on 1 or 2 of your
next 100 cases. I would not want to be one of those patients.

John Clewlow

Medical Physicist
Christus St. Michael Healthcare
Texarkana, TX

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of jianrong dai
Sent: Thursday, July 13, 2006 7:04 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT planning turn around times

I suggest one way to save time. When you have performed many IMRT (eg. >100) cases, the
dosimetric verifications are excellent. Then you may let a patient be treated for 1~3
fractions before his/her IMRT plan is verified through experiment. We have practiced in
this way, and only do IMRT verifications on Tuesday/Wednesday and Friday. Except
dosimetric verification, other QA items must be finished before treatment starting.

This way is a little risky, but still be acceptable.

Jianrong

--- "Abe K. Kuruvilla" <Akuruvilla@hungerford.org> wrote:

> it should only take one week to do the plan. now if the rad oncologist does the
> contouring, then it would probably take an experience dosimetrist a day to do the plan;
> then the physicist may take a day or less to do their QA. So it really only depends on
> the oncologist. So basically, it can take anywhere from 4 to 8 days.
good luck
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De:	Jussi Sillanpaa
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	CT-based plans for Ir ribbon brachytherapy / tracing catheters
Fecha:	viernes, 14 de julio de 2006 19:40:16
Archivos adjuntos:	

Hi,

we'd like to do CT-baed plans for Ir ribbon brachytherapy. What kind of dummy sources (or none at all) would you recommend for the planning scans? Any other tips?

Jussi Sillanpaa

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Informing users about problems with Pinnacle software
Fecha:	viernes, 14 de julio de 2006 19:53:08
Archivos adjuntos:	

Note that Varian did notify users about potential problems with its systems. My observation is that Philips has done a very poor job in informing its own users about potential problems/bugs in Pinnacle software.

One of the reported incidents in the past involved the use of MLC with dynamic wedge which resulted in incorrectly delivered dose. Since many radiation sites still use 6.2b and older versions of Pinnacle, it is mandatory that their staff be notified about the problem: i.e., Pinnacle 6.2b and older version do not calculate dose correctly for step-and-shoot beam with dynamic wedge. As of today, I have not received any relevant memos from Philips regarding this problem.

Multiple bugs were discovered and reported for 7.6c version of Pinnacle (see list server for info). Where are the notifications from Philips about these bugs and ways to work around them? After numerous complains by the users Philips sent out a memo about problems with its Launch Pad. But this is one of the very few relevant responses from Philips.

The trend is obvious and alarming.

Vadim Kuperman

--- "Clewlow, John" <john.clewlow@christushealth.org> wrote:

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> There was an incident at a facility last year (I
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> > Steve T
> > ==========
> > Stephen K. Thompson, MS, DABR
> > Medical Physicist
> > Memorial Medical Center
> > Department of Radiation Therapy
> > 1700 Coffee Road
> > Modesto, CA 95355
> > (209) 572-7237 (phone)

> > (209) 526-5280 (fax)
> > thompssk@sutterhealth.org
> >
> > -----Original Message-----
> > From: owner-pinnacle-users@explode.unsw.edu.au
> > [mailto:owner-pinnacle-users@explode.unsw.edu.au]
> On Behalf Of Mark
> > Hoffman
> > Sent: Wednesday, July 12, 2006 9:32 AM
> > To: pinnacle-users@explode.unsw.edu.au
> > Subject: RE: stability of Pinnacle IMRT
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> > Tuscaloosa, Al 35401
> > 205-759-6758
> > areaves@dchsystem.com
> <mailto:areaves@dchsystem.com>
> >
> >
> > _____
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> > From: owner-pinnacle-users@explode.unsw.edu.au on

> behalf of e.vdieren
> > Sent: Wed 7/12/2006 9:53 AM
> > To: pinnacle-users@explode.unsw.edu.au
> > Subject: stability of Pinnacle IMRT
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=== message truncated ===

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Informing users about problems with Pinnacle software
Fecha:	viernes, 14 de julio de 2006 20:02:42
Archivos adjuntos:	

Note that Varian did notify users about potential problems with its systems. My observation is that Philips has done a very poor job in informing its own users about potential problems/bugs in Pinnacle software.

One of the reported incidents in the past involved the use of MLC with dynamic wedge which resulted in incorrectly delivered dose. Since many radiation sites still use 6.2b and older versions of Pinnacle, it is mandatory that their staff be notified about the problem: i.e., Pinnacle 6.2b and older version do not calculate dose correctly for step-and-shoot beam with dynamic wedge. As of today, I have not received any relevant memos from Philips regarding this problem.

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The trend is obvious and alarming.

Vadim Kuperman

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> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On
> Behalf Of jianrong
> dai
> Sent: Thursday, July 13, 2006 7:04 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: IMRT planning turn around times
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> > Sent: Thursday, July 13, 2006 2:47 PM
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> [mailto:ThompsSK@sutterhealth.org]
> > Sent: Thursday, July 13, 2006 11:07 AM
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=== message truncated ===

De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT planning turn around times
Fecha:	viernes, 14 de julio de 2006 21:29:47
Archivos adjuntos:	

I argue that should be based on the agressiveness of the disease. A planning CT is completely useless if the tumor has grown significanlty between CT sim and the treatment day. I think turn-around times should revolve more around this issue, perhaps site or tumor type-specific.

In publically funded systems, like Canada, waiting times always seem to be a hot-button political issue. While a 9 day turn-around from CT sim to Tx it is commendable given the complexities involved in an IMRT plan and QA, the reality is that this will (and probably should) be shorter. This goal is obviously tempered by resource limitations. So, we are constantly seeking efficiencies in the entire process (deploy scripts for the QA and planning, etc).

Parminder S. Basran
Toronto-Sunnybrook Regional Cancer Centre

----- Original Message ----
From: "Therezo, ET" Elizabeth.Therezo@USONCOLOGY.COM

What is your staffing and how soon do you get info from physician?
e.t.

sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	forest.gary@marshfieldclinic.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Informing users about problems with Pinnacle software
Fecha:	sábado, 15 de julio de 2006 0:50:42
Archivos adjuntos:	

I have been notified by Philips (in writing) about errors I have reported when they have been corrected in their software. True they don't seem to notify everyone about all problems in their software whenever one pops up, but show me a company who does.

Yes, Varian notifies owners of errors, but this is a treatment device where Pinnacle is not. On the other hand Varian only notifies owners of *significant* errors, probably either where FDA suggests they do, or where their legal department is trying to cover themselves.

We don't have much Varian software at our site, but the stuff we have is buggy beyond belief. When you are showing an obvious bug to the company trainer (in the product she is currently training you on) and she needs to call in to support to figure out what is happening, it is clear they are not distributing the error reports as widely as some people think.

Stepping down from soapbox now.

Gary Forest
Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

------Original Message------
From: "Vadim Kuperman" <vadimkuperman@yahoo.com>
Date: Fri Jul 14, 2006 -- 12:59:40 PM
To: forestg
Subject: Informing users about problems with Pinnacle software

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problems with its systems. My observation is that
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Vadim Kuperman

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=== message truncated ===

_____
Do You Yahoo!?
Tired of spam? Yahoo! Mail has the best spam protection around
http://mail.yahoo.com

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Barrett Marc
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	QA Phantoms
Fecha:	martes, 18 de julio de 2006 3:50:26
Archivos adjuntos:	

Hey list,

I'm having a major TIA (brain fart) here. It's been so long since I created QA Phantoms that I've obviously missed, or left out, a step and can't recall which one. Hoping ya'll can be of assistance.

Running v7.0

I've created the Patient for phantoms, imported phantom images into a plan, done POIs, ROIs, and saved the plan. Then selected QA Tools and selected Save as Phantom. Pinnacle asks for name, I give it a name...so far so good. However, when I go to the patient I want to Copy to Phantom, the CT Patient/ Directory List appears and TADA!...no phantom data sets to choose from. Any Ideas? Maybe there is a specific naming convention for the Phantom that I'm missing? I convince myself that I've followed all the steps in the book, but like with programming, maybe I can't see my own error.

Thanks in advance,
Marc

"Remember, no matter where you go...there you are"

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: QA Phantoms
Fecha:	martes, 18 de julio de 2006 14:23:07
Archivos adjuntos:	

---

make sure you don't have any symbols when you save the name.

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Barrett Marc
Sent: Mon 7/17/2006 9:27 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: QA Phantoms

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Thanks in advance,
Marc

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De:	Lee Zarger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: QA Phantoms
Fecha:	martes, 18 de julio de 2006 14:42:18
Archivos adjuntos:	

So this may be an obvious question and I certainly don't mean to be insulting- but did you actually scan and create a phantom at some point?

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Barrett Marc
> **Sent:** Monday, July 17, 2006 9:28 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** QA Phantoms
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De: Cong, Sonya Ph.D.

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: QA Phantoms

Fecha: martes, 18 de julio de 2006 16:39:32

Archivos adjuntos:

Did you save the phantom scan as "a phantom"?

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Lee Zarger
> **Sent:** Tuesday, July 18, 2006 08:19
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: QA Phantoms
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> >
> > I've created the Patient for phantoms, imported phantom images into a plan, done POIs, ROIs, and saved the plan. Then selected QA Tools and selected Save as

Phantom. Pinnacle asks for name, I give it a name...so far so good. However, when I go to the patient I want to Copy to Phantom, the CT Patient/Directory List appears and TADA!...no phantom data sets to choose from. Any Ideas? Maybe there is a specific naming convention for the Phantom that I'm missing? I convince myself that I've followed all the steps in the book, but like with programming, maybe I can't see my own error.

Thanks in advance,
Marc

"Remember, no matter where you go...there you are"

De:	Barrett Marc
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	QA Phantoms
Fecha:	martes, 18 de julio de 2006 16:48:04
Archivos adjuntos:	

Hi again list,

Martin, thank you:

Problem solved. A little sleep, help from others and a fresh approach; works wonders.

Thanks,
Marc

"Remember, no matter where you go...there you are"

De:	Royal, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle and Elekta Precise/Synergy linacs
Fecha:	martes, 18 de julio de 2006 23:04:32
Archivos adjuntos:	

Hello,

I have a question regarding the Leaf Offset Calibration for a new Elekta linac. Looking at the Sample Elekta sl-25 machine in Pinnacle, it has some rather large offsets, up to about 9 mm for a fully open leaf of 20 cm.

What kind of real world values are people using? Using offsets of 0 mm gives me better results right now. I can see maybe -0.2 cm for large fields, but -0.9 cm?

My mlc-only profiles look good for 2x2, 3x3, 5x5, 10x10, and 15x15.

I'll try to dig out that Cadman article on rounded leaf ends again.

Any comments from Elekta/Pinnacle users?

James Royal
Medical Physicist
Nebraska Methodist Hospital

to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Martin Ott
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: QA Phantoms
Fecha:	miércoles, 19 de julio de 2006 8:42:09
Archivos adjuntos:	

Hi list,

sorry that I wrote the answer to the problem directly to Marc.
Here the solution:

Make sure that the directory
/PrimaryPatientData/NewPatients/phantom_patient
exists and that you have the right permissions for it.
I do not remember what version it was but one upgrade seemed to change a couple of things there - at least at our system.

Yours

Martin

De:	William Bice, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Brainlab table
Fecha:	miércoles, 19 de julio de 2006 15:29:36
Archivos adjuntos:	

Joe,

2% sounds like a pretty reasonable thing to ignore to me. But ...

I just finished writing some software which you might find useful. It calculates and displays allowable beam angles given your treatment geometry. It was designed to account for center and side rails, but can be used to calculate beam angles to avoid the table top. I would be happy to send you a copy. Let me know.

Bill Bice

----- Original Message ----
From: Joe Grant <jgrant@carti.com>
To: Pinnacle users (Pinnacle users) <pinnacle-users@explode.unsw.edu.au>
Sent: Wednesday, July 19, 2006 7:45:49 AM
Subject: Brainlab table

We are in the process of installing the BrainLab ExacTrac system on an existing Varian 21C/D.
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Does anyone know how to do this in Pinnacle? Or have any other suggestions?
We CT'd the table, CT# is around 60 above air.

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist

C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

De:	Joe Grant
A:	Pinnacle users (Pinnacle users);
Cc:	
Asunto:	Brainlab table
Fecha:	miércoles, 19 de julio de 2006 15:37:52
Archivos adjuntos:	

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E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

De:	Royal, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Brainlab table
Fecha:	miércoles, 19 de julio de 2006 15:38:44
Archivos adjuntos:	

Another suggestion on new table tops:

You can measure what the increased skin dose would be, too. I wish the carbon fiber top manufacturers would quote that number as well. We are looking at a Sinmed top, and I wonder about increased skin reactions (without a tennis racket insert). It's rather alarming to see how much the carbon fiber top increases skin dose.

Jim Royal

James Royal
Medical Physicist
Nebraska Methodist Hospital

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Joe Grant
Sent: Wednesday, July 19, 2006 7:46 AM
To: Pinnacle users (Pinnacle users)
Subject: Brainlab table

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E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Brainlab table
Fecha:	miércoles, 19 de julio de 2006 16:07:31
Archivos adjuntos:	

A very good point. We measured skin dose from a carbon fiber head/shoulder immobilzer and found it twice that of an open beam. This was prompted by a skin reaction in one of our patients treated with a PA beam thru the shoulder.

AJ

Andrew O. Jones, PhD
System Director, Radiation Physics
Department of Radiation Oncology
Geisinger Medical Center
N. Academy Ave
Danville, PA 17822
570 271-6304

>>> Jim.Royal@nmhs.org 07/19/06 9:14 AM >>>
Another suggestion on new table tops:

You can measure what the increased skin dose would be, too. I wish the carbon fiber top manufacturers would quote that number as well. We are looking at a Sinmed top, and I wonder about increased skin reactions (without a tennis racket insert). It's rather alarming to see how much the carbon fiber top increases skin dose.

Jim Royal

James Royal

Medical Physicist

Nebraska Methodist Hospital

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Sent: Wednesday, July 19, 2006 7:46 AM
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E. Joseph (Joe) Grant, M.S., D.A.B.R

Medical Physicist

C.A.R.T.I., Inc.

Little Rock, AR

(501) 296-3269

De:	Richer, Jeffrey
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Brainlab table
Fecha:	miércoles, 19 de julio de 2006 16:15:43
Archivos adjuntos:	table insert measurements.xls

James:

I've included some measurements I have done in our clinic on the Sinmed inserts for your review. Although we are going to be transitioning to the new Siemens couch this year, we like the inserts and despite the noticeable increase in surface dose, our reactions have been standard at worst.

Cheers,
-Jeff

-----Original Message-----
From: Royal, James [mailto:Jim.Royal@nmhs.org]
Sent: Wednesday, July 19, 2006 9:15 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Brainlab table

Another suggestion on new table tops:

You can measure what the increased skin dose would be, too. I wish the carbon fiber top manufacturers would quote that number as well. We are looking at a Sinmed top, and I wonder about increased skin reactions (without a tennis racket insert). It's rather alarming to see how much the carbon fiber top increases skin dose.

Jim Royal

James Royal
Medical Physicist

Nebraska Methodist Hospital

From: owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Joe Grant
Sent: Wednesday, July 19, 2006 7:46 AM
To: Pinnacle users (Pinnacle users)
Subject: Brainlab table

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E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

De:	swarwick@stmaryshealth.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: BrainLab table
Fecha:	miércoles, 19 de julio de 2006 16:18:40
Archivos adjuntos:	

Joe,

We installed an ExacTrac in June and another is being installed this week. We have had the same issue. From the literature we read from BrainLab, they quote up to 3.3% attenuation but that is using 8 MV and 16 MV. BrainLab states the 5 cm table is equivalent to 1.2 cm of water. It just so happens that our Exact Couch top for CT was 5 cm as well. Thus we originally began contouring the CT tabletop and assigning it a measured density of .6 but then we ran into outside air threshold issues so we have since switched to contouring in a 1.2 cm table and using a density of 1.

We spoke to them about this issue and they stated originally the tabletop had a tennis racquet but the racquet resulted in complaints from customers concerning image quality. I've asked them to explore a better solution. Obviously, by moving dmax very close to the skin on pa fields we are concerned and our monitoring reactions on these patients.

On a more positive note, the equipment and the software work really well. Please give me a call and we can compare notes or other issues that I am interested in such as what others are doing concerning physician review documentation, etc. Also, did you purchase the robotics piece?

Thanks,

R. Scott Warwick
St. Mary's Cancer Centers

St. Mary's Medical Center
900 E. Oak Hill Ave.
Knoxville, TN 37917
(865) 545-7817

St. Mary's North
7551 Dannaher Way
Powell, TN 37849
(865) 859-7020

"Joe Grant" <jgrant@carti.com> Sent by: owner-pinnacle-users@explode.unsw.edu.au

To: "Pinnacle users (Pinnacle users)" <pinnacle-users@explode.unsw.edu.au>

cc:

Fax to:

Subject: Brainlab table

07/19/2006 08:45 AM

Please respond to pinnacle-users

We are in the process of installing the BrainLab ExacTrac system on an existing Varian 21C/D.
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E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: BrainLab table
Fecha:	miércoles, 19 de julio de 2006 18:16:21
Archivos adjuntos:	

Scott,

I like your idea of just contouring in a tabletop. That sounds very practical. Why couldn't you just change your outside air threshold to some other value, and continue to use the CT tabletop as part of the planning image?

We did not get the robotics piece.

Thanks for your response, I will keep you informed of our experience. The increased skin exposure sounds like a potential concern, but hopefully the potential benefits of better tumor targeting will far outweigh this comparatively minor issue.

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of swarwick@stmaryshealth.com
Sent: Wednesday, July 19, 2006 8:48 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: BrainLab table

Joe,

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We have had the same issue. From the literature we read from BrainLab, they quote up to 3.3% attenuation but that is using 8 MV and 16 MV. BrainLab states the 5 cm table is equivalent to 1.2 cm of water. It

just
so happens that our Exact Couch top for CT was 5 cm as well. Thus we originally began contouring the CT tabletop and assigning it a measured density of .6 but then we ran into outside air threshold issues so we have
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Knoxville, TN 37917
(865) 545-7817

St. Mary's North
7551 Dannaher Way
Powell, TN 37849
(865) 859-7020

"Joe Grant"

<jgrant@carti.com> To: "Pinnacle users (Pinnacle users)" <pinnacle-users@explode.unsw.edu.au>

Sent by: cc:

owner-pinnacle-users@explode. Fax to:

unsw.edu.au Subject:
Brainlab table

07/19/2006 08:45 AM

Please respond to

pinnacle-users

We are in the process of installing the BrainLab ExacTrac system on an existing Varian 21C/D.
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C.A.R.T.I., Inc.
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mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

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##

De:	Robin Miller
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Brainlab table
Fecha:	miércoles, 19 de julio de 2006 18:29:38
Archivos adjuntos:	

Bill-

I had also taken some measurements to figure out the attenuation through the center spine and rails. For 6x, on our 21ex, it is 6.4% through the moveable rails which is clearly non trivial. I struggled to automate the process to determine when the rails would be intersected - it depends on the couch vertical and field size and of course, where the therapists have put the rails. So we check all our posterior oblique angles before treatment to see if they will clear and I disallowed some of the posterior oblique angles given an idealized couch vertical of 10.0. If you would be willing to share, I'd appreciate a copy of your software.

Many thanks-
Robin Miller

~~~~~~~~~~~~~~~~~~~~~~~~
Robin Miller, MS DABR
Medical Physicist
Radiation Oncology Services
Riverdale office 678.466.1341
Riverdale fax 770.997.8449
rmiller@rosonline.net
~~~~~~~~~~~~~~~~~~~~~~~~~~

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-

users@explode.unsw.edu.au] **On Behalf Of** William Bice, PhD
Sent: Wednesday, July 19, 2006 9:05 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Brainlab table

Joe,

2% sounds like a pretty reasonable thing to ignore to me. But ...

I just finished writing some software which you might find useful. It calculates and displays allowable beam angles given your treatment geometry. It was designed to account for center and side rails, but can be used to calculate beam angles to avoid the table top. I would be happy to send you a copy. Let me know.

Bill Bice

----- Original Message ----
From: Joe Grant <jgrant@carti.com>
To: Pinnacle users (Pinnacle users) <pinnacle-users@explode.unsw.edu.au>
Sent: Wednesday, July 19, 2006 7:45:49 AM
Subject: Brainlab table

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E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Brainlab table
Fecha:	miércoles, 19 de julio de 2006 19:50:08
Archivos adjuntos:	

Robin,

My measurements were even more convincing - with the gantry at 58 degrees (CR through maximum width
of side rails) and the chamber at isocenter in a plastic phantom, I got these attenuation values:
6x: 10.3%
18x: 6.9%
Through the center spine, gantry at 360 degrees:
6x: 4.2%
18x: 2.4%

Typically, any gantry angles between 55-65 degrees and 295-305 degrees will have some part of the beam
intersecting the side rails.

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Robin Miller
> **Sent:** Wednesday, July 19, 2006 10:37 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Brainlab table
>
> Bill-
>
> I had also taken some measurements to figure out the attenuation through the center spine and rails. For 6x, on our 21ex, it is 6.4% through the moveable rails which is clearly

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Robin Miller

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Medical Physicist
Radiation Oncology Services
Riverdale office 678.466.1341
Riverdale fax 770.997.8449
rmiller@rosonline.net
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Sent: Wednesday, July 19, 2006 9:05 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Brainlab table

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----- Original Message ----
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To: Pinnacle users (Pinnacle users) <pinnacle-users@explode.unsw.edu.au>
Sent: Wednesday, July 19, 2006 7:45:49 AM
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E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

De:	garmon
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle for sliding window IMRT?
Fecha:	miércoles, 19 de julio de 2006 22:12:32
Archivos adjuntos:	

Hello Matt,

We have not even considered doing sliding window. I was observing at another site where they were treating prostates, etc., with sw. Each of their 7 fields had 180 to over 200 mu's and they were using 18 MV. Not impressed or even comfortable with this method - did not see any obvious advantage to it.

By the way, really miss your voice on the other end of technical support. Hope you and yours are well.

Take care,
Pam Garmon

Pamela W. Garmon, M.S.
Clinical Medical Physicist
New Hanover Radiation Oncology
Wilmington, NC 28409
Ph. 910 251 1839
Pg. 910 254 0143
pgarmon@wpgii.com

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle for sliding window IMRT?
Fecha:	miércoles, 19 de julio de 2006 22:21:03
Archivos adjuntos:	

Well, when there is no clinical experience with actually setting a patient up, its not so easy to see why a TT is required.

I really think Mike needs to spend a week at one of the machines setting patients up for their daily treatment. It will improve his performance....

Steve T

==========

Stephen K. Thompson, MS, DABR
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** garmon
> **Sent:** Wednesday, July 19, 2006 12:39 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Re: Pinnacle for sliding window IMRT?
>
> Hello Matt,
>
> We have not even considered doing sliding window. I was observing at another site where they were treating prostates, etc., with sw. Each of their 7 fields had 180 to over 200 mu's and they were using 18 MV. Not impressed or even

comfortable with this method - did not see any obvious advantage to it.

By the way, really miss your voice on the other end of technical support. Hope you and yours are well.

Take care,
Pam Garmon

Pamela W. Garmon, M.S.
Clinical Medical Physicist
New Hanover Radiation Oncology
Wilmington, NC 28409
Ph. 910 251 1839
Pg. 910 254 0143
pgarmon@wpgii.com

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle for sliding window IMRT?
Fecha:	miércoles, 19 de julio de 2006 22:40:38
Archivos adjuntos:	

Well - that was a nice private email that was sent to everyone!

Yikes!

Sorry about that.

Steve T

==========
Stephen K. Thompson, MS, DABR
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Thompson, Stephen K
> **Sent:** Wednesday, July 19, 2006 1:06 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Pinnacle for sliding window IMRT?
>
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Steve T

==========
Stephen K. Thompson, MS, DABR
Medical Physicist
Memorial Medical Center
Department of Radiation Therapy
1700 Coffee Road
Modesto, CA 95355
(209) 572-7237 (phone)
(209) 526-5280 (fax)
thompssk@sutterhealth.org

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** garmon
> **Sent:** Wednesday, July 19, 2006 12:39 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Re: Pinnacle for sliding window IMRT?
>
> Hello Matt,
>
> We have not even considered doing sliding window. I was observing at another site where they were treating prostates, etc., with sw. Each of their 7 fields had 180 to over 200 mu's and they were using 18 MV. Not impressed or even comfortable with this method - did not see any obvious advantage to it.
>
> By the way, really miss your voice on the other end of technical support. Hope you and yours are well.
>
> Take care,
> Pam Garmon
> ---
>
> Pamela W. Garmon, M.S.
> Clinical Medical Physicist
> New Hanover Radiation Oncology

Wilmington, NC 28409
Ph. 910 251 1839
Pg. 910 254 0143
pgarmon@wpgii.com

De:	garmon
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT planning turn around times
Fecha:	miércoles, 19 de julio de 2006 22:43:07
Archivos adjuntos:	

At one of our centers (Pinnacle-Impac-Elekta) we try to at least get the planar dose measurements done before treatment. I use mapcheck (gantry at 0) and actually measure a central axis dose as well for all the beams that I have calculated in Pinnacle for the same setup, taking into consideration the effective depth in the mapcheck. Then, usually within a week, I measure absolute dose more accurately with an ion chamber at the treatment angles. With Impac, we do use QA mode and I do not see any risk in using this since it does actually bring up the patient fields, requiring overrides, if necessary, etc., but no dose is recorded for the patient. On the treatment record page, the fields are documented as QA fields. If we are really under the gun and need to start before the QA can be done, we might give just 1 treatment but verify visually that the segments in Impac match the Pinnacle ones and have therapists sign printouts of the segments as they observe the. Of course, we have always done a second check in Radcalc as well.

At our other center (Pinnacle-Varis-Varian), I would not dream of treating without first doing at least the planar doses. First of all, you cannot verify the segments visually unless out at the treatment console (we cannot just look at Varis on another PC and verify the segments). Second of all, Varian's history (even though the incidents involved eclipse - doesn't mean it could not happen with another TPS). To me, checking an IMRT plan in Varis is kind of like looking into a black box. In other words, I do not trust what I cannot see, especially if I am ultimately responsible for its accuracy. Hopefully, future upgrades will take care of this. In the meantime, I will not just have faith.

Pamela W. Garmon, M.S.
Clinical Medical Physicist
New Hanover Radiation Oncology
Wilmington, NC 28409
Ph. 910 251 1839

Pg. 910 254 0143
pgarmon@wpgii.com

De:	Silgen, Patrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	PET/CT fusion in Pinnacle
Fecha:	viernes, 21 de julio de 2006 19:43:31
Archivos adjuntos:	

I would like to get some feedback from Pinnacle users who have done PET/CT fusion in Pinnacle, either with our without Syntegra.

I have 3 scans from a PET/CT facility for a particular patient: CT, uncorrected PET, and corrected PET. It was explained to me that the corrected PET scan uses the CT scan to perform attenuation correction and is the image set to import. However, this corrected PET scan and the CT scan do not have the same coordinates, so I cannot fuse my treatment planning CT with the CT from the PET facility and then automatically copy the fusion to the corrected PET scan within Syntegra.

In lieu of that, I have used Syntegra to fuse the PET scan to my treatment planning CT.
When I review the quality of the fusion I appear to get good agreement at the skin edge, but it's difficult to assess the fusion comparing other anatomical sites. I'm curious to know how other facilities are analyzing their fusion. Do you feel that you are able to see enough information on the corrected PET to verify the fusion? If you have a CT from the PET facility, are you bringing that into Pinnacle? Is there more to this issue that I am not considering?

Thanks.

Pat Silgen
Methodist Hospital Minnesota

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##

De:	rob rice
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Backups with external hard drive?
Fecha:	viernes, 21 de julio de 2006 23:57:57
Archivos adjuntos:	

Hello, Pinnacle users.
Do any of you use an external USB hard drive to do backups? I suppose it should be possible; our Sun Blade 2000's have USB ports and you can back up data to a Unix file. Why not back up as a Unix file onto a large capacity, exteral hard disk? Please let me know if you have heard of doing this. Thanks.

-Rob Rice
Huntsville, AL, USA

De:	Chihray Liu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Backups with external hard drive?
Fecha:	sábado, 22 de julio de 2006 0:41:16
Archivos adjuntos:	

Rob;

The Blade 2000 USB is the v1.0 and it is very slow. Most of users backup pinnacle files to usb 2.0 HD that is mounted on PC.

Chihray Liu, Ph.D.

Associate Professor

Department of Radiation Oncology

University of Florida

Office: (352)265-8217

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of rob rice
Sent: Friday, July 21, 2006 5:48 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Backups with external hard drive?

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##

De:	William Bice, PhD
A:	Pinnacle-Users@Explode. Unsw. Edu. Au; MedPhys Listserver;
Cc:	
Asunto:	Software to show allowed and disallowed gantry angles
Fecha:	domingo, 23 de julio de 2006 6:09:35
Archivos adjuntos:	

All,

I posted an offer to share a software tool that I wrote to calculate and display allowed and disallowed gantry angles (in order to avoid center and side rails on the treatment couch) on the pinnacle list server. Big response.

So I compiled the software and posted it on our company ftp website for the taking. Freeware.

Here is how to download and use it.

1. Go to ftp.intmedphysics.com. Log in as "physics", password "phy51c5".
2. Download (just click and drag) the "Constraints" folder. It doesn't really matter where.
3. The "Constraints" folder contains 4 files: Contraints.CAB, Setup.exe, Setup.LST and Bar.ini.
4. Move the Bar.ini file to the root directory (c:\).
5. Double click on the Setup.exe file and follow the installation instructions. This will put an executable file in the "c:\program files" directory; make a shortcut if you wish. There will already be a link in the all programs section of the start taskbar. I haven't tried distributing this latest version to myself, but it should work.*

Notes:

1. The software was written for windows operating system pc with a high screen resolution.(1680 x 1050). If you use a lower resolution the software will still run, but you may have to drag some windows around to

see their entire contents.*
2. The Bar.ini file is a text file with the machine / couch parameters listed. I have included the parameters that we use on an older Varian 6/100 treatment couch. On the main screen menu bar, go to machine settings. You can add and delete machines as you need to (add first, then delete--I just realized that I don't know what happens if there are no machines defined, but I have a terrible feeling that the software will crash...)*
3. Other than the help files, there are 3 main windows. The main window where you enter the patient data (Table top height, isocenter offset and half field widths), a picture window and a graph window. The angles are color-coded between windows, i.e., the pink numbers and lines apply to the same beam / gantry angle in all three windows. The explanations are in the help files, but after you play for a little while, you will see that most things are self-explanatory.*
4. A gantry angle is allowed if the open beam doesn't pass through the center bar or the side rails (depending upon which end of the couch you use). The required width of the field depends on the gantry angle, allowable gantry angles depend on the required half field width. The process is iterative. We usually choose a desired gantry angle, determine the required half field widths (from the BEVon the planning system) and enter these half field widths into the program. If the gantry angle is not allowed, then we choose an angle as close as possible which is allowed. Then, if there is a big change in the angle from what what desired we go back to the BEV to see if the widths have changed enough to disallow the angle.*
4. We haven't used this software very long, so you may find a bug. Please let me know and I will do my best to fix it. If I have to do so, I will start adding version numbers.*

*Hey, what do you want for free?

Bill Bice

De:	William Bice, PhD
A:	Pinnacle-Users@Explode. Unsw. Edu. Au; MedPhys Listserver;
Cc:	
Asunto:	Software to show allowed and disallowed gantry angles
Fecha:	domingo, 23 de julio de 2006 6:17:25
Archivos adjuntos:	

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*Hey, what do you want for free?

Bill Bice

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: PET/CT fusion in Pinnacle
Fecha:	lunes, 24 de julio de 2006 15:58:11
Archivos adjuntos:	

I think the uncorrected PET would have the same issue - namely, a different FOV compared to the CT - so in either case, simply copying the transformation does not suffice. For the CT-PET we get scans from, the CT cuts are 68.273cm x 68.273cm, while the PET cuts are 50 x 50. The solution is to apply an offset equal to the amount of the discrepancy in the Y direction (18.273cm for us) after having performed a CT-CT fusion and copied this transformation to the PET. This gives a decent result.

In Syntegra, you can find the FOV info for the two scans in the Image Set Specifications window from the Utilities * Image Set Specifications menu. Then in the Fusion window, choose "2D tool parameters" from the Options menu, and enter as Shift step the amount of the offset. Then apply a single "click" of this shift in a relevant view. A good verification trick is to generate a surface contour for the CT of the CT-PET, then view that surface contour against the PET after having registered.

I talked to cust support about this, and even had an apps guy in here, and they didn't have a better solution.

Hope that helps - Dave

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> Patrick.Silgen@parknicollet.com 7/21/2006 1:03 PM >>>
I would like to get some feedback from Pinnacle users who have done PET/CT fusion in Pinnacle, either with our without Syntegra.

I have 3 scans from a PET/CT facility for a particular patient: CT, uncorrected PET, and corrected PET. It was explained to me that the corrected PET scan uses the CT scan to perform attenuation correction

and is the image set to import. However, this corrected PET scan and the CT scan do not have the same coordinates, so I cannot fuse my treatment planning CT with the CT from the PET facility and then automatically copy the fusion to the corrected PET scan within Syntegra.

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When I review the quality of the fusion I appear to get good agreement at the skin edge, but it's difficult to assess the fusion comparing other anatomical sites. I'm curious to know how other facilities are analyzing their fusion. Do you feel that you are able to see enough information on the corrected PET to verify the fusion? If you have a CT from the PET facility, are you bringing that into Pinnacle? Is there more to this issue that I am not considering?

Thanks.

Pat Silgen
Methodist Hospital Minnesota

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##

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	ROResources
Fecha:	lunes, 24 de julio de 2006 22:19:37
Archivos adjuntos:	

I have been trying to get ahold of this company after reading about some of our fellow list users experiences. However, I have left a couple of messages to their sales department and they have failed to get back to me. I am starting to get a little disguisted. Has anyone else had this kind of trouble? Is it worth it to keep pursuing this avenue for EMR? Thanks.

Pat

De:	Chris Hawkins
A:	<;
Cc:	
Asunto:	Stereotactic Localizers
Fecha:	lunes, 24 de julio de 2006 22:36:27
Archivos adjuntos:	

Are there other stereotactic localizing frames available in Pinnacle^3 in addition to the BRW, Compass, and Fischer systems??

Are there plans to add any?

I am particularly interested in the Sofamor-Danek system.

Thanks all.

^^^^^^^^^^^^^^^^^^^^^^^^^

Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ROResources
Fecha:	lunes, 24 de julio de 2006 23:56:13
Archivos adjuntos:	

Just wanting to say thanks to Scott for getting back to me. I realize that some things fall through the cracks and it was nice to get a concerning call, Scott answered all of my questions and I look forward to pursuing this further.

Pat

>From: "Scott Neal" <sneal@roresources.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: RE: ROResources
>Date: Mon, 24 Jul 2006 13:24:59 -0700
>
>Dear Pat and Listserv members:
>
>I want to start out by apologizing to Pat for our lack of follow up and
>I certainly understand his frustrations. I have personally been in
>touch with Pat and I believe we are moving positively forward. We
>endeavor to rapidly respond to our customers and this is one case where
>we did not do an adequate job.
>
>Additionally, I do want to make a few clarifications on the product we
>are offering for exporting plan information to Impac. What we offer is
>a set of scripts and a Windows application that allows Pinnacle users to
>press one script button and have a PDF created with plan, dvh, slices,
>ODM's etc and is then sent to EScan folder for attachment to the patient
>record and optionally the file is sent as an email to anyone that needs
>it. Very importantly, we are not installing any software on the
>Pinnacle and are only using scripts so as to not violate the software
>license agreement on the Pinnacle.
>
>I certainly hope that we are able to help the community with this idea
>and if anyone has a question, please feel free to reach me anytime at
>503-883-2092.

>
>
>Radiation Oncology Resources, Inc.
>Innovative Radiation Oncology
>Scott Neal, President
>Radiation Oncology Resources, Inc.
>Direct: 503.883.4111 x 704
>Toll-free: 866.312.3499 x 704
>
>sneal@roresources.com
>www.roresources.com
>
>
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Pat Meek
>Sent: Monday, July 24, 2006 12:17 PM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: ROResources
>
>I have been trying to get ahold of this company after reading about some
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>our fellow list users experiences. However, I have left a couple of
>messages to their sales department and they have failed to get back to
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>
>Pat
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De:	William Bice, PhD
A:	Pinnacle-Users@Explode. Unsw. Edu. Au; MEDPHYS@LISTS. WAYNE. EDU;
Cc:	
Asunto:	Freeware
Fecha:	martes, 25 de julio de 2006 0:23:52
Archivos adjuntos:	

No good deed goes unpunished.

It seems that the example machine data file that I included with the software to calculate allowable gantry angles didn't translate very well through the ftp process. The carriage return and line feeds got messed up.

If you wish a copy of the "bar.ini" file, (1) I will be happy to email you one as an attachment (send me an email requesting this...), or (2) you can edit the downloaded file using Notepad (change all of the boxes to carriage returns).

Bill Bice

De:	William Bice, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Freeware
Fecha:	martes, 25 de julio de 2006 0:40:38
Archivos adjuntos:	Bar.ini

Attached. if this doesn't work, edit the file using notepad and the instructions that I just posted to the listserver....

Bill

----- Original Message ----
From: "Vanek, Kenneth" <vanek@radonc.musc.edu>
To: pinnacle-users@explode.unsw.edu.au
Sent: Monday, July 24, 2006 5:21:07 PM
Subject: RE: Freeware

Please email.

Thanks.

ken

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** William Bice, PhD
Sent: Monday, July 24, 2006 6:00 PM
To: Pinnacle-Users@Explode. Unsw. Edu. Au; MEDPHYS@LISTS. WAYNE . EDU
Subject: Freeware

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Bill Bice

De:	Scott Neal
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ROResources
Fecha:	martes, 25 de julio de 2006 2:25:25
Archivos adjuntos:	

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Sent: Monday, July 24, 2006 12:17 PM
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Subject: ROResources

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De:	William Bice, PhD
A:	Homayon Parsai; Pinnacle-Users@Explode. Unsw. Edu. Au; MEDPHYS@LISTS. WAYNE. EDU;
Cc:	
Asunto:	Re: Software to show allowed and disallowed gantry angles
Fecha:	martes, 25 de julio de 2006 5:36:19
Archivos adjuntos:	

Homayon,

You need to have Constraints.CAB, Setup.exe and Setup.lst in the same folder, it doesn't matter where. The "bar.ini" file needs to go into the "c:\" directory.

When you double click on Setup.exe, it should give you a dialog that lets you install the software into your "c:\program files" directory. The dialog will let you choose the subdirectory to put the executable files into. The default is "project1", but I usually change the directory to match the name of the program, in this case use "constraints". This will put the executables into the "c:\program files \constraints" folder.

To make a shortcut to the program, right click on your desktop, and choose new shortcut. Browse until you find the file, "c:\program files\constraints\constraints.exe". Then double click or click "ok" to save the shortcut on your desktop.

The file "c:\bar.ini" is a data file for a Varian 6/100 treatment couch / machine. If you open the file with notepad you will see that the carriage returns were replaced with little boxes in the FTP process. If you highlight each box and the enter a carriage return, and then save it, you will restore the file to its orginal configuration (and the program can read it).

This works on my computers... If it doesn't work on yours, please blame Jim Marbach. Or Scott Dube. Or anybody but me.

Any more questions, please email me.

Bill Bice
----- Original Message ----
From: Homayon Parsai <Homayon.Parsai@vmmc.org>
To: bice@prodigy.net
Sent: Monday, July 24, 2006 4:53:11 PM
Subject: Re: Software to show allowed and disallowed gantry angles

Thanks very much, Bill. Yes I noticed that too.

Also, with the new Bar.ini I still have errors. I ran the setup.exe file. It told me the program is installed properly, but when I tried to run it, it give an error message saying:

"the time "project1.exe" that this shortcut refers to has been changed or move, so this shortcut will no longer work properly. Do you want to delete the shortcut?"

Then if you say yes/no it takes me out of the program and that's it!

Do I need to put Cnstraints.CAB somewhere, as well?

Any thoughts?

thanks. Homayon

>>> "William Bice, PhD" <bice@prodigy.net> 07/24/06 2:44 PM >>>
Homayon,

The file didn't translate very well through the FTP process. Attached is a copy.

Bill Bice

----- Original Message ----
From: Homayon Parsai <Homayon.Parsai@vmmc.org>
To: bice@prodigy.net
Sent: Monday, July 24, 2006 4:07:49 PM
Subject: Re: Software to show allowed and disallowed gantry angles

Bill,

Could you please tell me if Bar.ini is still in "Constraint" folder? I couldn't seem to find it.

Many thanks for sharing the program,

Homayon Parsai, Ph.D.
Chief Physicist
Virginia Mason Cancer Institute
Department of Radiation Oncology
Box CB- RO
1100 Ninth Ave,
Seattle, WA, 98101

Tel: +1 206 625-7373 Ext. 68155
Fax: +1 206 223-7568
Email: homayon.parsai@vmmc.org

>>> bice@prodigy.net 07/22/06 8:47 PM >>>
All,

I posted an offer to share a software tool that I wrote to calculate and display allowed and disallowed gantry angles (in order to avoid center and side rails on the treatment couch) on the pinnacle list server. Big response.

So I compiled the software and posted it on our company ftp website for the taking. Freeware.

Here is how to download and use it.

1. Go to ftp.intmedphysics.com. Log in as "physics", password "phy51c5".
2. Download (just click and drag) the "Constraints" folder. It doesn't really matter where.
3. The "Constraints" folder contains 4 files: Contraints.CAB, Setup.exe, Setup.LST and Bar.ini.

4. Move the Bar.ini file to the root directory (c:\).
5. Double click on the Setup.exe file and follow the installation instructions. This will put an executable file in the "c:\program files" directory; make a shortcut if you wish. There will already be a link in the all programs section of the start taskbar. I haven't tried distributing this latest version to myself, but it should work.*

Notes:

1. The software was written for windows operating system pc with a high screen resolution.(1680 x 1050). If you use a lower resolution the software will still run, but you may have to drag some windows around to see their entire contents.*
2. The Bar.ini file is a text file with the machine / couch parameters listed. I have included the parameters that we use on an older Varian 6/100 treatment couch. On the main screen menu bar, go to machine settings. You can add and delete machines as you need to (add first, then delete--I just realized that I don't know what happens if there are no machines defined, but I have a terrible feeling that the software will crash...)*
3. Other than the help files, there are 3 main windows. The main window where you enter the patient data (Table top height, isocenter offset and half field widths), a picture window and a graph window. The angles are color-coded between windows, i.e., the pink numbers and lines apply to the same beam / gantry angle in all three windows. The explanations are in the help files, but after you play for a little while, you will see that most things are self-explanatory.*
4. A gantry angle is allowed if the open beam doesn't pass through the center bar or the side rails (depending upon which end of the couch you use). The required width of the field depends on the gantry angle, allowable gantry angles depend on the required half field width. The process is iterative. We usually choose a desired gantry angle, determine the required half field widths (from the BEVon the planning system) and enter these half field widths into the program. If the gantry angle is not allowed, then we choose an angle as close as possible which is allowed. Then, if there is a big change in the angle from what what desired we go back to the BEV to see if the widths have changed enough to disallow the angle.*
4. We haven't used this software very long, so you may find a bug. Please let me know and I will do my best to fix it. If I have to do so, I will start adding version numbers.*

*Hey, what do you want for free?

Bill Bice

De:	Vanek, Kenneth
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Freeware
Fecha:	martes, 25 de julio de 2006 5:36:21
Archivos adjuntos:	

Please email.

Thanks.

ken

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** William Bice, PhD
Sent: Monday, July 24, 2006 6:00 PM
To: Pinnacle-Users@Explode. Unsw. Edu. Au; MEDPHYS@LISTS. WAYNE. EDU
Subject: Freeware

No good deed goes unpunished.

It seems that the example machine data file that I included with the software to calculate allowable gantry angles didn't translate very well through the ftp process. The carriage return and line feeds got messed up.

If you wish a copy of the "bar.ini" file, (1) I will be happy to email you one as an attachment (send me an email requesting this...), or (2) you can edit the downloaded file using Notepad (change all of the boxes to carriage returns).

Bill Bice

De:	Cameron Ditty
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Freeware
Fecha:	martes, 25 de julio de 2006 16:43:58
Archivos adjuntos:	

Bill,

sounds like the file needed to be upload as ascii, but was uploaded as binary, or vice versa. If you zipped the files, this would not be an issue. Personally I think you releasing this software to the community puts the onus on us(the community) to fix the file out of appreciation ect...

Thanks for your contributions.

Cameron

P.S. I have not had a chance to check it out yet, but look forward to it.

On 7/24/06, William Bice, PhD <bice@prodigy.net> wrote:
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> returns).
>
> Bill Bice
>

unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	William Bice, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Freeware
Fecha:	martes, 25 de julio de 2006 17:59:56
Archivos adjuntos:	

Cameron,

Thanks. Radim Cernej was already kind enough to zip the files and put them on the ftp website. Zip away if you like!

Bill Bice

----- Original Message ----
From: Cameron Ditty <cbditt0@gmail.com>
To: pinnacle-users@explode.unsw.edu.au
Sent: Tuesday, July 25, 2006 9:10:22 AM
Subject: Re: Freeware

Bill,

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> edit the downloaded file using Notepad (change all of the boxes to carriage
> returns).
>
> Bill Bice
>

De:	Tim Barry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	variable spacing CT
Fecha:	martes, 25 de julio de 2006 18:01:14
Archivos adjuntos:	

I probably should know this but:

Can Pinnacle import a CT scan with variable spacing? What I am thinking of is a scan with 2.5mm cuts for some portion and then 5mm for the rest, or 5mm then 2.5mm then back to 5mm. Normally we just stick with a single slice spacing but is that recquired. I seem to remember that it used to be that way but couldn't find anything in writing to that effect.

Thanks in advance for any info.

Timothy Barry MS DABR
Medical Physicist
Physics Services Inc.

De:	Worsley, Leigh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: variable spacing CT
Fecha:	martes, 25 de julio de 2006 18:49:24
Archivos adjuntos:	

I know that we our Pinnacle won't let us import a scan with different slice sizes. We do have an older version though.

Leigh J. Worsley, RT (T), BS, CMD
Radiation Therapist/Dosimetrist
Campbell County Memorial Hospital
PO Box 3011
Gillette, WY 82717
phone 307.688.1962
fax 307.688.1974

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Tim Barry
> **Sent:** Tuesday, July 25, 2006 9:18 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** variable spacing CT
>
> I probably should know this but:
>
> Can Pinnacle import a CT scan with variable spacing? What I am thinking of is a scan with 2.5mm cuts for some portion and then 5mm for the rest, or 5mm then 2.5mm then back to 5mm. Normally we just stick with a single slice spacing but is that recquired. I seem to remember that it used to be that way but couldn't find anything in writing to that effect.
>
> Thanks in advance for any info.
>
> Timothy Barry MS DABR
> Medical Physicist
> Physics Services Inc.

De:	Martin Ott
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: variable spacing CT
Fecha:	martes, 25 de julio de 2006 19:01:19
Archivos adjuntos:	

Hi Tim,

importing CT scans with variable spacing is no problem at all.
Just do the following test before you want to use that clinically:
Import a CT dataset as usual and then delete one of the intermediate slices within the Data Set Editor. Now you have generated an artificial variable spacing in your CT dataset. See if your planning works as usual. Especially look at the DRR's/ DCR's.

One thing you have to keep in mind for the variable spacing:
Some CT scanners do a duplicate slice at the interface between the different spacings. With that you will get two slices at the same table position, and Pinnacle will not let you import that.

Yours

Mit freundlichen Gruessen / With best regards,

Dipl.-Phys. Martin Ott

Tim Barry schrieb:
>
> I probably should know this but:
>
> Can Pinnacle import a CT scan with variable spacing? What I am thinking
> of is a scan with 2.5mm cuts for some portion and then 5mm for the rest,
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> used to be that way but couldn't find anything in writing to that effect.
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> Thanks in advance for any info.

>
> Timothy Barry MS DABR
> Medical Physicist
> Physics Services Inc.
>

De:	Thompson, Anne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Siemens virtual wedges
Fecha:	martes, 25 de julio de 2006 21:05:00
Archivos adjuntos:	

For anyone out there who uses the Siemens virtual wedges in Pinnalce3:

I know at the class they recommended putting in the virtual wedge once, and calling it "virtual wedge" with certain allowable angles and two possible orientations, but my problem with that is that the plan printout just says "virtual wedge" and not the code that goes to the R&V system. For verification purposes, I'd like to see the codes printed out. So I am trying to put in each of 8 virtual wedges called 1vw15, 2vw15, 1vw30, 2vw30, etc. The codes all export to Lantis ok. The only pitfall I see so far is having to put in duplicate entries of all the wedge output factors. Have any other Siemens users tried this or is everyone using theirs as one wedge called "virtual wedge"?

Thanks in advance.

Anne Thompson, M.S.
Medical Physicist
University of Penn Radiation Oncology
at Holy Redeemer Hospital: 215-938-3567

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: dose grid resolution
Fecha:	martes, 25 de julio de 2006 21:30:55
Archivos adjuntos:	

I was told my a pinnacle trainer that the grid size only changes things visually because we also use .35 and .25 for chest walls, head and necks or anything with a slap of bolus. We still use .35 and .25.

TSpicer

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Yates, Stephen
Sent: Tue 7/25/2006 3:09 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: dose grid resolution

Hello All,
For quite a while we have used a dose grid resolution of 0.35 for most cases. Occasionally we use .25 for areas with thinner layers of tissue. (ie.chestwall, H&N.) This has worked well, but the question was raised as to why we weren't just using the pinnacle default of 0.4. Our chief physicist asked me to pose these questions on this list server. What are you using? Is there an "industry standard"? Does it really make that much of a difference? It certainly seems from the testing that we have done that it does not. We are a little hesitant to make any changes without at least asking what others are using and if there are any pitfalls to avoid. Thanks in advance.
S. Yates CMD

De:	Yates, Stephen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	dose grid resolution
Fecha:	martes, 25 de julio de 2006 22:03:40
Archivos adjuntos:	

Hello All,
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S. Yates CMD

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: dose grid resolution
Fecha:	martes, 25 de julio de 2006 22:18:20
Archivos adjuntos:	

We use the default of 0.4 for all external beam cases and 0.2 for ALL brachytherapy cases i.e. seeds, Cs-137, MammoSite.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Angel Reaves
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: dose grid resolution
Fecha:	martes, 25 de julio de 2006 22:20:41
Archivos adjuntos:	

We use the default 0.400 unless we are planning for Post Seed implants or IMRT QA, we change it to 0.200 in that case.
It hasn't made even a monitor unit difference in our testing one vs. the other. and....it takes longer to compute.

Angela Reaves, CMD (T) (R)
Senior Medical Dosimetrist
DCH Cancer Treatment Center
801 University Blvd East
Tuscaloosa, Al 35401
205-759-6758
areaves@dchsystem.com

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Spicer, Terry
Sent: Tue 7/25/2006 2:14 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: dose grid resolution

I was told my a pinnacle trainer that the grid size only changes things visually because we also use .35 and .25 for chest walls, head and necks or anything with a slap of bolus. We still use .35 and .25.

TSpicer

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De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: dose grid resolution
Fecha:	martes, 25 de julio de 2006 22:26:04
Archivos adjuntos:	

We use the default of 0.4 for all external beam cases and 0.2 for ALL brachytherapy cases i.e. seeds, Cs-137, MammoSite.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Tallhamer, Mike
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: dose grid resolution
Fecha:	martes, 25 de julio de 2006 22:44:54
Archivos adjuntos:	

We notice a difference in MUs on IMRT plans when we calc with 0.400 opposed to 0.250 (couldn't quote you an exact percentage off the top of my head). We optimize with the dose grid at 0.400 and once the optimization is complete and converted to MLC leaf positions we compute the dose using the 0.250 grid size. I have tried optimizing simpler IMRT plans with the smaller grid size and it doesn't appear to make a difference in the resulting plan but it will successfully kill your ADAC if the IMRT plan is more complex. We had a dosimetrist who went to ADAC training awhile back and they also suggested this technique to her reaffirming what we were already doing.

Michael Tallhamer

From: Angel Reaves [mailto:areaves@dchsystem.com]
Sent: Tuesday, July 25, 2006 1:45 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: dose grid resolution

We use the default 0.400 unless we are planning for Post Seed implants or IMRT QA, we change it to 0.200 in that case. It hasn't made even a monitor unit difference in our testing one vs. the other. and....it takes longer to compute.

Angela Reaves, CMD (T) (R)

Senior Medical Dosimetrist
DCH Cancer Treatment Center
801 University Blvd East
Tuscaloosa, Al 35401
205-759-6758
areaves@dchsystem.com

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Spicer, Terry
Sent: Tue 7/25/2006 2:14 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: dose grid resolution

I was told my a pinnacle trainer that the grid size only changes things visually because we also use .35 and .25 for chest walls, head and necks or anything with a slap of bolus. We still use .35 and .25.

TSpicer

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Yates, Stephen
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Subject: dose grid resolution

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S. Yates CMD

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: dose grid resolution
Fecha:	martes, 25 de julio de 2006 23:10:39
Archivos adjuntos:	

Stephen,
I also use the .4 everywhere, except for my IMRT Phantom plan where I use .2 for point dose precision (over the very small volume of interest - a few slices of the high dose region, perhaps 20cc). I tried .4 there but .2 did seem to improve results.
Martin

At 03:09 PM 7/25/2006, you wrote:
>Hello All,
> For quite a while we have used a dose grid resolution of 0.35 for most cases. Occasionally we use .25 for areas with thinner layers of tissue. (ie.chestwall, H&N.) This has worked well, but the question was raised as to why we weren't just using the pinnacle default of 0.4. Our chief physicist asked me to pose these questions on this list server. What are you using? Is there an "industry standard"? Does it really make that much of a difference? It certainly seems from the testing that we have done that it does not. We are a little hesitant to make any changes without at least asking what others are using and if there are any pitfalls to avoid. Thanks in advance.
>S. Yates CMD
>
>
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>To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
>unsubscribe pinnacle-users <e-mail address>
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##

De:	Cooper, Paul - SEQ
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: dose grid resolution
Fecha:	miércoles, 26 de julio de 2006 0:22:31
Archivos adjuntos:	

It can't be just a visual difference if there is a difference in MU, and there is. Usually it's less than 1 (so you might not see it depending on your display preferences), but not always. I put 0.3, just becuase that is the spacing of out CT slices, and I wouldn't want to use a coarser resolution than our image data, and it seems a little pointless to use a higher resolution than that, either. That's my mostly intuitive idea, I've never really looked at it analytically.
I'll put 0.25 or even 0.2 sometimes if there is a bolus, as it helps a lot to get the thickness accurate.

Paul Cooper CMD, BA Phys (Oxon)
Sequoia Hospital, Redwood City, CA

-----Original Message-----
From: Tallhamer, Mike [mailto:Mike.Tallhamer@USONCOLOGY.COM]
Sent: Tuesday, July 25, 2006 1:16 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: dose grid resolution

We notice a difference in MUs on IMRT plans when we calc with 0.400 opposed to 0.250 (couldn't quote you an exact percentage off the top of my head). We optimize with the dose grid at 0.400 and once the optimization is complete and converted to MLC leaf positions we compute the dose using the 0.250 grid size. I have tried optimizing simpler IMRT plans with the smaller grid size and it doesn't appear to make a difference in the resulting plan but it will successfully kill your ADAC if the IMRT plan is more complex. We had a dosimetrist who went to ADAC training awhile back and they also suggested this technique to her reaffirming what we were already doing.

Michael Tallhamer

———

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Senior Medical Dosimetrist

DCH Cancer Treatment Center

801 University Blvd East

Tuscaloosa, Al 35401

205-759-6758

<mailto:areaves@dchsystem.com> areaves@dchsystem.com

———

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S. Yates CMD

De:	Cooper, Paul - SEQ
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: dose grid resolution
Fecha:	miércoles, 26 de julio de 2006 0:34:47
Archivos adjuntos:	

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Paul Cooper CMD, BA Phys (Oxon)
Sequoia Hospital, Redwood City, CA

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From: Tallhamer, Mike [mailto:Mike.Tallhamer@USONCOLOGY.COM]
Sent: Tuesday, July 25, 2006 1:16 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: dose grid resolution

We notice a difference in MUs on IMRT plans when we calc with 0.400 opposed to 0.250 (couldn't quote you an exact percentage off the top of my head). We optimize with the dose grid at 0.400 and once the optimization is complete and converted to MLC leaf positions we compute the dose using the 0.250 grid size. I have tried optimizing simpler IMRT plans with the smaller grid size and it doesn't appear to make a difference in the resulting plan but it will successfully kill your ADAC if the IMRT plan is more complex. We had a dosimetrist who went to ADAC training awhile back and they also suggested this technique to her reaffirming what we were already doing.

Michael Tallhamer

———

From: Angel Reaves [mailto:areaves@dchsystem.com]
Sent: Tuesday, July 25, 2006 1:45 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: dose grid resolution

We use the default 0.400 unless we are planning for Post Seed implants or IMRT QA, we change it to 0.200 in that case. It hasn't made even a monitor unit difference in our testing one vs. the other. and....it takes longer to compute.

Angela Reaves, CMD (T) (R)

Senior Medical Dosimetrist

DCH Cancer Treatment Center

801 University Blvd East

Tuscaloosa, Al 35401

205-759-6758

<mailto:areaves@dchsystem.com> areaves@dchsystem.com

———

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Spicer, Terry
Sent: Tue 7/25/2006 2:14 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: dose grid resolution

I was told my a pinnacle trainer that the grid size only changes things visually because we also use .35 and .25 for chest walls, head and necks or

anything with a slap of bolus. We still use .35 and .25.

TSpicer

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Yates, Stephen
Sent: Tue 7/25/2006 3:09 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: dose grid resolution

Hello All,
For quite a while we have used a dose grid resolution of 0.35 for most cases. Occasionally we use .25 for areas with thinner layers of tissue. (ie.chestwall, H&N.) This has worked well, but the question was raised as to why we weren't just using the pinnacle default of 0.4. Our chief physicist asked me to pose these questions on this list server. What are you using? Is there an "industry standard"? Does it really make that much of a difference? It certainly seems from the testing that we have done that it does not. We are a little hesitant to make any changes without at least asking what others are using and if there are any pitfalls to avoid. Thanks in advance.
S. Yates CMD

De:	hugo.tremblay@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: dose grid resolution and MU calculation
Fecha:	miércoles, 26 de julio de 2006 1:43:26
Archivos adjuntos:	C.htm pic21282.jpg

(See attached file: C.htm)(Embedded image moved to file: pic21282.jpg)

De:	Jenny Lydon
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Siemens virtual wedges
Fecha:	miércoles, 26 de julio de 2006 2:13:23
Archivos adjuntos:	

Hi Anne,

You only need to define the VW once and use wild cards for the wedge Manufacturer Code in Pinnacle.

ie if you use 2VW% and 1VW% for the codes for wedge out and in orientations respectively, these codes will be exported to the R & V system with "%" replaced by the current wedge angle.

Jenny

At 02:48 PM 7/25/06 -0400, you wrote:
>For anyone out there who uses the Siemens virtual wedges in Pinnalce3:
>
>I know at the class they recommended putting in the virtual wedge once, and
>calling it "virtual wedge" with certain allowable angles and two possible
>orientations, but my problem with that is that the plan printout just says
>"virtual wedge" and not the code that goes to the R&V system. For
>verification purposes, I'd like to see the codes printed out. So I am
>trying to put in each of 8 virtual wedges called 1vw15, 2vw15, 1vw30, 2vw30,
>etc. The codes all export to Lantis ok. The only pitfall I see so far is
>having to put in duplicate entries of all the wedge output factors. Have
>any other Siemens users tried this or is everyone using theirs as one wedge
>called "virtual wedge"?
>
>Thanks in advance.
>
>
>Anne Thompson, M.S.
>Medical Physicist
>University of Penn Radiation Oncology

>at Holy Redeemer Hospital: 215-938-3567
>
>
>###
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###

De:	William Bice, PhD
A:	Pinnacle-Users@Explode. Unsw. Edu. Au; MEDPHYS@LISTS. WAYNE. EDU;
Cc:	
Asunto:	Fw: gantry angles
Fecha:	miércoles, 26 de julio de 2006 3:21:02
Archivos adjuntos:	

All,

Pat was kind enough to point out a programming error in the color scheme in the gantry angle constraints program. There are several other things that I have fixed, to include:

1. You can now have up to 10 machine / couch combinations and 10 table top modifiers
2. If you don't have a machine in the bar.ini file, the program doesn't crash any more. Just go to machine settings and enter one.
3. We have hit the big time. There is now a version number (1.1) added to the program.

The new version is stored at ftp.intmedphysics.com in the "Constraints v1.1" folder. (login: "physics", password: "phy51c5"). You cannot overwrite the old executable files..you must remove them first (go to start, control panel, add or remove software). Download the CAB, LST and EXE files, again it doesn't matter where. If you have an existing copy of "bar.ini", it will work fine--you don't need to change it.

Radim was kind enough to create a zip file. I removed it, as it contained the old version. If he is kind enough to replace it with the new version, you can use this instead. Radim also had a good suggestion. When the program prompts you to install it at "c:\Program Files\project1" you might want to change that to "c:\Program Files\Constraints".

This software distribution stuff is a pain in the neck.

Bill Bice

----- Forwarded Message ----
From: "Glennon, Patrick" <Patrick.Glennon@tenethealth.com>
To: "William Bice, PhD" <bice@prodigy.net>
Sent: Tuesday, July 25, 2006 1:53:37 PM
Subject: gantry angles

Dear Bill,

Thank you so much for the gantry angle calculator that you so graciously shared on the listserver. I've installed it and am playing with it to get familiar with it before I spring it on my dosimetrist. You asked to be informed of bugs. I think I've found a small one. The colors on the graph window don't always match with the main or picture windows on the copy I have. I moved the cursor to the intersection of the graph lines and the half field width hash marks. I then read the gantry angle box at the upper right of the graph window. The red, green, and dark blue match fine. The light blue line on the graph matches the white on the picture and main window boxes. The white line similarly matches the magenta on the other two windows and the magenta line matches the light blue on the other windows. I had the machine defined as both Varian and IEC conventions (saving each time) and it was the same for both conventions.

Again, thank you very much. This is one slick programming job!

Pat Glennon
Graduate Hospital
Philadelphia

De:	Woodings, Simon
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: dose grid resolution
Fecha:	miércoles, 26 de julio de 2006 5:01:38
Archivos adjuntos:	

When planning electron beams, we use a better resolution (often 0.1 mm) in the axial direction closest to the direction of the beam. We have found that this can make a small difference to calculated MU in some cases. The resolution in the orthogonal directions are usually left at the default 0.4 mm.

When creating ROIs from isodose lines we often use a resolution of 0.2 mm. Otherwise almost all of our photon calcs are performed with the default 0.4 mm.

Regards,
Simon

Simon Woodings
simon.woodings@health.wa.gov.au
Perth Radiation Oncology and Royal Perth Hospital

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]
Sent: Wednesday, 26 July 2006 3:09 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: dose grid resolution

Hello All,
For quite a while we have used a dose grid resolution of 0.35 for most cases. Occasionally we use .25 for areas with thinner layers of tissue. (ie.chestwall, H&N.) This has worked well, but the question was raised as to why we weren't just using the pinnacle default of 0.4. Our chief physicist asked me to pose these questions on this list server. What are you using? Is there an "industry standard"? Does it really make that much of a difference? It certainly seems from the testing that we have done that it does not. We are a little hesitant to make any changes without at least asking what others are using and if there are any pitfalls to avoid. Thanks in advance.
S. Yates CMD

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##

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: dose grid resolution
Fecha:	miércoles, 26 de julio de 2006 5:57:23
Archivos adjuntos:	

.4mm?

-----Original Message-----
From: "Woodings, Simon" <Simon.Woodings@health.wa.gov.au>
To: pinnacle-users@explode.unsw.edu.au
Sent: 7/25/2006 8:52 PM
Subject: RE: dose grid resolution

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Simon

Simon Woodings
simon.woodings@health.wa.gov.au
Perth Radiation Oncology and Royal Perth Hospital

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##

De:	Woodings, Simon
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: dose grid resolution
Fecha:	miércoles, 26 de julio de 2006 10:04:18
Archivos adjuntos:	

Thanks Greg for picking this up. Of course I meant cm not mm. Apologies for any misunderstandings!

Regards,
Simon

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]
Sent: Wednesday, 26 July 2006 11:20 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: dose grid resolution

.4mm?

-----Original Message-----
From: "Woodings, Simon" <Simon.Woodings@health.wa.gov.au>
To: pinnacle-users@explode.unsw.edu.au
Sent: 7/25/2006 8:52 PM
Subject: RE: dose grid resolution

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Perth Radiation Oncology and Royal Perth Hospital

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S. Yates CMD

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##

De:	Lee Zarger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: dose grid resolution
Fecha:	miércoles, 26 de julio de 2006 15:13:37
Archivos adjuntos:	

Makes a big difference for brachytherapy- are you talking of only external beam?

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Yates, Stephen
Sent: Tuesday, July 25, 2006 3:09 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: dose grid resolution

Hello All,
For quite a while we have used a dose grid resolution of 0.35 for most cases. Occasionally we use .25 for areas with thinner layers of tissue. (ie.chestwall, H&N.) This has worked well, but the question was raised as to why we weren't just using the pinnacle default of 0.4. Our chief physicist asked me to pose these questions on this list server. What are you using? Is there an "industry standard"? Does it really make that much of a difference? It certainly seems from the testing that we have done that it does not. We are a little hesitant to make any changes without at least asking what others are using and if there are any pitfalls to avoid. Thanks in advance.
S. Yates CMD

De:	Yates, Stephen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: dose grid resolution
Fecha:	miércoles, 26 de julio de 2006 15:33:35
Archivos adjuntos:	

Yes. External beam only. And thanks to everyone for the resposes. They have really helped.
S Yates

> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au [SMTP:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Lee Zarger
> Sent: Wednesday, July 26, 2006 8:26 AM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: dose grid resolution
>
> Makes a big difference for brachytherapy- are you talking of only external beam?
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> [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Yates,
> Stephen
> Sent: Tuesday, July 25, 2006 3:09 PM
> To: pinnacle-users@explode.unsw.edu.au
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> S. Yates CMD
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##

De:	Cynthia Seier
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Printing from Siemens Coherence
Fecha:	jueves, 27 de julio de 2006 14:52:30
Archivos adjuntos:	

Does anyone know if there is a way to print a portal image onto paper from the Siemen's Coherence workstation where the portal images and DRR's from the treatment planning station are viewed?

Suspect this may be a Siemens question.
Thank you!
Cindy Seier, CMD

De:	Simpson, Larry D.
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: dose grid resolution
Fecha:	jueves, 27 de julio de 2006 17:02:16
Archivos adjuntos:	

...for internal constraint rinds or external skin constraint rinds =<5-6mm thickness, I think one should use 3mm or less DURING THE inverse optimization process such that that the internal or external 'flashing' problem is considered absolutely.... With at least 1-2 direct calc grid points where you want them..... Regards,...Larry

Larry Simpson, Ph.D.
Helen F. Graham Cancer Center
Christiana Care
Newark, DE

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Yates, Stephen
Sent: Tuesday, July 25, 2006 3:09 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: dose grid resolution

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S. Yates CMD

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De:	Hobie Shackford
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: dose grid resolution
Fecha:	jueves, 27 de julio de 2006 19:11:29
Archivos adjuntos:	

I recently looked into this in benchmark studies for our v7.6 upgrade. I compared Pinnacle plans using the default 0.4 cm grid and with a 0.3 cm grid. I felt the 0.3 cm size would be a reasonable increase in compute time and it made sense since our CT slice thickness is also 0.3 cm. I found that the 0.3 cm does improve the measurement agreement by about 1% - 1.5% at depths of 1cm and 2 cm for 6MV and 10MV beams. At other depths the agreement is essentially the same (within 0.5%). The Pinnacle dose for the 0.3 cm grid is consistently higher than the 0.4 cm grid.

Interestingly the grid size made essentially no difference for an 18MV beam.

I used the default 0.4 cm grid resolution during the modeling.

The above results were for a homogeneous (water) phantom but the trend also held for a lung phantom benchmark. The 0.3 cm grid in general incresed the calculated dose and improved the measurement agreement.

We will probably continue to use the 0.4 cm grid for most of our planning except for the final step in the Head & Neck IMRT cases. We are looking into what happens to the objectives/ constraints if we plan with 0.4 cm then switch over to the 0.3 cm (cube) grid for a final dose calculation.

Hobie Shackford
NorthMain Radiation Oncology
Providence, RI

--- "Yates, Stephen" <syates@emh.org> wrote:

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> S. Yates CMD

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Conformal arc anyone?
Fecha:	martes, 08 de agosto de 2006 12:47:06
Archivos adjuntos:	

Listers,

Has anyone been creating and delivering conformal arc plans with 7.4f or higher? If so, what:

1. Sites?

2. QA is being performed?

3. Is the minimum PTV size, i.e. anything resembling non-coplanar stereo treatments?

Thanks in advance,

Sean

##

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	(dynamic) conformal arc anyone?
Fecha:	martes, 08 de agosto de 2006 20:31:41
Archivos adjuntos:	

Listers,

I wished to have mentioned that I am also interested in conformal arc with dynamic MLC on a Varian machine, using a segmented treatment table of control points as a function of MU and gantry angle.

Sean

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: (dynamic) conformal arc anyone?
Fecha:	jueves, 10 de agosto de 2006 3:51:25
Archivos adjuntos:	

We do it, infrequently.

Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Sean Frigo
Sent: Tuesday, August 08, 2006 11:50 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: (dynamic) conformal arc anyone?

Listers,

I wished to have mentioned that I am also interested in conformal arc
with dynamic MLC on a Varian machine, using a segmented treatment table
of control points as a function of MU and gantry angle.

Sean

to majordomo@explode.unsw.edu.au.

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account will not be distributed unless that account is also subscribed.
##

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Weekly backups
Fecha:	jueves, 10 de agosto de 2006 14:18:10
Archivos adjuntos:	

I am planning on getting an external hard drive to ftp to and do weekly backups of our patients. Is there anything I need to do besides just doing a direct transfer to the external hard drive. I have heard of people putting the patients to a tar file beforehand, but if the hard drive is big enough, couldn't you just do a direct transfer?

Pat

De:	Geoghegan, Sean
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Weekly backups
Fecha:	viernes, 11 de agosto de 2006 3:08:29
Archivos adjuntos:	

Hi Pat,

I have written a script to automatically backup each individual patient on our patient database to an external hard drive via ftp or to a mounted hard drive (nfs or samba). The advantage of this approach is that individual patients can be restored in a similar manner as restoring a Pinnacle backup. At Perth Radiation Oncology the script is run automatically overnight thereby essentially removing the requirement for planners to backup their work.

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Cheers,

Sean

_____
Sean Geoghegan, PhD MACPSEM MAIP
Senior Medical Physicist
Royal Perth Hospital
Perth WA 6000 AUSTRALIA
t +61 8 9224 7015 h +61 8 9224 2244
f +61 8 9224 1138 m +61 437 056 932
e sean.geoghegan@health.wa.gov.au

indicated in this message then please notify the sender by reply e-mail. Any content of this message and its attachments that doesn't relate to the official business of Royal Perth Hospital (RPH) must be taken not to have been sent or endorsed by RPH.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]
Sent: Thursday, 10 August 2006 19:58
To: pinnacle-users@explode.unsw.edu.au
Subject: Weekly backups

I am planning on getting an external hard drive to ftp to and do weekly backups of our patients. Is there anything I need to do besides just doing a direct transfer to the external hard drive. I have heard of people putting the patients to a tar file beforehand, but if the hard drive is big enough, couldn't you just do a direct transfer?

Pat

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##

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Weekly backups
Fecha:	viernes, 11 de agosto de 2006 5:30:03
Archivos adjuntos:	

I was contacted by Radiation Oncology Resources yesterday. Here is interesting information: the company charges 10K for a number of scripts for ftp and conversion of postscript files into pdf format (e.g., to be imported into the R&V system). I do ftp and conversion using freely available software (total cost 0K). Here is the question: is there a simple way to establish a reasonable price for this kind of service? Anyway, 10K sounds very intriguing… If they charge that much somebody must have already paid 10K for a bunch of UNIX scripts. What I really would like to know is if it is allowed to advertise third party software and/or other non-ADAC products, and/or available physicist, dosimetrist, therapist, secretarial etc. positions (it never ends - see an e-mail from a recruiter) using the list server.

Vadim Kuperman

>Do you have any ballpark figure on how much it cost to have this company set
>this up? I am just wondering whether it is worth my time to try to figure
>out how to do this myself or not. Basically wondering if it would be
>quicker for me to figure it out or try to get the capital to pay someone
>else to do it lol.
>Thanks.
>Pat

--- "Geoghegan, Sean"

<Sean.Geoghegan@health.wa.gov.au> wrote:

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> external hard drive via ftp or to a mounted hard
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> e sean.geoghegan@health.wa.gov.au
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> privileged or confidential information. It is
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> Sent: Thursday, 10 August 2006 19:58
> To: pinnacle-users@explode.unsw.edu.au
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##

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Weekly backups
Fecha:	viernes, 11 de agosto de 2006 15:11:21
Archivos adjuntos:	

Hello Everyone,

Forgive my absence....I was out for a couple of weeks with the birth of my second daughter. Everyone is home and doing well.

Of course, there were 1,129 emails in my email box, so it is taking me some time to catch up. To those that are waiting for beam data from us, I will be closing everything out within the next few days.

I have a few comments for you on these topics, but be advised that these are my opinions, as Philips does not have specific policies for recommendations along these lines.

***
Regarding Backups

We export /PrimaryPatientData via NFS. This directory structure carries just about everything that you need - including patients and physics data for all institutions. Only hotscripts are left out, but you can/should use the backup tool to back these up from time to time. If I were in the clinic, I would work with IT to have an enterprise server that they use for backup mount this directory and back it up on a regular basis. Keep in mind that you will need to call my support guys, because we have some security in place to prevent just any system from mounting the drive. We need to add in the "trusted" system.

There are a couple of important things to realize here. 1) MS Windows and Unix have compatibility issues with file naming conventions. For example, we use colons ":" in file names with date/time stamps. Windows can't correctly use these file names, and thus, if you are not using a translation table or using some other method to correct for this, your backup is virtually useless. We recommend that you use a Unix OS on the box that you are using or a translation table, and you should definitely test the validity of your process. 2) This backup is for catastrophic failure only. If your hard drive blows, you get a replacement and copy the files back into the /PrimaryPatientData and you are good to go - you only need to do a database repair from Launchpad to populate the database.

It is possible (though more difficult) to restore individual patients, but it can be done if required. I would not want to do this on a routine basis.

For archives and for selective restore, I would use either DVD, or tar files created from the GUI, and store them on some PC that had a couple of large hard drives. The index in the backup tool can help you to find what you are looking for, but I would probably print the patient list and put it in a binder. Another option is the DLT drive that can store 320 GB.

***
Regarding the use of 3rd party applications

I have mentioned it before, and I am obliged to mention it again. On a Class II medical device, Philips can't support the addition of anything to the system. Some people have asked me what this means; if a failure is linked to the software or hardware added to the system, the restoration of the system will not be covered by warranty or support contract, and if we are not sure how to "disentangle" the system from the 3rd party stuff, we might have to replace the hard drives or perhaps the entire system.

We need to go through extensive testing with engineering and we need to create Authorized Field Modifications even for the simplest of changes that are not documented in our procedures. Any company that adds anything to our system is doing so at their own (and your own risk). Scripts that utilize software and features already built into our systems are probably ok, although you should know that even these things we must test before releasing them to the public.

***

Regarding Scott Neal and ROR

Scott and Co. are a good bunch of people and they know our product well. I think that Scott is able to fill the gaps in some of your needs that are more difficult for us since we are more focused on development and maintenance. We now have a friendly relationship with ROR and they have assured us that they will not load any software or hardware onto our systems.

Regarding the cost, I think that I have also made this statement before - if it costs more than the value that it provides to you in your clinic, don't buy it. This is economics 101. Consider how much time you may save, or what any company is promising to solve with a service, and decide if it is worth it. Keep in mind that everyone, including ROR, has overhead and will continue to develop solutions for you.

***

Regarding the use of the User List for other "stuff"

This is not a moderated list. As far as I know, there have never been any specific rules stated or enforced here. As was mentioned a few months ago, Philips has nothing to do with the administration here, so we certainly have no say in the matter.

I do not think that it is abused here, so I would vote that as long as the posts are related to Radiation Oncology, we should enjoy the free flow of information. Obviously it makes more sense to talk about other vendors stuff on their user lists or in Medphys, but enforcing rules would require an involved administrator/moderator.

***

Sorry for the long email and Best Regards to all,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

To pinnacle-users@explode.unsw.edu.au

cc

Subject RE: Weekly backups

Classification

Vadim Kuperman
<vadimkuperman@yahoo.com>

Sent by:
owner-pinnacle-users@explode.
unsw.edu.au

08/10/2006 10:42 PM

Please respond to
pinnacle-users@explode.unsw.
edu.au

I was contacted by Radiation Oncology Resources yesterday. Here is interesting information: the company charges 10K for a number of scripts for ftp and conversion of postscript files into pdf format (e.g., to be imported into the R&V system). I do ftp and conversion using freely available software (total cost 0K). Here is the question: is there a simple way to establish a reasonable price for this kind of service? Anyway, 10K sounds very intriguing… If they charge that much somebody must have already paid 10K for a bunch of UNIX scripts. What I really would like to know is if it is allowed to advertise third party software and/or other non-ADAC products, and/or available physicist, dosimetrist, therapist, secretarial etc. positions (it never ends - see an e-mail from a recruiter) using the list server.

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> [mailto:owner-pinnacle-users@explode.unsw.edu.au]
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> To: pinnacle-users@explode.unsw.edu.au
> Subject: Weekly backups
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###
>

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Merger?
Fecha:	viernes, 11 de agosto de 2006 15:21:58
Archivos adjuntos:	

This is speculation, albeit interesting...

http://www.thestreet.com/_tscrss/funds/investing/10302559.html

De:	Bawa, Walter
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Weekly backups
Fecha:	viernes, 11 de agosto de 2006 15:55:53
Archivos adjuntos:	

Vadim,
To my knowledge, charging 10k for a bunch of hotscripts and unix script is not justified I know sometimes back , someone posted a script here , which was meant to do just that.

With a click of the button,
you can capture all plan relevant information (plan summary,dvh, coutour, drr) into a postscript file , later convert it to pdf and ftp to a share drive, making it available to the RO.This is done with one script.I have tested this script and this work with some slight modifications

-----Original Message-----
From: Vadim Kuperman [mailto:vadimkuperman@yahoo.com]
Sent: Thursday, August 10, 2006 10:43 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Weekly backups

I was contacted by Radiation Oncology Resources
yesterday. Here is interesting information: the
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Do You Yahoo!?
Tired of spam? Yahoo! Mail has the best spam protection around
http://mail.yahoo.com

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De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Weekly backups
Fecha:	viernes, 11 de agosto de 2006 16:54:41
Archivos adjuntos:	image002.jpg

All:

I just wanted to make a few clarifications to this discussion to ensure that the EMR Link solution from ROR is understood correctly as well as Sean's backup script, as they are 2 separate applications. We are sensitive to the listserv being non-commercial, but we do want to ensure that what we are doing is understood.

EMR Link is a combination of Pinnacle scripts and a custom Windows PC application. This application allows for the transfer for planning information via pdf, tiff or any other graphic format to your R&V for attachment to the patient record as well as emailing to a distribution list. The advantage of this product is that with 1 click a report that is customized for each department will be created that includes any plan information including any user defined window, all slices in any orientation, BEV's, ODM's, etc. Walter is correct in saying that much of this can be done manually or via some sort of script on the Pinnacle and Windows systems, but our application allows for this process to be more automatic and much less time consuming. I agree with Marc's assessment that if the benefits of any product don't outweigh the cost, it shouldn't be purchased. I will leave this to individual departments to decide regarding EMR link.

The script that Sean has referred to is different from this and what this allows for is the backup of patients from within the patient's plan, forgoing the need for using Launchpad's backup program. It can be configured to backup a group of patients as well. As a service to the Pinnacle community, ROR will be happy to distribute this product for no more cost that our licensing fee and I hope that people will find it of great use. We use it with our customers internally on a daily basis and find it to be a nice extension to Pinnacle. Please contact us if anyone is interested at 866-312-3499 option 1.

Regards,

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

De:	Yan, Albert
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Weekly backups
Fecha:	viernes, 11 de agosto de 2006 17:59:52
Archivos adjuntos:	

What we have done is export all the postscript file using a script and ftp them to a pc with adobe acrobat installed. The standard acrobat is $254.00 per install. You can rotate, manipulate and merge all the ps file into one pdf (or tiff) file and save it to IMPAC eScan directory. Easy and inexpensive. Hope this helps.

Albert Yan, MS
Provicence St.Vincent Medical Center
Portland, OR 97225

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Vadim Kuperman
Sent: Thursday, August 10, 2006 7:43 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Weekly backups

I was contacted by Radiation Oncology Resources yesterday. Here is interesting information: the company charges 10K for a number of scripts for ftp and conversion of postscript files into pdf format (e.g., to be imported into the R&V system). I do ftp and conversion using freely available software (total cost 0K). Here is the question: is there a simple way to establish a reasonable price for this kind of service? Anyway, 10K sounds very intriguing... If they charge that much somebody must have already paid 10K for a bunch of UNIX scripts. What I really would like to know is if it is allowed to advertise third party software and/or other non-ADAC products, and/or available physicist, dosimetrist, therapist, secretarial etc. positions (it never ends - see an e-mail from a recruiter) using the list server.

Vadim Kuperman

>Do you have any ballpark figure on how much it cost
to have this company set
>this up? I am just wondering whether it is worth my
time to try to figure
>out how to do this myself or not. Basically
wondering if it would be
>quicker for me to figure it out or try to get the
capital to pay someone
>else to do it lol.
>Thanks.
>Pat

--- "Geoghegan, Sean"
<Sean.Geoghegan@health.wa.gov.au> wrote:

> Hi Pat,
>
> I have written a script to automatically backup each
> individual patient on our patient database to an
> external hard drive via ftp or to a mounted hard
> drive (nfs or samba). The advantage of this approach
> is that individual patients can be restored in a
> similar manner as restoring a Pinnacle backup. At
> Perth Radiation Oncology the script is run
> automatically overnight thereby essentially removing
> the requirement for planners to backup their work.
>
> Scott Neal of Radiation Oncology Resources has the
> license to distribute this script in the US, so
> speak to him if you are in the US. If you are
> outsied the US, Scott Neal dose not have the license
> to distribute this script. I am happy to distribute
> my script to sites outside the US, although there
> will be cost if you need the script to be customised
> to your institution and you are not prepared to do
> that task yourself. Be aware, I am not offering a
> commercial solution (unlike Scott Neal) and my
> turnaround time could be slow depending on my
> workload here at Perth Radiation Oncology. However
> I'd like to see this script taken up more than it
> has been, so if the demand is not too great I should
> be able to get back to you with a customised script

> within a week or two. The script certainly has
> improved our productivity at Perth Radiation
> Oncology.
>
> Cheers,
>
> Sean
> _____
> Sean Geoghegan, PhD MACPSEM MAIP
> Senior Medical Physicist
> Royal Perth Hospital
> Perth WA 6000 AUSTRALIA
> t +61 8 9224 7015 h +61 8 9224 2244
> f +61 8 9224 1138 m +61 437 056 932
> e sean.geoghegan@health.wa.gov.au
>

>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au]
> Sent: Thursday, 10 August 2006 19:58
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Weekly backups
>
>
>
> I am planning on getting an external hard drive to
> ftp to and do weekly
> backups of our patients. Is there anything I need
> to do besides just doing
> a direct transfer to the external hard drive. I
> have heard of people
> putting the patients to a tar file beforehand, but
> if the hard drive is big
> enough, couldn't you just do a direct transfer?
>

> Pat
>
>
>
>
>
##
> To unsubscribe (yourself or other account) from the
> pinnacle-users mailing list, send the message
> unsubscribe pinnacle-users <e-mail address>
> to majordomo@explode.unsw.edu.au.
>
> Note: To avoid non-delivery error messages being
> sent to all list
> members, the list has been configured so that
> messages can only be
> sent from a subscribed account. Messages sent from a
> users secondary
> account will not be distributed unless that account
> is also subscribed.
>
##
>
>
>
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>

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members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Weekly backups
Fecha:	viernes, 11 de agosto de 2006 19:53:25
Archivos adjuntos:	image001.jpg

From reading the post by Eric Hendee from 6/21 it sounds as if you are installing PStill on the ADAC box for the ..ps to ..pdf conversion part of your script. By also looking at the script in the post it also calls PStill from the script by spawning a command for the PStill conversion also leading me to believe that it is installed locally on the ADAC box. From the command call it looks as though PStill is installed on the $HOME directory at "/home/p3rtp/PlansToPDF/pstill_dist/" or it has a link stored there which is pointing to the installation location of the PStill executable.

Would this be a correct assessment?

-Mike

From: Victoria LaCerba [mailto:vlacerba@roresources.com]
Sent: Friday, August 11, 2006 8:32 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Weekly backups

All:

I just wanted to make a few clarifications to this discussion to ensure that the EMR Link solution from ROR is understood correctly as well as Sean's backup script, as they are 2 separate applications. We are sensitive to the listserv being non-commercial, but we do want to ensure that what we are doing is understood.

EMR Link is a combination of Pinnacle scripts and a custom Windows PC application. This application allows for the transfer for planning information via pdf, tiff or any other graphic format to your R&V for attachment to the patient record as well as emailing to a distribution list. The advantage of this product is that with 1 click a report that is customized for each department will be created that includes any plan information including any user defined window, all slices in any orientation, BEV's, ODM's, etc. Walter is correct in saying that much of this can be done manually or via some sort of script on the Pinnacle and Windows systems, but our application allows for this process to be more automatic and much less time consuming. I agree with Marc's assessment that if the benefits of any product don't outweigh the cost, it shouldn't be purchased. I will leave this

to individual departments to decide regarding EMR link.

The script that Sean has referred to is different from this and what this allows for is the backup of patients from within the patient's plan, forgoing the need for using Launchpad's backup program. It can be configured to backup a group of patients as well. As a service to the Pinnacle community, ROR will be happy to distribute this product for no more cost that our licensing fee and I hope that people will find it of great use. We use it with our customers internally on a daily basis and find it to be a nice extension to Pinnacle. Please contact us if anyone is interested at 866-312-3499 option 1.

Regards,

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Weekly backups
Fecha:	viernes, 11 de agosto de 2006 20:24:51
Archivos adjuntos:	image003.jpg image004.jpg

Mike,
The original development did use something similar to what you mentioned. Whether that is what Eric Hendee does currently is unknown to us. But, due to the fact that we are dealing with a medical device we have since developed a Windows based application for this purpose. The only thing loaded on the Solaris box is Pinnacle scripts. We can assure you that there are no 3rd party applications being loaded within the Pinnacle system.

Regards,

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager
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Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
Sent: Friday, August 11, 2006 1:28 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Weekly backups

From reading the post by Eric Hendee from 6/21 it sounds as if you are installing PStill on the ADAC box for the ..ps to ..pdf conversion part of your script. By also looking at the script in the post it also calls PStill from the script by spawning a command for the PStill conversion also leading me to believe that it is installed locally on the ADAC box. From the command call it looks as though PStill is

installed on the $HOME directory at "/home/p3rtp/PlansToPDF/pstill_dist/" or it has a link stored there which is pointing to the installation location of the PStill executable.

Would this be a correct assessment?

-Mike

From: Victoria LaCerba [mailto:vlacerba@roresources.com]
Sent: Friday, August 11, 2006 8:32 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Weekly backups

All:

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Regards,

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

De:	Chris Hawkins
A:	<;
Cc:	
Asunto:	Multi Window Slow Down
Fecha:	miércoles, 16 de agosto de 2006 16:40:53
Archivos adjuntos:	

Having Multiple workspaces open is said to slow down the system. Does anyone have any quantitative data regarding how much slowdown occurs?

We often have as many as nine workspaces open, with plans at various stages of development "parked" waiting for physician input. This is hurting our throughput to some extent, but by how much??

Thanks for your help.

^^^^^^^^^^^^^^^^^^^^^^^^^

Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

De:	Geoghegan, Sean
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: saving DVH in a trial to a file
Fecha:	jueves, 17 de agosto de 2006 3:58:43
Archivos adjuntos:	

Hi Erik,

the following script lines may be useful to you:

Automatically create DVHs
DVHList.CreateChild = "Add DVH";
DVHList.#"#0".RegionOfInterestName = "ptv";
DVHList.CreateChild = "Add DVH";
DVHList.#"#1".RegionOfInterestName = "rectum";
etc.

Export DVHs
DVHList.Save = "/home/p3rtp/dvhlist.out";
DVHList.#"#0".Data.Save = "/home/p3rtp/dvh.ptv.out";
DVHList.#"#1".Data.Save = "/home/p3rtp/dvh.rectum.out";
etc.

Cheers,

Sean

_____

Sean Geoghegan, PhD MACPSEM MAIP
Senior Medical Physicist
Royal Perth Hospital
Perth WA 6000 AUSTRALIA
t +61 8 9224 7015 h +61 8 9224 2244
f +61 8 9224 1138 m +61 437 056 932
e sean.geoghegan@health.wa.gov.au

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
Sent: Wednesday, 16 August 2006 18:11
To: pinnacle-users@explode.unsw.edu.au
Subject: saving DVH in a trial to a file

Hi,

I remember being told that there was an easy way to save
displayed DVHs in a trial to a file, but I can't find a script in
the list to do it.

Any suggestions?

sincerely
Erik

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Multi Window Slow Down
Fecha:	jueves, 17 de agosto de 2006 15:02:07
Archivos adjuntos:	

Unix is very memory dependant. Each desktop session you have open needs memory space. As you reach the limits of the RAM in the system Unix will begin Cache writing to the hard drive <thrashing> this takes time and CPU cycles so your system slows....

I would suggest that you will get better results if you limit your open sessions to 4 and teach the doctors to open plans as they need them... They are trainable and if you tell them the why you can usually get them to comply.

Greg

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Chris Hawkins
Sent: Wednesday, August 16, 2006 9:05 AM

To: <
Subject: Multi Window Slow Down

Having Multiple workspaces open is said to slow down the system. Does anyone have any quantitative data regarding how much slowdown occurs?

We often have as many as nine workspaces open, with plans at various stages of development "parked" waiting for physician input. This is hurting our throughput to some extent, but by how much??

Thanks for your help.

^^^^^^^^^^^^^^^^^^^^^^^^^^

Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Multi Window Slow Down
Fecha:	jueves, 17 de agosto de 2006 15:59:01
Archivos adjuntos:	

Chris,

Yep, I see that with more than four workspaces going, performance takes a significant hit, even with 8 GB of memory and two CPU's on Blade 2000's. Each open plan will need memory for the all image data sets, plus a dose grid for each trial. So if a plan has a lot of trials, that will eat up memory, too. And once disk caching starts, performance will really go south. Fire up the perfmeter and you'll see it kick in.

I was hoping to lock down the number of workspaces that can be created, but there appears to be no setting. I also find that planners are very tempted to line up patients for the physician to walk in and contour or perform dose distribution review. Both find the loading of a patient relatively slow.

Sean

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Chris Hawkins
Sent: Wednesday, August 16, 2006 09:05
To: <
Subject: Multi Window Slow Down

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Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Multi Window Slow Down
Fecha:	jueves, 17 de agosto de 2006 16:06:50
Archivos adjuntos:	

Hello All,

In addition to Greg's comments, I strongly suggest that you teach your staff the power of "top".

Open a window and type "top". "q" will quit from this simple program.

Each process and the amount of RAM that it is using will show up. Note that there will be a launchpad process and then a Pinnacle_7.x process. The launchpad load should not change.

It is very difficult to answer Chris' question since each patient that you open up is vastly different in terms of resource demand. B y using top, you can teach your staff how to assess the amount of physical RAM left. For example, if you have 2 GB and only 300 MB are left, you may not want to open up another patient. Experience will show you when the system slows down.

FYI, this is also a good way to see what is running on another system - you can telnet over to another box and execute "top" to see what is going on, in general.

Best Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

To <pinnacle-users@explode.unsw.edu.au>

cc

Subject RE: Multi Window Slow Down

Classification

"Groess, Greg J" <Greg.Groess@allina.com>

Sent by:
owner-pinnacle-users@explode.unsw.edu.au

08/17/2006 08:17 AM

Please respond to pinnacle-users@explode.unsw.edu.au

Unix is very memory dependant. Each desktop session you have open needs memory space. As you reach the limits of the RAM in the system Unix will begin Cache writing to the hard drive <thrashing> this takes time and CPU cycles so your system slows....

I would suggest that you will get better results if you limit your open sessions to 4 and teach the doctors to open plans as they need them... They are trainable and if you tell them the why you can usually get them to comply.

Greg

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN55407
612.863.5544

612.654.3827 <Pager>
greg.groess@allina.com
No trees were killed in the creation of this message.
However, Billions of electrons were terribly inconvenienced.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Chris Hawkins
Sent: Wednesday, August 16, 2006 9:05 AM
To: <
Subject: Multi Window Slow Down

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Thanks for your help.

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Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

advise the sender by reply e-mail and delete the message.

De:	Sotnick, Steven
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DICOM image incorrect orientation
Fecha:	viernes, 18 de agosto de 2006 14:33:29
Archivos adjuntos:	

Intermittently, my CT data sets, from the imaging department come over with incorrect alignment to the orientation cube. In simple language, the right side of the patient is orientated to the left side of the cube. When I ask for the images to be re-sent, the problem is corrected. When the right – left mis-alignment occurs, the sup-inf and ant-post are correct. We have initiated putting a unique fiducial marker on the patient's left side to guarantee proper alignment.

I thought that the CT techs were setting up initial patient position incorrectly, but when re-visited, all seemed correct; and the re-sent images were correctly aligned.

Has anyone else experienced this problem?

Steve Sotnick, CMD
Palmetto General Hospital
Hialeah, FL

De:	Ohm, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Color Printer selection in a script?
Fecha:	viernes, 18 de agosto de 2006 14:36:45
Archivos adjuntos:	PrintColor.jpg

Does anybody know the HotScript language to pop-up the 'color printer' selection window? (see attached . jpg)

It does not record anything during regular script recording, and I would like to customize a few scripts that include leaving this window open for the user.

Thanks,
Mike

_

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Color Printer selection in a script?
Fecha:	viernes, 18 de agosto de 2006 16:30:45
Archivos adjuntos:	

The only things that can be scripted are those that are "message-able". Some are not. If you recorded a script, and one of the actions that you performed is missing, it is likely not messageable, at least not directly.

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> OHMM@ccf.org 8/18/2006 8:03 AM >>>
Does anybody know the HotScript language to pop-up the 'color printer' selection window? (see attached .jpg)

It does not record anything during regular script recording, and I would like to customize a few scripts that include leaving this window open for the user.

Thanks,
Mike

_

*** IMPORTANT: Do not open attachments from unrecognized senders ***

De:	Bjørne Riis
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Color Printer selection in a script?
Fecha:	viernes, 18 de agosto de 2006 16:59:00
Archivos adjuntos:	

Hey Mike

try this:

```
// Script to print a rectangular area
// use 1st Printer in Printerlist

WindowList .WindowPrint .Create = "Print Window...";
ColorPrinterControl .WindowDumpSelectionMethod .LongName = "Define
rectangular area using cursor.";
ColorPrinterControl .UpdateScaleMethod = "Define rectangular area using
cursor.";

// change 0 to the correct Printernumber
ColorPrinterControl .PrinterList .Current = 0;
ColorPrinterControl .PrinterName = 0;
```

best regards
Bjørne

Ohm, Mike schrieb:
> Does anybody know the HotScript language to pop-up the 'color printer'
> selection window? (see attached .jpg)
>
> It does not record anything during regular script recording, and I would
> like to customize a few scripts that include leaving this window open
> for the user.
>
> Thanks,
> Mike
>
>
>
>
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>
> _
>
> ---
> Cleveland Clinic is ranked one of the top 3 hospitals in America by
> U.S.News & World Report. Visit us online at
> http://www.clevelandclinic.org for a complete listing of our services,

> staff and locations.
>
> Confidentiality Note: This message is intended for use only by the
> individual or entity to which it is addressed and may contain
> information that is privileged, confidential, and exempt from disclosure
> under applicable law. If the reader of this message is not the intended
> recipient or the employee or agent responsible for delivering the
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> dissemination, distribution or copying of this communication is strictly
> prohibited. If you have received this communication in error, please
> contact the sender immediately and destroy the material in its entirety,
> whether electronic or hard copy. Thank you.
> Visit us online at our award-winning http://www.clevelandclinic.org for
> a complete listing of Cleveland Clinic services, staff and locations
> from one of the country's leading hospitals.
>
==========
>
>
> ---
>

--
Achtung ich bin Wortbild !
Bitte die Rechtschreibung milde beurteilen :o)

Bjørne Riis
Praxis für Strahlentherapie und Radiologie
Nebenhofstaße - Lübeck

De:	Ohm, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Color Printer selection in a script?
Fecha:	viernes, 18 de agosto de 2006 18:12:31
Archivos adjuntos:	

Thanks Bjørne - the first line [WindowList...] is exactly what is needed to view the window.
(Sadly, PMS support was unable to provide me this info)

Have a great weekend all,
Mike

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
On Behalf Of Bjørne Riis
Sent: Friday, August 18, 2006 10:40 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Color Printer selection in a script?

Hey Mike

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```
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// use 1st Printer in Printerlist

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ColorPrinterControl .WindowDumpSelectionMethod .LongName = "Define
rectangular area using cursor.";
ColorPrinterControl .UpdateScaleMethod = "Define rectangular area using
cursor.";

// change 0 to the correct Printernumber
ColorPrinterControl .PrinterList .Current = 0;
ColorPrinterControl .PrinterName = 0;
```

best regards
Bjørne

Ohm, Mike schrieb:
> Does anybody know the HotScript language to pop-up the 'color printer'
> selection window? (see attached .jpg)
>
> It does not record anything during regular script recording, and I would
> like to customize a few scripts that include leaving this window open
> for the user.
>
> Thanks,
> Mike
>

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Cleveland Clinic is ranked one of the top 3 hospitals in America by U.S.News & World Report. Visit us online at http://www.clevelandclinic.org for a complete listing of our services, staff and locations.

==========

De:	Ohm, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Color Printer selection in a script?
Fecha:	viernes, 18 de agosto de 2006 18:17:47
Archivos adjuntos:	

Thanks Bjørne - the first line [WindowList...] is exactly what is needed to view the window.
(Sadly, PMS support was unable to provide me this info)

Have a great weekend all,
Mike

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
On Behalf Of Bjørne Riis
Sent: Friday, August 18, 2006 10:40 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Color Printer selection in a script?

Hey Mike

try this:

```
// Script to print a rectangular area
// use 1st Printer in Printerlist

WindowList .WindowPrint .Create = "Print Window...";
ColorPrinterControl .WindowDumpSelectionMethod .LongName = "Define
rectangular area using cursor.";
ColorPrinterControl .UpdateScaleMethod = "Define rectangular area using
cursor.";

// change 0 to the correct Printernumber
ColorPrinterControl .PrinterList .Current = 0;
ColorPrinterControl .PrinterName = 0;
```

best regards
Bjørne

Ohm, Mike schrieb:
> Does anybody know the HotScript language to pop-up the 'color printer'
> selection window? (see attached .jpg)
>
> It does not record anything during regular script recording, and I would
> like to customize a few scripts that include leaving this window open
> for the user.
>
> Thanks,
> Mike
>

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Cleveland Clinic is ranked one of the top 3 hospitals in America by U.S.News & World Report. Visit us online at http://www.clevelandclinic.org for a complete listing of our services, staff and locations.

==========

De:	Terwilliger, Lacy
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DICOM image incorrect orientation
Fecha:	viernes, 18 de agosto de 2006 20:15:22
Archivos adjuntos:	

Steve,
The only time our data set is incorrectly aligned to the orientation cube is when the CT techs are not correctly setting up the orientation on the scanner. Since we scan most of our patients head first, and CT does most of theirs feet first, our techs have created a protocol to select for radiation therapy patients only. The only time this doesn't work is when our patient is scanned prone and then all they have to do is flip the patient on the scanner monitor (it is a GE Highlite). Maybe you should ask them to create a protocol on the scanner for your patients.
Thankfully, this issue will be avoided when we have our new CT Sim this winter!

Lacy Terwilliger, CMD
Medical University of South Carolina
Charleston, South Carolina

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Sotnick, Steven
Sent: Friday, August 18, 2006 8:04 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: DICOM image incorrect orientation

Intermittently, my CT data sets, from the imaging department come over with incorrect alignment to the orientation cube. In simple language, the right side of the patient is orientated to the left side of the cube. When I ask for the images to be re-sent, the problem is corrected. When the right – left mis-alignment occurs, the sup-inf and ant-post are correct. We have initiated putting a unique fiducial marker on the patient's left side to guarantee proper alignment.

I thought that the CT techs were setting up initial patient position incorrectly, but when re-visited, all seemed correct; and the re-sent images were correctly aligned.

Has anyone else experienced this problem?

Steve Sotnick, CMD

Palmetto General Hospital
Hialeah, FL

De:	Wilfried Maier
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	monte carlo calculation for electrons?
Fecha:	viernes, 18 de agosto de 2006 20:15:50
Archivos adjuntos:	

Hello All,

does anybody know when Philips will offer a better algorithm for calculatiuon ellectrons?

Best Regards

Wilfried Maier
Klinikum Augsburg
Germany

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: monte carlo calculation for electrons?
Fecha:	viernes, 18 de agosto de 2006 21:02:11
Archivos adjuntos:	

I've been told by one of their applications guys that they are actively working on a Monte Carlo electron algorithm, but
no date is set for its release. I would think version 9, but don't quote me. If I understand correctly, customer demand has not been that great. Electrons are the forgotten step-child since IMRT came along

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Wilfried Maier
> **Sent:** Friday, August 18, 2006 1:04 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** monte carlo calculation for electrons?
>
> Hello All,
>
> does anybody know when Philips will offer a better algorithm for calculatiuon ellectrons?
>
> Best Regards
>
> Wilfried Maier
> Klinikum Augsburg
> Germany

De:	Silgen, Patrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	NFS drive logon for
Fecha:	martes, 22 de agosto de 2006 0:49:20
Archivos adjuntos:	

I am trying to map a network drive such that I can import laser coordinates from Pinnacle to my Gammex laser PC in our CT sim room. Gammex provides software (WRQ Reflection) to create a NFS client and I have installed that. The process of mapping a network drive seems to be successful up to the point when I browse to a directory in Pinnacle on my PC (Note: the Philips support people have allowed NFS permission on this directory and they have added the PC in the host file). On the Map Network Drive window on my PC there is an option to "Reconnect at logon." When I select the "Finish" button an NFS Logon window opens and I am prompted to enter a User Name and a Password. I have entered the "part" logon name and associated password; however, when I click OK the system does not move forward. Instead I am continually prompted for the password.
The Philips support person was surprised I was being prompted for a password. This individual thought the mapped drive connection should allow me to go straight to the directory, but in any event, I am not able to successfully logon.

If anyone has experience with this issue or any suggestions I would really appreciate your insights. Gammex has not be too helpful with this issue, as our laser system is over 5 years old.

Pat Silgen, Medical Physicist
patrick.silgen@parknicollet.com

De:	Pam Lee
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: NFS drive logon for
Fecha:	martes, 22 de agosto de 2006 0:49:21
Archivos adjuntos:	

I struggled through this same issue several months ago and this is what I remembered I had done.

Is the name of your Gammex laser PC added to /etc/dfs/dfstab to allow PC to access the directory?

Once the name is added, the easiest way is to reboot the server to have the new change take effect.

>>> "Silgen, Patrick" <Patrick.Silgen@parknicollet.com> 8/21/2006 4:05 PM >>>
I am trying to map a network drive such that I can import laser coordinates from Pinnacle to my Gammex laser PC in our CT sim room. Gammex provides software (WRQ Reflection) to create a NFS client and I have installed that. The process of mapping a network drive seems to be successful up to the point when I browse to a directory in Pinnacle on my PC (Note: the Philips support people have allowed NFS permission on this directory and they have added the PC in the host file). On the Map Network Drive window on my PC there is an option to "Reconnect at logon." When I select the "Finish" button an NFS Logon window opens and I am prompted to enter a User Name and a Password. I have entered the "part" logon name and associated password; however, when I click OK the system does not move forward. Instead I am continually prompted for the password.
The Philips support person was surprised I was being prompted for a password. This individual thought the mapped drive connection should allow me to go straight to the directory, but in any event, I am not able to successfully logon.

If anyone has experience with this issue or any suggestions I would really appreciate your insights. Gammex has not be too helpful with this issue, as our laser system is over 5 years old.

Pat Silgen, Medical Physicist
patrick.silgen@parknicollet.com

De:	Metzger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DICOM image incorrect orientation
Fecha:	martes, 22 de agosto de 2006 11:50:44
Archivos adjuntos:	metzger.vcf

Hallo Steve,
last year we had the same issue with MR (Siemens). Since it didn't occur too often, we corrected the datasets with an external DICOM-editor. Now the problem doesn't occur anymore.

Martin Metzger

Sotnick, Steven schrieb:

> Intermittently, my CT data sets, from the imaging department come over
> with incorrect alignment to the orientation cube. In simple language,
> the right side of the patient is orientated to the left side of the
> cube. When I ask for the images to be re-sent, the problem is
> corrected. When the right – left mis-alignment occurs, the sup-inf and
> ant-post are correct. We have initiated putting a unique fiducial
> marker on the patient's left side to guarantee proper alignment.
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> I thought that the CT techs were setting up initial patient position
> incorrectly, but when re-visited, all seemed correct; and the re-sent
> images were correctly aligned.
>
> Has anyone else experienced this problem?
>
> Steve Sotnick, CMD
>
> Palmetto General Hospital
>
> Hialeah, FL
>

De:	Lazarescu, George
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: DICOM image incorrect orientation
Fecha:	martes, 22 de agosto de 2006 15:59:19
Archivos adjuntos:	

I have a Picker5000 CT Unit and noticed the same flip of RT to LT in some patients. Asking the CT engineers, I found out that before scanning a patient, the CT technologist selects a "protocol" which can be Diagnostic or Oncology. Using a "Diagnostic" protocol instead of "Oncology" can explain the RT/LT effect.

George Lazarescu, Ph.D.
Hospital of the University of Pennsylvania
Department of Radiation Oncology/Medical Physics Division
3400 Spruce St. / 2 Donner Bldg.
Philadelphia, PA 19104-4283
Tel. 215-823-4625
Pager: 215-306-1502
lazarescu@xrt.upenn.edu

-----Original Message-----
From: Metzger [mailto:metzger@strahlentherapie-coburg.de]
Sent: Tuesday, August 22, 2006 5:37 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: DICOM image incorrect orientation

Hallo Steve,
last year we had the same issue with MR (Siemens). Since it didn't occur too often, we corrected the datasets with an external DICOM-editor. Now the problem doesn't occur anymore.

Martin Metzger

Sotnick, Steven schrieb:

> Intermittently, my CT data sets, from the imaging department come over
> with incorrect alignment to the orientation cube. In simple language,
> the right side of the patient is orientated to the left side of the
> cube. When I ask for the images to be re-sent, the problem is

> corrected. When the right - left mis-alignment occurs, the sup-inf and
> ant-post are correct. We have initiated putting a unique fiducial
> marker on the patient's left side to guarantee proper alignment.
>
> I thought that the CT techs were setting up initial patient position
> incorrectly, but when re-visited, all seemed correct; and the re-sent
> images were correctly aligned.
>
> Has anyone else experienced this problem?
>
> Steve Sotnick, CMD
>
> Palmetto General Hospital
>
> Hialeah, FL
>

--

De:	how how
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	lose coordinate line in DRR printout
Fecha:	miércoles, 23 de agosto de 2006 8:02:20
Archivos adjuntos:	File0001.jpg

Hi,

Sometimes our printouts are like this one where only part of one axis is missing, but sometimes it occurs on both, and other times the printout is fine. Did anyone meet similar problem before and maybe can give me clue how to deal with it?

Thanks for your help on this issue

Lee

De:	Gnanaprakasam Vadivelu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	ADAC server->freezes
Fecha:	miércoles, 23 de agosto de 2006 17:55:00
Archivos adjuntos:	

We do IMRT planning on the ADAC server system itself. It often freezes and need to reboot. In addition, it displays a message 'no video input' and goes to sleep mode. From that we are not able to bring it back. However, this problem doesn't occur at the other work stations. Only the server gives trouble.
I would be thankful if anybody could provide some clues to this problem.
Thanks in advance,
Regards
GP

De:	Angel Reaves
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: lose coordinate line in DRR printout
Fecha:	miércoles, 23 de agosto de 2006 18:16:47
Archivos adjuntos:	

---

try adjusting the size of the DDR. see if the axes come into focus.

Angela Reaves, CMD (T) (R)
Senior Medical Dosimetrist
DCH Cancer Treatment Center
801 University Blvd East
Tuscaloosa, Al 35401
205-759-6758
areaves@dchsystem.com

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of how how
Sent: Wed 8/23/2006 12:47 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: lose coordinate line in DRR printout

Hi,

Sometimes our printouts are like this one where only part of one axis is missing, but sometimes it occurs on both, and other times the printout is fine. Did anyone meet similar problem before and maybe can give me clue how to deal with it?

Thanks for your help on this issue

Lee

De:	Chihray Liu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: lose coordinate line in DRR printout
Fecha:	miércoles, 23 de agosto de 2006 19:24:24
Archivos adjuntos:	

We have Sun Fire V250 and occasionally the screen suddenly becomes black. What is the command to bring it back?

Chihray Liu, Ph.D.
Associate Professor
Department of Radiation Oncology
University of Florida
Office: (352)265-8217

De:	Keeler, Jan
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	List of Bugs in Pinnacle v7.6
Fecha:	miércoles, 23 de agosto de 2006 20:43:28
Archivos adjuntos:	

We are trying to find the listing of all the bugs in v7.6 on the Philips web site but have been unsuccessful. We were told that they are posted there.

Jan Keeler, CMD
Grand View Hospital
Radiation Oncology
700 Lawn Avenue
Sellersville, PA 18960
ph: (215) 453-4011
fax: (215) 453-4094
email: jpkeeler@gvh.org

De:	David Spencer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: lose coordinate line in DRR printout
Fecha:	miércoles, 23 de agosto de 2006 23:42:18
Archivos adjuntos:	

Not wanting to sound critical, but there appeared to be a patient name in the jpg attachment. I expect that is a violation of some American rule, privacy protection and all. It certainly would be a violation here in Canada, possibly involving threats of jail.

David.

D.P. Spencer, PhD, MCCPM, DABR

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** how how
Sent: Tuesday, August 22, 2006 11:47 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: lose coordinate line in DRR printout

Hi,

Sometimes our printouts are like this one where only part of one axis is missing, but sometimes it occurs on both, and other times the printout is fine.
Did anyone meet similar problem before and maybe can give me clue how to deal with it?

Thanks for your help on this issue

Lee

---

http://mail.yahoo.com

De:	how how
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	v250 screen becomes black
Fecha:	jueves, 24 de agosto de 2006 0:15:16
Archivos adjuntos:	

When we install teh V250 machine for customer, normally we should install patch No.114537-33, that may prevent the screen becoming black.

Lee

Chihray Liu <liucr@ufl.edu> wrote:

> We have Sun Fire V250 and occasionally the screen suddenly
> becomes black.
> What is the command to bring it back?
>
> Chihray Liu, Ph.D.
>
> Associate Professor
>
> Department of Radiation Oncology
>
> University of Florida
>
> Office: (352)265-8217

De:	Ray Kaczur
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: lose coordinate line in DRR printout
Fecha:	jueves, 24 de agosto de 2006 1:00:46
Archivos adjuntos:	

Yes, This would be a violation of HIPAA, with potentially very serious consequences. Be careful.
http://www.hhs.gov/ocr/hipaa/

Ray Kaczur, M.S., DABR
Cleveland, OH

> ----- Original Message -----
> **From:** David Spencer
> **To:** pinnacle-users@explode.unsw.edu.au
> **Sent:** Wednesday, August 23, 2006 5:09 PM
> **Subject:** RE: lose coordinate line in DRR printout
>
> Not wanting to sound critical, but there appeared to be a patient name in the jpg attachment. I expect that is a violation of some American rule, privacy protection and all. It certainly would be a violation here in Canada, possibly involving threats of jail.
>
> David.
>
> ---
> D.P. Spencer, PhD, MCCPM, DABR
>
> ---
>
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** how how
> **Sent:** Tuesday, August 22, 2006 11:47 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** lose coordinate line in DRR printout
>
> Hi,
>
> Sometimes our printouts are like this one where only part of one axis is

missing, but sometimes it occurs on both, and other times the printout is fine.
Did anyone meet similar problem before and maybe can give me clue how to deal with it?

Thanks for your help on this issue

Lee

De:	sthiessen@comcast.net
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: ADAC server->freezes
Fecha:	jueves, 24 de agosto de 2006 1:03:56
Archivos adjuntos:	

We had this problem (no video input message, etc.) when we first got our Sunfires. We called customer support and I believe there was a patch to fix this problem.
Sabina Thiessen, CMD
Redwood Regional Oncology Center

Original message ----------
From: Gnanaprakasam Vadivelu <gnanapragasamv@yahoo.com>

> We do IMRT planning on the ADAC server system itself. It often freezes and need to reboot. In addition, it displays a message 'no video input' and goes to sleep mode. From that we are not able to bring it back. However, this problem doesn't occur at the other work stations. Only the server gives trouble.
> I would be thankful if anybody could provide some clues to this problem.
> Thanks in advance,
> Regards
> GP

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ADAC server->freezes
Fecha:	jueves, 24 de agosto de 2006 5:32:48
Archivos adjuntos:	

I do believe that the problem of a pinnacle workstation going into sleep mode is a bug that can be fixed with a patch from Phillips.

Pat

>From: Gnanaprakasam Vadivelu <gnanapragasamv@yahoo.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: pinnacle-users@explode.unsw.edu.au
>Subject: ADAC server->freezes
>Date: Wed, 23 Aug 2006 08:35:52 -0700 (PDT)
>
>We do IMRT planning on the ADAC server system itself. It often freezes and
>need to reboot. In addition, it displays a message 'no video input' and
>goes to sleep mode. From that we are not able to bring it back. However,
>this problem doesn't occur at the other work stations. Only the server
>gives trouble.
>I would be thankful if anybody could provide some clues to this problem.
>Thanks in advance,
>Regards
>GP

##

De:	Scott Neal
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: NFS drive logon for
Fecha:	viernes, 25 de agosto de 2006 0:46:59
Archivos adjuntos:	image001.jpg

Pat:

We do this quite often and have had the same issues. The best way to do this is to make the share on Pinnacle to not require a password at all. This is done by the following:

share –F nfs –o=rw [share name]

This has worked for me and when you browse it, it should open without authentication. You should put this in your dfstab file as well so the share is created at boot.

Call me if you have any questions.

Radiation Oncology Resources
Innovative Radiation Oncology

Scott Neal, President
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 704
Toll-free: 866.312.3499 x 704

sneal@roresources.com
www.roresources.com

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Silgen, Patrick
Sent: Monday, August 21, 2006 2:06 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: NFS drive logon for

I am trying to map a network drive such that I can import laser coordinates from Pinnacle to my Gammex laser PC in our CT sim room. Gammex provides software (WRQ Reflection) to create a NFS client and I have installed that. The process of mapping a network drive seems to be successful up to the point when I browse to a directory in Pinnacle on my PC (Note: the Philips support people have allowed NFS permission on this directory and they have added the PC in the host file). On the Map Network Drive window on my PC there is an option to "Reconnect at logon." When I select the "Finish" button an NFS Logon window opens and I am prompted to enter a User Name and a Password. I have entered the "part" logon name and associated password; however, when I click OK the system does not move forward. Instead I am continually prompted for the password. The Philips support person was surprised I was being prompted for a password. This individual thought the mapped drive connection should allow me to go straight to the directory, but in any event, I am not able to successfully logon.

If anyone has experience with this issue or any suggestions I would really appreciate your insights. Gammex has not be too helpful with this issue, as our laser system is over 5 years old.

Pat Silgen, Medical Physicist
patrick.silgen@parknicollet.com

De:	Simpson, Geoffrey
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	Duck, Stephen;
Asunto:	DICOM Import
Fecha:	viernes, 25 de agosto de 2006 10:12:07
Archivos adjuntos:	

We have a problem with (networked) CT image import from our AcQSim scanner to Pinnacle (7.4f) as a result of a power cycle due to UPS problems.

After the "Read Patient/Data Directory" command Pinnacle reports the following error message,

Error: Unable to list exam IDs for $SCANNER_STATIC/bin/$SCANNER_ARCH/CT_DICOM3File: $SCANNER_STATIC/bin/$SCANNER_ARCH/CT_DICOM3File -modlist -inputpath /usr/local/adacnew/DataSets/DICOM -destprefix Scanner -destpath /usr/local/adac.....

so we are at present unable to import CT images. The error message appears to be truncated so I am unable to give the complete message.

My feeling is that unless Pinnacle is able to define the variables **SCANNER_STATIC** and **SCANNER_ARCH** the command line will not function. If I knew where the variables were defined and what script is used to "find" the variables, and indeed what the variables should be, I may have a chance to restore our CT image transfer.

Firstly, can anyone offer any information regarding,

1. these variables,
2. a solution to resolve the problem as indicated by the error message,
3. an alternative means of transferring images from AcQSim to Pinnacle i.e. using CD?

Kind Regards
Mark Simpson
Principal Physicist
Royal Free Hospital, Hampstead, UK

De:	giuseppe iaccarino
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT maximum number of segment for "Sliding Window"
Fecha:	viernes, 25 de agosto de 2006 11:20:04
Archivos adjuntos:	

Hi every one

A question about IMRT with P3..

Is it possible to increase the maximum number of segment for sliding window technique?
Now this value is 400, but I need 1000.

Help me

Giuseppe Iaccarino
Polo Oncologico - IFO - Istituto Regina Elena - Roma
Laboratorio di Fisica Medica e Sistemi Esperti
via Elio Chianesi, 53
00144 - Roma

De:	Simpson, Geoffrey
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: DICOM Import
Fecha:	viernes, 25 de agosto de 2006 13:09:32
Archivos adjuntos:	

Further developments with our problem.

We appear to have resolved our CT import problem. Imported Scanners were removed and reinstalled, and the DICOM directory, /autoDataSets/DICOM, was cleared of all patients.

Mark Simpson

> -----Original Message-----
> **From:** Simpson, Geoffrey [mailto:Geoffrey.Simpson@royalfree.nhs.uk]
> **Sent:** 25 August 2006 09:01
> **To:** 'pinnacle-users@explode.unsw.edu.au'
> **Cc:** Duck, Stephen
> **Subject:** DICOM Import
>
> We have a problem with (networked) CT image import from our AcQSim scanner to Pinnacle (7.4f) as a result of a power cycle due to UPS problems.
>
> After the "Read Patient/Data Directory" command Pinnacle reports the following error message,
>
> **Error: Unable to list exam IDs for $SCANNER_STATIC/bin/$SCANNER_ARCH/CT_DICOM3File: $SCANNER_STATIC/bin/$SCANNER_ARCH/CT_DICOM3File -modlist -inputpath /usr/local/adacnew/DataSets/DICOM -destprefix Scanner -destpath /usr/local/adac**.....
>
> so we are at present unable to import CT images. The error

message appears to be truncated so I am unable to give the complete message.

My feeling is that unless Pinnacle is able to define the variables **SCANNER_STATIC** and **SCANNER_ARCH** the command line will not function. If I knew where the variables were defined and what script is used to "find" the variables, and indeed what the variables should be, I may have a chance to restore our CT image transfer.

Firstly, can anyone offer any information regarding,

1. these variables,
2. a solution to resolve the problem as indicated by the error message,
3. an alternative means of transferring images from AcQSim to Pinnacle i.e. using CD?

Kind Regards
Mark Simpson
Principal Physicist
Royal Free Hospital, Hampstead, UK

De:	forest.gary@marshfieldclinic.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT maximum number of segment for "Sliding Window"
Fecha:	viernes, 25 de agosto de 2006 18:13:57
Archivos adjuntos:	

You will run into a problem with the mlc controller, I believe the 400 limit is due to a varian limitation on how many steps it will accept in a dynamic plan.

Gary Forest
Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

------Original Message------
From: "giuseppe iaccarino" <giuseppeiaccarino@hotmail.com>
Date: Fri Aug 25, 2006 -- 04:26:46 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT maximum number of segment for 'Sliding Window'

Hi every one

A question about IMRT with P3..

Is it possible to increase the maximum number of segment for sliding window technique?
Now this value is 400, but I need 1000.

Help me

Giuseppe Iaccarino
Polo Oncologico - IFO - Istituto Regina Elena - Roma
Laboratorio di Fisica Medica e Sistemi Esperti
via Elio Chianesi, 53
00144 - Roma

To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

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##

De:	Sherry Ng
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT maximum number of segment for "Sliding Window"
Fecha:	sábado, 26 de agosto de 2006 18:34:16
Archivos adjuntos:	

---

well, i am pretty sure limit of the MLC controller of the Varian LINAC is not 400. we have run plans from CORVUS with more than 400 segments. although eclipse does have a limit of 320 segments for its plans.

is it possible to split the field (at each gantyr angle) into a couple of segments?

forest.gary@marshfieldclinic.org wrote:

> You will run into a problem with the mlc controller, I believe the 400 limit is due to a varian limitation on how many steps it will accept in a dynamic plan.
>
> Gary Forest
> Radiation Oncology
> Marshfield Clinic
> forest.gary@marshfieldclinic.org
>
> ------Original Message------
> From: "giuseppe iaccarino"
> Date: Fri Aug 25, 2006 -- 04:26:46 AM
> To: pinnacle-users@explode.unsw.edu.au
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> Hi every one
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> Now this value is 400, but I need 1000.
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>
> Giuseppe Iaccarino
> Polo Oncologico - IFO - Istituto Regina Elena - Roma
> Laboratorio di Fisica Medica e Sistemi Esperti
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> 00144 - Roma

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account will not be distributed unless that account is also subscribed.
##

Sherry Ng, Ph.D., MCCPM, DABR
Medical Physicist, HKQMH

De:	Silgen, Patrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: NFS drive logon for
Fecha:	lunes, 28 de agosto de 2006 20:24:28
Archivos adjuntos:	image001.jpg

Scott,

Thanks for the email. A couple questions:

1) in the following text: share –F nfs –o=rw [share name] what are the restrictions on share name? Do you recommend p3rtp or is it better to chose a new unique name? If I create a new share name is there anything else I should be aware of?

2) When I type this text, am I essentially creating an NFS login that does not require a password? Also, as far as putting this in the dfstab file, how is that best done?

Thanks.

Pat

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Scott Neal
Sent: Thursday, August 24, 2006 5:24 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: NFS drive logon for

Pat:

We do this quite often and have had the same issues. The best way to do this is to make the share on Pinnacle to not require a password at all. This is done by the following:

share –F nfs –o=rw [share name]

This has worked for me and when you browse it, it should open without authentication. You should put this in your dfstab file as well so the share is

created at boot.

Call me if you have any questions.

Innovative Radiation Oncology

Scott Neal, President
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 704
Toll-free: 866.312.3499 x 704

sneal@roresources.com
www.roresources.com

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Silgen, Patrick
Sent: Monday, August 21, 2006 2:06 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: NFS drive logon for

I am trying to map a network drive such that I can import laser coordinates from Pinnacle to my Gammex laser PC in our CT sim room. Gammex provides software (WRQ Reflection) to create a NFS client and I have installed that. The process of mapping a network drive seems to be successful up to the point when I browse to a directory in Pinnacle on my PC (Note: the Philips support people have allowed NFS permission on this directory and they have added the PC in the host file). On the Map Network Drive window on my PC there is an option to "Reconnect at logon." When I select the "Finish" button an NFS Logon window opens and I am prompted to enter a User Name and a Password. I have entered the "part" logon name and associated password; however, when I click OK the system does not move forward. Instead I am continually prompted for the password. The Philips support person was surprised I was being prompted for a password. This individual thought the mapped drive connection should allow me to go straight to the directory, but in any event, I am not able to successfully logon.

If anyone has experience with this issue or any suggestions I would really appreciate your insights. Gammex has not be too helpful with this issue, as our laser system is over 5 years old.

Pat Silgen, Medical Physicist
patrick.silgen@parknicollet.com

De:	Scott Neal
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: NFS drive logon for
Fecha:	lunes, 28 de agosto de 2006 22:18:14
Archivos adjuntos:	image001.jpg

Pat:

The share name refers to the directory you want to share, any folder under the main share will be shared as well. P3rtp is okay, but can open your system to anyone modifying this directory. I might suggest a new share just for your needs with Gammex.

In regards to dfstab, this file is located @ /etc/dfs/dfstab. It is a text file, and you just need to put the share command just as you would type at a prompt here. This will execute on boot to create the share. You may want to create the share at a telnet window under root permission (su root and password) and test it prior to immortalizing in the dfstab. This command does create a open share without need of permissions.

I hope this helps

Radiation Oncology Resources
Innovative Radiation Oncology

Need part-time dosimetry or locums coverage? Give us a call for cost effective options.

Scott Neal, President
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 704
Toll-free: 866.312.3499 x 704

sneal@roresources.com
www.roresources.com

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Silgen, Patrick
Sent: Monday, August 28, 2006 10:55 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: NFS drive logon for

Scott,

Thanks for the email. A couple questions:

1) in the following text: share –F nfs –o=rw [share name] what are the restrictions on share name? Do you recommend p3rtp or is it better to chose a new unique name? If I create a new share name is there anything else I should be aware of?

2) When I type this text, am I essentially creating an NFS login that does not require a password? Also, as far as putting this in the dfstab file, how is that best done?

Thanks.

Pat

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Scott Neal
Sent: Thursday, August 24, 2006 5:24 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: NFS drive logon for

Pat:

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Innovative Radiation Oncology

Scott Neal, President
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 704
Toll-free: 866.312.3499 x 704

sneal@roresources.com
www.roresources.com

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Silgen, Patrick
Sent: Monday, August 21, 2006 2:06 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: NFS drive logon for

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If anyone has experience with this issue or any suggestions I would really appreciate your insights. Gammex has not be too helpful with this issue, as our laser system is over 5 years old.

Pat Silgen, Medical Physicist
patrick.silgen@parknicollet.com

De:	Vossler, Matthew
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Transferring from Eclipse to Pinnacle
Fecha:	jueves, 31 de agosto de 2006 15:31:10
Archivos adjuntos:	

Hello all,

We recently transitioned from Eclipse to Pinnacle. Our physician wants to plan a treatment on Pinnacle for a patient who was previously treated using Eclipse. Does anyone know of any way to transfer plans from Eclipse to Pinnacle? Your help is greatly appreciated!

Matthew Vossler, M.S.
Medical Physicist
Cleveland Clinic Wooster
Dept. of Radiation Oncology

De: Angel Reaves
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: Transferring from Eclipse to Pinnacle
Fecha: jueves, 31 de agosto de 2006 16:18:02
Archivos adjuntos:

---

transferring a plan from one system to the other probably isn't possible. If I had to try and mimic a plan that was previously treated,
I would transfer the original dataset used for planning and duplicate exactly what happened all the way down to weighting and wedging. That may be your best case senario.
Angela

Angela Reaves, CMD (T) (R)
Senior Medical Dosimetrist
DCH Cancer Treatment Center
801 University Blvd East
Tuscaloosa, Al 35401
205-759-6758
areaves@dchsystem.com

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Vossler, Matthew
Sent: Thu 8/31/2006 7:55 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Transferring from Eclipse to Pinnacle

Hello all,

We recently transitioned from Eclipse to Pinnacle. Our physician wants to plan a treatment on Pinnacle for a patient who was previously treated using Eclipse. Does anyone know of any way to transfer plans from Eclipse to Pinnacle? Your help is greatly appreciated!

Matthew Vossler, M.S.
Medical Physicist
Cleveland Clinic Wooster
Dept. of Radiation Oncology

De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Transferring from Eclipse to Pinnacle
Fecha:	jueves, 31 de agosto de 2006 18:58:10
Archivos adjuntos:	

Hi Matthew,

We are running Pinnacle 7.6c.

1) Transfer the CT data set and structure set from Eclipse to Pinnacle via dicom. You just have to set up the export filter in Eclipse.

2) Import the eclipse exported CT data set then create a plan. Open that plan and import the structure set through plan - import. You will have to debug any critical errors before the structure set will import.

3) Have your doctors confirm that the structure set is correct. Have your physics team confirm that the ct data is the same (compare the HU values). Then everyone will feel assured.

4) Then you can re-create the plan in Pinnacle based on the one from Eclipse.

Hope this helps.

Ian

Ian Norton

Clinic for Radiation Oncology
University Hospital Zurich
Raemistrasse 100
CH-8091 Zurich
Switzerland

Tel.: +41 -(0)44-255-3251

ian.norton@usz.ch
http://www.usz.ch

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Vossler, Matthew
Gesendet: Donnerstag, 31. August 2006 14:55
An: pinnacle-users@explode.unsw.edu.au
Betreff: Transferring from Eclipse to Pinnacle

Hello all,

We recently transitioned from Eclipse to Pinnacle. Our physician wants to plan a treatment on Pinnacle for a patient who was previously treated using Eclipse. Does anyone know of any way to transfer plans from Eclipse to Pinnacle? Your help is greatly appreciated!

Matthew Vossler, M.S.
Medical Physicist
Cleveland Clinic Wooster
Dept. of Radiation Oncology

De:	Gnanaprakasam (GP) Vadivelu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	PRIMART machine information
Fecha:	jueves, 31 de agosto de 2006 23:59:57
Archivos adjuntos:	

We are updating the Pinnacle from 7.0g to 7.4f. In the general machine information for the Siemens PRIMART treatment unit (single photon energy with MLC), can someone provide information on what values they have used.
1. Source to (bottom of) top/bottom jaw (cm)
2. Source to (bottom of) left/right jaw (cm)
3. Maximum tip difference for adjacent leaves (max. difference in the distance any two adjacent leaves can extend into the beam path (at isocenter)).
4. Maximum tip difference for all leaves on a side.

Thanks in advance
Happy long weekend!
GP

Gnanaprakasam Vadivelu M.Sc.,DABR.,
Medical Physicist
Cancer Treatment Center
Samaritan Hospital
Troy, NY 12180
Phone(O):(518) 271 3695
Fax: (518) 271 3459

##

De:	Paula Tallon
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	bolus on CT planned breasts
Fecha:	viernes, 01 de septiembre de 2006 2:35:47
Archivos adjuntos:	

Greetings All!

We are aiming to start fully CT planning all breast patients on the CT scanner in our dept very soon. We are currently using the CT option on our simulator and taking two CT image slices on which a plan is then generated. Before we change to the new technique, we are trying to sort out some issues regarding bolus. We have a variety of ways that patients can be treated with bolus; daily, first 10 fractions, alternate days and partial bolus.

We are very interested to find out what the protocol is regarding bolus in other centres. Do you scan with bolus on/off/on and off or add it as a bolus ROI in Pinnacle? Do you even plan with the bolus on at all? If the Radiation Oncologist requests bolus on for half of the treatment/ alternate days, what do you do? What happens when there is a tangential and s'clav/post axilla situation?

Your help and suggestions are greatly appreciated.

Paula Tallon.
Breast Specialist Radiation Therapist
Auckland City Hospital
Auckland
New Zealand

De:	Kevin Van Tilburg
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: bolus on CT planned breasts
Fecha:	viernes, 01 de septiembre de 2006 2:37:26
Archivos adjuntos:	

Hello Paula,

To overcome 1 cm bolus on alternate days, we convinced the RO to use 0.5cm bolus daily. We have been using this for many years now.
We scan without bolus and add bolus per beam on Pinnacle

Regards, Kevin

Kevin Van Tilburg

Director - Radiation Therapy
Nepean Cancer Care Centre
PO Box 63
Penrith, 2751
Sydney, NSW, Australia

Ph: 02) 4734 3511
Fax: 02) 4734 2330
Email: vantilk@wahs.nsw.gov.au

>>> PTallon@adhb.govt.nz 1/09/2006 10:08 am >>>
Greetings All!

We are aiming to start fully CT planning all breast patients on the CT scanner in our dept very soon. We are currently using the CT option on our simulator and taking two CT image slices on which a plan is then generated. Before we change to the new technique, we are trying to sort
out some issues regarding bolus. We have a variety of ways that patients
can be treated with bolus; daily, first 10 fractions, alternate days and
partial bolus.

We are very interested to find out what the protocol is regarding bolus
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and s'clav/post axilla situation?

Your help and suggestions are greatly appreciated.

Paula Tallon.

Breast Specialist Radiation Therapist

Auckland City Hospital

Auckland

New Zealand

to majordomo@explode.unsw.edu.au.

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account will not be distributed unless that account is also subscribed.
##

De:	Marisa A Sheehan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: bolus on CT planned breasts
Fecha:	viernes, 01 de septiembre de 2006 15:57:24
Archivos adjuntos:	

Paula:

It sounds like you already use the feature that Pinnacle will permit multiple prescriptions for a composite "all Fields" plan:

(10 Tx w/ bolus) + (10 Tx w/o bolus) and so on, generate beams in Pinnacle with and without bolus and you are all set,
BUT!!!!

If bolus is included in the CT data set, then contouring it as a density over-ride VOI will invalidate other trials and composite function will not be able to be used.

that said.....

it is VERY informative to ALL staff to see how awful, truly, truly, awful bolus looks on a CT data set.

super flab looks bad, wet gauze looks bad, all bolus that I have tried:
1. does not adhere to even 20% of the skin surface intended to cover
2. has density irregularities
3. does not produce the isodose distribution that treatment planning generated bolus does

Try multiple patients, multiple bolus materials, multiple bolus application techniques, thicknesses....

it's a mess.

at this institution, the doctors have agreed to accept that the Pinnacle modifier bolus (as with all living, moving, breathing, shifting patients) is not the real life dose distribution.

show the doctors and the physicists the CT demonstration of bolus, and decide together how to represent a calculation.

I wonder if anyone believes dose distribution calculations within 5mm
of the skin surface anyway. I don't!!!

marisa sheehan
dosimetrist
St.Mary's Health Care
Grand Rapids, Michigan USA
sheehama@trinity-health.org

De:	Clewlow, John
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: bolus on CT planned breasts
Fecha:	viernes, 01 de septiembre de 2006 16:59:40
Archivos adjuntos:	

Re: Bolus on breast CT scans - - -

The CT scan with bolus may look awful as you said, but that is exactly what we are treating. Show the doctors that plan and use it. Also the weight of the bolus or the way in which the therapists tape it to the patient can deform the shape of the patient's breast from the "no bolus" CT scan.

John Clewlow
Medical Physicist
Christus Saint Michael Hospital

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Marisa A Sheehan
Sent: Friday, September 01, 2006 8:09 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: bolus on CT planned breasts

Paula:

It sounds like you already use the feature that Pinnacle will permit multiple prescriptions for a composite "all Fields" plan:

(10 Tx w/ bolus) + (10 Tx w/o bolus) and so on, generate beams in Pinnacle with and without bolus and you are all set,
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I wonder if anyone believes dose distribution calculations within 5mm of the skin surface anyway. I don't!!!

marisa sheehan
dosimetrist
St.Mary's Health Care
Grand Rapids, Michigan USA
sheehama@trinity-health.org

De:	Angel Reaves
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: bolus on CT planned breasts
Fecha:	viernes, 01 de septiembre de 2006 17:01:29
Archivos adjuntos:	

Unless you would tx with the bolus on everyday, you would not need to scan the patient with the bolus on. Our center does 0.5cm bolus every other day on chestwalls only. We do not use bolus at all on intact breasts.
The way we set it up in pinnacle is:
Do the planning with your Med tang and Lat tang beams using weighting and wedging.
Once you have come to an acceptible Isodose distribution with these two beams. Create a duplicate of each beam (med tang bolus and lat tang bolus) create a new rx and attach it to these beams and give each rx 1/2 the fx's.
for example a rx that would tx the breast to 6480cGy in 28 fx's would read.
Rx1
Tangents No Bolus- 180cGy/Fx 100%isodose for 14 fx
Rx2
Tangents with Bolus- 180cGy/Fx 100%isodose for 14 fx

with the correct beams attached to the correct script. Now add your bolus to your bolus beams.

hope this helps

Angela Reaves, CMD (T) (R)
Senior Medical Dosimetrist
DCH Cancer Treatment Center

801 University Blvd East
Tuscaloosa, Al 35401
205-759-6758
areaves@dchsystem.com

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Paula Tallon
Sent: Thu 8/31/2006 7:08 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: bolus on CT planned breasts

Greetings All!

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Your help and suggestions are greatly appreciated.

Paula Tallon.
Breast Specialist Radiation Therapist
Auckland City Hospital
Auckland
New Zealand

De:	Abe K. Kuruvilla
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: bolus on CT planned breasts
Fecha:	viernes, 01 de septiembre de 2006 17:17:39
Archivos adjuntos:	

---

so, lets say that the doctor decide not to use the bolus after you did the bolus CT, then what do you do? contour the bolus and then density to 0? what if the doctor wants the bolus only for the half of the total treatment? then you have a ct w/ bolus for both bolus and non bolus prescriptions, no? sorry if these are stupid questions. Thanks.

Abe Kuruvilla, Bsc,RT(R)(T)(CMD)

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Clewlow, John
Sent: Friday, September 01, 2006 10:29 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: bolus on CT planned breasts

Re: Bolus on breast CT scans - - -

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John Clewlow
Medical Physicist
Christus Saint Michael Hospital

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Marisa A Sheehan

Sent: Friday, September 01, 2006 8:09 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: bolus on CT planned breasts

Paula:

It sounds like you already use the feature that Pinnacle will permit multiple prescriptions for a composite "all Fields" plan:

(10 Tx w/ bolus) + (10 Tx w/o bolus) and so on, generate beams in Pinnacle with and without bolus and you are all set,
BUT!!!!

If bolus is included in the CT data set, then contouring it as a density over-ride VOI will invalidate other trials and composite function will not be able to be used.

that said.....

it is VERY informative to ALL staff to see how awful, truly, truly, awful bolus looks on a CT data set.

super flab looks bad, wet gauze looks bad, all bolus that I have tried:
1. does not adhere to even 20% of the skin surface intended to cover
2. has density irregularities
3. does not produce the isodose distribution that treatment planning generated bolus does

Try multiple patients, multiple bolus materials, multiple bolus application techniques, thicknesses....

it's a mess.

at this institution, the doctors have agreed to accept that the Pinnacle modifier bolus (as with all living, moving, breathing, shifting patients) is not the real life dose distribution.

show the doctors and the physicists the CT demonstration of bolus, and decide together how to represent a calculation.

I wonder if anyone believes dose distribution calculations within 5mm of the skin surface anyway. I don't!!!

marisa sheehan
dosimetrist
St.Mary's Health Care
Grand Rapids, Michigan USA

sheehama@trinity-health.org

##
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De:	Marisa A Sheehan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: bolus on CT planned breasts
Fecha:	viernes, 01 de septiembre de 2006 17:45:15
Archivos adjuntos:	

---

amen to john's comment; just one more inconsistancy in a life full of them.

in my experience doctors do not change from their sacred 'training' with few exceptions. demonstration of cause and effect is our job, effective shaping of therapy is our goal, and compromise is the norm of existence.

response to Abe is that the no bolus CT data base has more (and better?) tx planning options.
last posting on this issue hopefully,
marisa

De:	John Shakeshaft
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Monitor settings
Fecha:	lunes, 04 de septiembre de 2006 11:53:19
Archivos adjuntos:	

Dear All,

We have just taken delivery of some new Pinnacle workstations with LCD monitors. (Our older workstations all had CRT monitors). These new LCD monitors (Brilliance 200P) have a native resolution of 1600x1200 however the graphics card has been configured to display at 1280x1024.

I have asked Philips service about this. They tell me that the reason is that windows in Pinnacle are not resizable and therefore to make best use of the monitor size the graphics card is configured to display at 1280x1024.

It may be that things have moved on in the monitor world while I wasn't looking, if so please let me know. However it is currently my understanding that although it is possible to use CRT monitors to display a number of different resolutions with degredation, LCD monitors because of there construction should always be used at their native resolution to avoid image degredation, as they require to interpolate pixels if not used at their native resolution. This means that with Pinnacle, I now a have a situation where Pinnacle will interpolate pixels before display and then the LCD monitor re-interpolates in order to be able to display. Where we are using the system to delineate volumes, I would say this is bad practice and I would expect better of a company with medical imaging expertise like Philips. On the flip side, I think it is unlikely to introduce huge errors, so maybe all is OK.

In my opinion, the only long term solution is for Pinnacle to have resizable windows, which I hope is on their urgent must-do list, as monitors will continue to change.

Any comments?

Thanks

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY
UK

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for your co-operation.
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De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	brass bolus on CT planned breasts
Fecha:	martes, 05 de septiembre de 2006 3:43:34
Archivos adjuntos:	

We do something similar by using a single sheet of brass fabric daily:

http://www.whitinganddavis.com/Products_brass.htm

P.S. We do not account for this in the treatment plan or MU calculation.

P.P.S. We only apply bolus to post-mastectomy chestwalls.

>>> VantilK@wahs.nsw.gov.au 08/31/06 02:27PM >>>
Hello Paula,

To overcome 1 cm bolus on alternate days, we convinced the RO to use 0.5cm bolus daily. We have been using this for many years now.
We scan without bolus and add bolus per beam on Pinnacle

Regards, Kevin

Kevin Van Tilburg

Director - Radiation Therapy
Nepean Cancer Care Centre
PO Box 63
Penrith, 2751
Sydney, NSW, Australia

Ph: 02) 4734 3511
Fax: 02) 4734 2330
Email: vantilk@wahs.nsw.gov.au

>>> PTallon@adhb.govt.nz 1/09/2006 10:08 am >>>
Greetings All!

We are aiming to start fully CT planning all breast patients on the CT

scanner in our dept very soon. We are currently using the CT option on our simulator and taking two CT image slices on which a plan is then generated. Before we change to the new technique, we are trying to sort
out some issues regarding bolus. We have a variety of ways that patients
can be treated with bolus; daily, first 10 fractions, alternate days and
partial bolus.

We are very interested to find out what the protocol is regarding bolus
in other centres. Do you scan with bolus on/off/on and off or add it as
a bolus ROI in Pinnacle? Do you even plan with the bolus on at all? If the Radiation Oncologist requests bolus on for half of the treatment/ alternate days, what do you do? What happens when there is a tangential
and s'clav/post axilla situation?

Your help and suggestions are greatly appreciated.

Paula Tallon.

Breast Specialist Radiation Therapist

Auckland City Hospital

Auckland

New Zealand

Sydney West Area Health Service.

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##

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De:	John Shakeshaft
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Nigel Deshpande;
Asunto:	DRR (CR) Resolution in Pinnacle 7.6c
Fecha:	martes, 05 de septiembre de 2006 12:11:33
Archivos adjuntos:	

Dear All,

We have just gone live with Pinnacle 7.6c. Up until now we have been using a mixture of 7.4f and 6.2b. One of the changes that we noted during testing, is that the resolution of DRRs has increased so that each DRR (CR) is 2048x2048 pixels (used to be 768x768 pixels). I assume this improvement came with AcQSim3 additions.

One problem this has caused is that because the burnt-in graticle and field shape is only one pixel wide, we now find it difficult to see in Varis without a meaningless zoom. Has anybody found a solution to this problem?

One option that we are considering at present is not zooming the DRR before 'printing' the CR.

Many thanks

John Shakeshaft

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY
UK

##

De:	Sotnick, Steven
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: bolus on CT planned breasts
Fecha:	martes, 05 de septiembre de 2006 13:39:40
Archivos adjuntos:	

To show alternate day composite plans, I plan multiple beams (medial with and without; lateral with and without) and weight them according to the bolus schedule. I keep the bolus thickness as prescribed. For instance, for an every other day bolus with equally weighted tangents, I'll do the 4 beams with 25% isocentric weighting each.

Steve Sotnick, CMD
Palmetto General
Hialeah, Fl

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Kevin Van Tilburg
Sent: Thursday, August 31, 2006 8:28 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: bolus on CT planned breasts

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Regards, Kevin

Kevin Van Tilburg

Director - Radiation Therapy
Nepean Cancer Care Centre
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Sydney, NSW, Australia

Ph: 02) 4734 3511
Fax: 02) 4734 2330

Email: vantilk@wahs.nsw.gov.au

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Your help and suggestions are greatly appreciated.

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Breast Specialist Radiation Therapist

Auckland City Hospital

Auckland

New Zealand

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De:	Merilee Hopkins
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Prostatectomy Hotspots
Fecha:	martes, 05 de septiembre de 2006 16:21:05
Archivos adjuntos:	

Good Morning All,

We are trying to transition from Helios to Pinnacle for IMRT and I am planning my first prostatecomy patient. What kind of max hot spots is everyone getting with DMPO? I can get a good plan, but the max hotspot is hotter than what we would see on Helios. My doc would like the max dose to be <10% (with 6480cGy covering 98% of the PTV).

Thanks for your help,
Merilee

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DRR (CR) Resolution in Pinnacle 7.6c
Fecha:	martes, 05 de septiembre de 2006 16:22:32
Archivos adjuntos:	

When this happened to us, I called Phillips. They sent me a script that scaled down the resolution before you export it to the R & V. This works very well.

Pat

>From: "John Shakeshaft" <John.Shakeshaft@ccotrust.nhs.uk>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>CC: "Nigel Deshpande" <nigel.deshpande@philips.com>
>Subject: DRR (CR) Resolution in Pinnacle 7.6c
>Date: Tue, 5 Sep 2006 10:33:56 +0100
>
>Dear All,
>
>We have just gone live with Pinnacle 7.6c. Up until now we have been
>using a mixture of 7.4f and 6.2b. One of the changes that we noted
>during testing, is that the resolution of DRRs has increased so that
>each DRR (CR) is 2048x2048 pixels (used to be 768x768 pixels). I assume
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>
>One option that we are considering at present is not zooming the DRR
>before 'printing' the CR.
>
>Many thanks
>
>John Shakeshaft
>
>John Shakeshaft
>Principal Physicist
>Clatterbridge Centre for Oncology
>Clatterbridge Rd
>Bebington
>Wirral
>CH63 4JY
>UK

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De:	Bjørne Riis
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Nigel Deshpande;
Asunto:	Re: DRR (CR) Resolution in Pinnacle 7.6c
Fecha:	martes, 05 de septiembre de 2006 17:12:31
Archivos adjuntos:	

Dear John,

use
DICOM.ComputeOFFScreen=0;
to switch back to low resolution BEV

greetings
Bjørne

John Shakeshaft schrieb:
> Dear All,
>
> We have just gone live with Pinnacle 7.6c. Up until now we have been
> using a mixture of 7.4f and 6.2b. One of the changes that we noted
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> ##########
>

--
Achtung ich bin Wortbild !
Bitte die Rechtschreibung milde beurteilen :o)

Bjørne Riis
Praxis für Strahlentherapie und Radiologie
Nebenhofstaße - Lübeck

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De:	Abe K. Kuruvilla
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Prostatectomy Hotspots
Fecha:	martes, 05 de septiembre de 2006 17:17:16
Archivos adjuntos:	

---

maximum is normally around 105-107% with prescribing to 98% ptv.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Merilee Hopkins
Sent: Tuesday, September 05, 2006 10:09 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Prostatectomy Hotspots

Good Morning All,

We are trying to transition from Helios to Pinnacle for IMRT and I am planning my first prostatecomy patient. What kind of max hot spots is everyone getting with DMPO? I can get a good plan, but the max hotspot is hotter than what we would see on Helios. My doc would like the max dose to be <10% (with 6480cGy covering 98% of the PTV).

Thanks for your help,
Merilee

De:	Debbie Rothley
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Medical Intelligence couchtop
Fecha:	martes, 05 de septiembre de 2006 18:47:14
Archivos adjuntos:	

Hi,

I am curious how others are handling the reduction in skin sparing and dose attenuation caused by carbon fiber couchtops. Since we are starting IGRT, the Medical Intelligence couchtop was installed with our Brainlab systems. It will also be installed on our new Elekta Synergy machines. The user's manual states that the couch is dosimetrically equivalent to 1.2 cm of water.

I know that the dosimetrists could contour the couch in the treatment plan, and enter the proper density. However the SSD's on the plan will be incorrect. For those of you with a carbon fiber couch, please let me know if you have come up with a more clever method, or if you just ignore the couch altogether.

Thank you,

Debbie Rothley, M.S., DABR
Director of Physics Services
Radiation Oncology Services
email *drothley@rosonline.net*

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: lose coordinate line in DRR printout
Fecha:	martes, 05 de septiembre de 2006 21:52:23
Archivos adjuntos:	

Hi Chihray -

reboot

Just kidding. This seems to have been a problem going back to the Blade2000's ... an admin I used to work with got this trick from Sun, but you may end up reconfiguring the video card if you're not careful. Assuming 1280x1024 resolution and 75MHz refresh, issue the following, as root:
/usr/sbin/fbconfig *res 1280x1024x75 now nocheck
This command might give you some helpful info about the video card and other hardware:
/usr/platform/`arch *k`/sbin/prtdiag *v
On at least one system at my old place I think our admin had to have a video card replaced ... he was issuing the fbconfig command way too often, and it was apparently a hardware problem.

Good luck - Dave

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> liucr@ufl.edu 8/23/2006 12:34:48 PM >>>
We have Sun Fire V250 and occasionally the screen suddenly becomes black.
What is the command to bring it back?

Chihray Liu, Ph.D.

Associate Professor

Department of Radiation Oncology

University of Florida

Office: (352)265-8217

De:	Jenny Lydon
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DRR (CR) Resolution in Pinnacle 7.6c
Fecha:	miércoles, 06 de septiembre de 2006 0:57:55
Archivos adjuntos:	

---

adding the following line to the PinnacleInit file will reduce the DRR resolution (and file size). we ended up doing this because the speed of any drr image registration etc with the 2048x2048 drrs was almost un-usably slow

DICOM.ComputeOffScreen=0;

jenny

At 10:33 AM 9/5/06 +0100, you wrote:
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>using a mixture of 7.4f and 6.2b. One of the changes that we noted
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De:	Cooper, Paul - SEQ
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Backup and archiving
Fecha:	miércoles, 06 de septiembre de 2006 1:55:11
Archivos adjuntos:	

We are looking to change the way we do our regular backups of active patients, and long-term archiving of finished patients. I am wondering, what is everybody else doing?
Currently our method is to ftp the .tar files over to Windows-based servers on our hospital network, since these servers are both secure and remotely backed up every night.

However, our IT people are telling us it is not desirable to put Unix data on Windows systems. Apparently it can cause problems for them when they are doing the backups, and increases the chance that the data becomes corrupted.

We could just use the DD4 tape drive that is connected to our server, but we all know how slow those tapes are, which makes it difficult to do the backups frequently. Plus the backup function that comes with Pinnacle is so limited, you can't do incremental backups automatically for example, which also does not encourage frequent backups.

Thanks in advance for any input. If you're not doing anything different from one of the above two methods feel free to email me directly.

Paul Cooper CMD, BA Phys (Oxon)
Sequoia Hospital, Redwood City, CA

##

De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Backup and archiving
Fecha:	miércoles, 06 de septiembre de 2006 13:26:57
Archivos adjuntos:	

Hi Paul

I've never seen a windows corrupt a .tar file. Incomplete copying is always a possibility though. I have seen DD4 archives that are unreadable. This is not so nice when it happens. We archive patient .tar files, ftp them to a windows box and burn them to dvd.

Perhaps your IT department no longer wants to carry your files. This was the case for us. We budgeted funds to get our own windows server. It has a 2 Tb storage array, raid-5 configured with 500Gb SATA drives. We currently use ftp-voyager to backup the entire patient directory every night. This software will not do incremental backup, but cost less than $50 and does unix-windows character conversion flawlessly. We have never had a problem with restored data from this set-up. It would be nice to find something better, but this is working fine for us now.

Our backup storage server was cheaper than adding an additional sun array (with much less capacity) to a sunblade 2500 and we will soon be using it to back up all our other systems as well. And it required absolutly no change to the pinnacles solaris environment.

Ian

Ian Norton

Clinic for Radiation Oncology
University Hospital Zurich
Raemistrasse 100
CH-8091 Zurich
Switzerland

Tel.: +41 -(0)44-255-3251

ian.norton@usz.ch
http://www.usz.ch

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Cooper, Paul - SEQ
Gesendet: Mittwoch, 6. September 2006 01:39
An: 'pinnacle-users@explode.unsw.edu.au'
Betreff: Backup and archiving

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##

De:	Jo Vanregemorter
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Backup and archiving
Fecha:	miércoles, 06 de septiembre de 2006 13:34:43
Archivos adjuntos:	

Well, actually a windows system can corrupt a unix based archive as it automatically changes some unwanted characters in filenames to comply with the windows "rules".
That's why on a PC Linux is preferable (but ICT will not support that i guess).

A compressed file that is not decompressed on a windows system should remain ok though.

jo

_____
J. Vanregemorter
Deskundige Medische Stralingsfysica ZNA
p/a Lindendreef 1-B2020 Antwerpen-Belgium

Tel +32 3 2804134 Fax +32 3 2810719
Mobile +32 486539070

jo.vanregemorter@zna.be
www.zna.be
_____

-----Oorspronkelijk bericht-----
Van: Norton Ian [mailto:Ian.Norton@usz.ch]
Verzonden: woensdag 6 september 2006 12:59
Aan: pinnacle-users@explode.unsw.edu.au
Onderwerp: AW: Backup and archiving

Hi Paul

I've never seen a windows corrupt a .tar file. Incomplete copying is always a possibility though. I have seen DD4 archives that are unreadable. This

is not so nice when it happens. We archive patient .tar files, ftp them to a windows box and burn them to dvd.

Perhaps your IT department no longer wants to carry your files. This was the case for us. We budgeted funds to get our own windows server. It has a 2 Tb storage array, raid-5 configured with 500Gb SATA drives. We currently use ftp-voyager to backup the entire patient directory every night. This software will not do incremental backup, but cost less than $50 and does unix-windows character conversion flawlessly. We have never had a problem with restored data from this set-up. It would be nice to find something better, but this is working fine for us now.

Our backup storage server was cheaper than adding an additional sun array (with much less capacity) to a sunblade 2500 and we will soon be using it to back up all our other systems as well. And it required absolutly no change to the pinnacles solaris environment.

Ian

Ian Norton

Clinic for Radiation Oncology
University Hospital Zurich
Raemistrasse 100
CH-8091 Zurich
Switzerland

Tel.: +41 -(0)44-255-3251

ian.norton@usz.ch
http://www.usz.ch

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Cooper, Paul - SEQ
Gesendet: Mittwoch, 6. September 2006 01:39
An: 'pinnacle-users@explode.unsw.edu.au'
Betreff: Backup and archiving

We are looking to change the way we do our regular backups of active

patients, and long-term archiving of finished patients. I am wondering, what is everybody else doing?
Currently our method is to ftp the .tar files over to Windows-based servers on our hospital network, since these servers are both secure and remotely backed up every night.

However, our IT people are telling us it is not desirable to put Unix data on Windows systems. Apparently it can cause problems for them when they are doing the backups, and increases the chance that the data becomes corrupted.

We could just use the DD4 tape drive that is connected to our server, but we all know how slow those tapes are, which makes it difficult to do the backups frequently. Plus the backup function that comes with Pinnacle is so limited, you can't do incremental backups automatically for example, which also does not encourage frequent backups.

Thanks in advance for any input. If you're not doing anything different from one of the above two methods feel free to email me directly.

Paul Cooper CMD, BA Phys (Oxon)
Sequoia Hospital, Redwood City, CA

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De:	John Shakeshaft
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Backup and archiving
Fecha:	miércoles, 06 de septiembre de 2006 13:38:33
Archivos adjuntos:	

Our archival and backup methods are as follows (although this is not supported by Philips)

We backup 'live' patients using tape.

We have a large (TB) RAID array on a linux box this is automounted in the /pinnacle_patient_expansion using the automount facility.
We then have an archive institution where the Mount_X directory is linked to the linux box
We then transfer completed patients using the Pinnacle "Transfer" facility to this linux box
The linux box is backed up using high capacity tape, and stored in a server room.

Using this method all patients that we have ever planned are on-line and available to restore to a clinical institution in seconds.

One feature that we would really like Pinnacle to have is a warning if you try to create a patient with an indentical MRN to one that already exists in the LPDB, so that we don't end up creating the same patient twice!

In order to achieve this you will need some unix/Solaris expertise

Regards

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Cooper, Paul - SEQ
Sent: 06 September 2006 00:39
To: pinnacle-users@explode.unsw.edu.au
Subject: Backup and archiving

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De:	John Shakeshaft
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Elekta Copy and Oppose
Fecha:	miércoles, 06 de septiembre de 2006 13:44:11
Archivos adjuntos:	

Does anybody have a script for copying and opposing a field containing an Elekta motorised wedge that they would be prepared to share? Otherwise I will have to write one?

Many thanks

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY
UK

De:	John Shakeshaft
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT Warning
Fecha:	miércoles, 06 de septiembre de 2006 13:55:29
Archivos adjuntos:	

Following an upgrade and expansion we now have workstations that are not licenced for IMRT. However when we load some plans that have been planned conventionally on an IMRT-licenced workstation onto a workstation that is not IMRT licenced, we get the warning that IMRT parameters will be lost if you continue and save. This occurs even if nobody has gone into the IMRT module - software version 7.6c. Obviously there is no issue here, but I don't like people getting used to dismissing dialogues without thought, because one day it might be relevant!

Does anybody have any idea what you need to go into in order for Pinnacle to think the plan contains IMRT, other than clicking on the IMRT button?

Many thanks

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY
UK

De:	John Shakeshaft
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT Warning
Fecha:	miércoles, 06 de septiembre de 2006 14:16:59
Archivos adjuntos:	

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John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY
UK

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT Warning
Fecha:	miércoles, 06 de septiembre de 2006 14:55:24
Archivos adjuntos:	

I would think that if the IMRT is planned on a Licensed workstation Pinnacle should allow you to view them on all workstations. This is a license issue they were supposed to solve a long time ago. We went through something very similar. Pinnacle solved it for us...I would press them to solve it for you as well.

Greg

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com
No trees were killed in the creation of this message.
However, Billions of electrons were terribly inconvenienced.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of John Shakeshaft
Sent: Wednesday, September 06, 2006 6:24 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT Warning

Following an upgrade and expansion we now have workstations that are not licenced for IMRT. However when we load some plans that have been planned conventionally on an IMRT-licenced workstation onto a workstation that is not IMRT licenced, we get the warning that IMRT

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John Shakeshaft
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Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY
UK

disclose to anyone the message or any information contained in the message. If you have received the message in error, please advise the sender by reply e-mail and delete the message.

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Backup and archiving
Fecha:	miércoles, 06 de septiembre de 2006 14:57:43
Archivos adjuntos:	

I do the following:

Every night a SDLT tape is written with all active patients using a UNIX script that runs from the CRON on the server. The CRON is set to go off every weekday morning at 0200. It copies the files as they exist at that time. I just change the tape and check the log to verify the copies succeeded. I periodically restore a tape to make sure the files can be recovered.

As for the archive patients, I create a .tar file using the pinnacle backup utility for each patient and FTP them to my workstation. Once there, I create a DVD or CD-ROM for the patient that is stored in the hardcopy chart.

I then create a "master" DVD with as many patients as I can fit onto it for local storage in DOSI. This allows the staff to recover an archive patient without pulling the chart. We track the contents of the DVD's so we know where we need to go looking. After the DVD's are created the DOSI staff deletes the archive patients from the system.

This keeps the storage small, <38GB online> the backups short, < 58 minutes average> covers the nightly backup for today's work <SDLT tape written daily> and provides a fast restore for the staff.

Greg

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612.863.5544
612.654.3827 <Pager>

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-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Cooper, Paul - SEQ
Sent: Tuesday, September 05, 2006 6:39 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: Backup and archiving

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Thanks in advance for any input. If you're not doing anything different from one of the above two methods feel free to email me directly.

Paul Cooper CMD, BA Phys (Oxon)
Sequoia Hospital, Redwood City, CA

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##

De:	Son, dhr. D.C. Van
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Elekta Copy and Oppose
Fecha:	miércoles, 06 de septiembre de 2006 15:05:28
Archivos adjuntos:	

Hello,

Copy and opposing a field containing a wedge is only inhibited by a colimator of 0,90,180,270 degrees. Try changing the collimator to 1,91,271 or 179 and probebly this will solve your problem!

Greetings

Dennis
Radiation therapist
Medical Centre Alkmaar

-----Oorspronkelijk bericht-----
Van: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]Namens John Shakeshaft
Verzonden: woensdag 6 september 2006 13:17
Aan: pinnacle-users@explode.unsw.edu.au
Onderwerp: Elekta Copy and Oppose

Does anybody have a script for copying and opposing a field containing
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Otherwise I will have to write one?

Many thanks

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De:	Jo Vanregemorter
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Elekta Copy and Oppose
Fecha:	miércoles, 06 de septiembre de 2006 15:14:40
Archivos adjuntos:	

---

copy and oppose works fine as long as you do not use 0 90 180 270 collimator
we set eg 91 copy and oppose and change back

jo

_____
J. Vanregemorter
Deskundige Medische Stralingsfysica ZNA
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jo.vanregemorter@zna.be
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_____

-----Oorspronkelijk bericht-----
Van: John Shakeshaft [mailto:John.Shakeshaft@ccotrust.nhs.uk]
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A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Backup and archiving
Fecha:	miércoles, 06 de septiembre de 2006 15:17:48
Archivos adjuntos:	

Hi Jo,

I would opt for a server over a PC. Most office PC's won't last long if you leave them on 7/24.

Ian

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Jo Vanregemorter
Gesendet: Mittwoch, 6. September 2006 13:20
An: 'pinnacle-users@explode.unsw.edu.au'
Betreff: RE: Backup and archiving

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-----Oorspronkelijk bericht-----
Van: Norton Ian [mailto:Ian.Norton@usz.ch]
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Ian Norton

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University Hospital Zurich
Raemistrasse 100
CH-8091 Zurich
Switzerland

Tel.: +41 -(0)44-255-3251

ian.norton@usz.ch
http://www.usz.ch

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Cooper, Paul - SEQ
Gesendet: Mittwoch, 6. September 2006 01:39
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Asunto:	RE: Elekta Copy and Oppose
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Archivos adjuntos:	

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www.zna.be
_____

-----Oorspronkelijk bericht-----
Van: John Shakeshaft [mailto:John.Shakeshaft@ccotrust.nhs.uk]
Verzonden: woensdag 6 september 2006 13:17
Aan: pinnacle-users@explode.unsw.edu.au
Onderwerp: Elekta Copy and Oppose

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Otherwise I will have to write one?

Many thanks

John Shakeshaft
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UK
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##########

De:	Lee Zarger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT Warning
Fecha:	miércoles, 06 de septiembre de 2006 15:28:29
Archivos adjuntos:	

You CAN view them on un licensed workstations.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Groess, Greg J
Sent: Wednesday, September 06, 2006 8:39 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT Warning

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612.654.3827 <Pager>
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However, Billions of electrons were terribly inconvenienced.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au

[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of John Shakeshaft
Sent: Wednesday, September 06, 2006 6:24 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT Warning

Following an upgrade and expansion we now have workstations that are not licenced for IMRT. However when we load some plans that have been planned conventionally on an IMRT-licenced workstation onto a workstation that is not IMRT licenced, we get the warning that IMRT parameters will be lost if you continue and save. This occurs even if nobody has gone into the IMRT module - software version 7.6c. Obviously there is no issue here, but I don't like people getting used to dismissing dialogues without thought, because one day it might be relevant!

Does anybody have any idea what you need to go into in order for Pinnacle to think the plan contains IMRT, other than clicking on the IMRT button?

Many thanks

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY
UK

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De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT Warning
Fecha:	miércoles, 06 de septiembre de 2006 15:40:19
Archivos adjuntos:	

Yes but if the user saves and closes they get the warning and if they
actually save the plan they blow out the IMRT

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com

No trees were killed in the creation of this message.
However, Billions of electrons were terribly inconvenienced.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Lee
Zarger
Sent: Wednesday, September 06, 2006 8:10 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT Warning

You CAN view them on un licensed workstations.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Groess,
Greg J
Sent: Wednesday, September 06, 2006 8:39 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT Warning

I would think that if the IMRT is planned on a Licensed workstation Pinnacle should allow you to view them on all workstations. This is a license issue they were supposed to solve a long time ago. We went through something very similar. Pinnacle solved it for us...I would press them to solve it for you as well.

Greg

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De:	Sotnick, Steven
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Backup and archiving
Fecha:	miércoles, 06 de septiembre de 2006 16:09:39
Archivos adjuntos:	

I have been backing up and archiving my patients for the better part of 8 years. As a dosimetrist, I try to keep things as simple as possible. On a daily basis, I re-sort the patient directory by date. Then, using the Pinnacle back up program from the launchpad, I back up these patients to the /home/p3rtp directory with the date as a file name. This file has never been over the threshold of 2G. A print out gives me the names of these patients I store in a binder. This file then gets ftp'd to a server which IT backs up daily. I delete these files after an appropriate time.
I like this procedure for 2 reasons. It utilizes Pinnacle software; when my hard drive did crash, all I needed to do to bring my patients back was to ftp the files back to /home/p3rtp and then do a restore. And secondly, It is cheap.
When patients are completed, I use the same process to burn them to a CD or DVD.
My experience is that tapes fail.

Regards to all,
Steve Sotnick, CMD
Hialeah, Florida

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Norton Ian
Sent: Wednesday, September 06, 2006 9:06 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: AW: Backup and archiving

Hi Jo,

I would opt for a server over a PC. Most office PC's won't last long if you leave them on 7/24.

Ian

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Jo Vanregemorter

Gesendet: Mittwoch, 6. September 2006 13:20
An: 'pinnacle-users@explode.unsw.edu.au'
Betreff: RE: Backup and archiving

Well, actually a windows system can corrupt a unix based archive as it automatically changes some unwanted characters in filenames to comply with the windows "rules". That's why on a PC Linux is preferable (but ICT will not support that i guess).

A compressed file that is not decompressed on a windows system should remain ok though.

jo

_____
J. Vanregemorter
Deskundige Medische Stralingsfysica ZNA
p/a Lindendreef 1-B2020 Antwerpen-Belgium

Tel +32 3 2804134 Fax +32 3 2810719
Mobile +32 486539070

jo.vanregemorter@zna.be
www.zna.be
_____

-----Oorspronkelijk bericht-----
Van: Norton Ian [mailto:Ian.Norton@usz.ch]
Verzonden: woensdag 6 september 2006 12:59
Aan: pinnacle-users@explode.unsw.edu.au
Onderwerp: AW: Backup and archiving

Hi Paul

I've never seen a windows corrupt a .tar file. Incomplete copying is always a possibility though. I have seen DD4 archives that are unreadable. This is not so nice when it happens. We archive patient .tar files, ftp them to a windows box and burn them to dvd.

Perhaps your IT department no longer wants to carry your files. This was the case for us. We budgeted funds to get our own windows server. It has a
2 Tb storage array, raid-5 configured with 500Gb SATA drives. We currently use ftp-voyager to backup the entire patient directory every night. This software will not do incremental backup, but cost less than $50 and does unix-windows character conversion flawlessly. We have never had a problem with restored data from this set-

up. It would be nice to find something better, but this is working fine for us now.

Our backup storage server was cheaper than adding an additional sun array (with much less capacity) to a sunblade 2500 and we will soon be using it to back up all our other systems as well. And it required absolutly no change to the pinnacles solaris environment.

Ian

Ian Norton

Clinic for Radiation Oncology
University Hospital Zurich
Raemistrasse 100
CH-8091 Zurich
Switzerland

Tel.: +41 -(0)44-255-3251

ian.norton@usz.ch
http://www.usz.ch

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Cooper, Paul - SEQ
Gesendet: Mittwoch, 6. September 2006 01:39
An: 'pinnacle-users@explode.unsw.edu.au'
Betreff: Backup and archiving

We are looking to change the way we do our regular backups of active patients, and long-term archiving of finished patients. I am wondering, what is everybody else doing? Currently our method is to ftp the .tar files over to Windows-based servers on our hospital network, since these servers are both secure and remotely backed up every night.

However, our IT people are telling us it is not desirable to put Unix data on Windows systems. Apparently it can cause problems for them when they are doing the backups, and increases the chance that the data becomes corrupted.

We could just use the DD4 tape drive that is connected to our server, but we all know how slow those tapes are, which makes it difficult to do the backups frequently. Plus the backup function that comes with Pinnacle is so limited, you can't do incremental backups automatically for example, which also does not encourage frequent backups.

Thanks in advance for any input. If you're not doing anything different from one of the above two methods feel free to email me directly.

Paul Cooper CMD, BA Phys (Oxon)
Sequoia Hospital, Redwood City, CA

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A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Backup and archiving
Fecha:	miércoles, 06 de septiembre de 2006 16:39:36
Archivos adjuntos:	

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Tel +32 3 2804134 Fax +32 3 2810719
Mobile +32 486539070

jo.vanregemorter@zna.be
www.zna.be
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-----Oorspronkelijk bericht-----
Van: Norton Ian [mailto:Ian.Norton@usz.ch]
Verzonden: woensdag 6 september 2006 12:59
Aan: pinnacle-users@explode.unsw.edu.au
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University Hospital Zurich
Raemistrasse 100
CH-8091 Zurich
Switzerland

Tel.: +41 -(0)44-255-3251

ian.norton@usz.ch
http://www.usz.ch

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Cooper, Paul - SEQ
Gesendet: Mittwoch, 6. September 2006 01:39
An: 'pinnacle-users@explode.unsw.edu.au'
Betreff: Backup and archiving

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De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT Warning
Fecha:	miércoles, 06 de septiembre de 2006 16:43:46
Archivos adjuntos:	

Greg,
What we have seen on our end is that if you save the plan you will lose your objectives but the plan itself is still intact. That becomes a problem only if you need to make alterations to the plan.

Regards,
Vicki

Victoria LaCerba, MS, CMD, RT(T)
Clinical Services Manager
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Groess, Greg J
Sent: Wednesday, September 06, 2006 9:26 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT Warning

Yes but if the user saves and closes they get the warning and if they actually save the plan they blow out the IMRT

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.

Minneapolis, MN55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com
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[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Lee Zarger
Sent: Wednesday, September 06, 2006 8:10 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT Warning

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De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT Warning
Fecha:	miércoles, 06 de septiembre de 2006 16:46:40
Archivos adjuntos:	

Pinnacle fixed the problem for us...we can open and view and close plans
even on a non- IMRT planning station
Greg

Gregory Groess
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Abbott Northwestern Hospital
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[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Victoria
LaCerba
Sent: Wednesday, September 06, 2006 8:49 AM
To: pinnacle-users@explode.unsw.edu.au
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To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT Warning

Following an upgrade and expansion we now have workstations that are not licenced for IMRT. However when we load some plans that have been planned conventionally on an IMRT-licenced workstation onto a workstation that is not IMRT licenced, we get the warning that IMRT parameters will be lost if you continue and save. This occurs even if nobody has gone into the IMRT module - software version 7.6c. Obviously there is no issue here, but I don't like people getting used to

dismissing dialogues without thought, because one day it might be relevant!

Does anybody have any idea what you need to go into in order for Pinnacle to think the plan contains IMRT, other than clicking on the IMRT button?

Many thanks

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY
UK

the message.

##
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##

De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT Warning
Fecha:	miércoles, 06 de septiembre de 2006 16:49:02
Archivos adjuntos:	

Greg,
What we have seen on our end is that if you save the plan you will lose your objectives but the plan itself is still intact. That becomes a problem only if you need to make alterations to the plan.

Regards,
Vicki

Victoria LaCerba, MS, CMD, RT(T)
Clinical Services Manager
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Groess, Greg J
Sent: Wednesday, September 06, 2006 9:26 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT Warning

Yes but if the user saves and closes they get the warning and if they actually save the plan they blow out the IMRT

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.

Minneapolis, MN55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com
No trees were killed in the creation of this message.
However, Billions of electrons were terribly inconvenienced.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Lee Zarger
Sent: Wednesday, September 06, 2006 8:10 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT Warning

You CAN view them on un licensed workstations.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Groess, Greg J
Sent: Wednesday, September 06, 2006 8:39 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT Warning

I would think that if the IMRT is planned on a Licensed workstation Pinnacle should allow you to view them on all workstations. This is a license issue they were supposed to solve a long time ago. We went through something very similar. Pinnacle solved it for us...I would press them to solve it for you as well.

Greg

Gregory Groess
Information Systems Support
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800 28th St.
Minneapolis, MN55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com

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-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of John Shakeshaft
Sent: Wednesday, September 06, 2006 6:24 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT Warning

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been fulfilled. Misuse or distribution of the information contained in this transmission is punishable by civil and/or criminal penalties under state or federal law.

If you are not the intended recipient, you are hereby notified that any disclosure, dissemination, saving, printing, copying, or action taken in reliance on the contents of these documents of this message, or any attachment, is strictly prohibited. Please notify the original sender (only) immediately by telephone or by reply e-mail and delete this message, along with any attachments from your computer immediately.

De:	Li Ding
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Import Kodak CR Digital Image into Pinnacle
Fecha:	miércoles, 06 de septiembre de 2006 18:29:52
Archivos adjuntos:	

Does anybody know how to import Kodak CR Digital Images into Pinnacle system and draw blocks on them?

Li Ding
RBOI
Ocala Florida

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Import Kodak CR Digital Image into Pinnacle
Fecha:	miércoles, 06 de septiembre de 2006 18:46:21
Archivos adjuntos:	

I would love to know how to do that little trick, as now I print off the DRRs from Kodak and digitze them into Pinnacle.

Kim

Kim P. Knight, RT (R)(T), A.R.R.T., CMD
Certified Medical Dosimetrist
Cabrini Center for Cancer Care
3330 Masonic Drive
Alexandria, LA 71301

Phone: 318-448-6937
Fax: 318-483-4097

Email: kim.knight@christushealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Li Ding
Sent: Wednesday, September 06, 2006 11:11 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Import Kodak CR Digital Image into Pinnacle

Does anybody know how to import Kodak CR Digital Images into Pinnacle system and draw blocks on them?

Li Ding
RBOI
Ocala Florida

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##

De:	rob rice
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Speed problems with Pinnacle
Fecha:	viernes, 08 de septiembre de 2006 19:54:48
Archivos adjuntos:	

Hello, Pinnacle users!
We're having a problem at my facility; I hope one of you might have had a similar problem and could perhaps help us out.
We have a server and two clients at site A. Site B is about four miles from site A and there are two clients at site B. They are connected to the server at site A via a 100 MBps connection. The clients at site B are, at times, very slow. It can take up to 20 minutes to load a patient plan consisting of 150 or so CT slices. Philips says the problem is with our connection. Our IT people say there is no problem with the speed of the connection and that the problem is Pinnacle.
Is there a solution to this? Why can't the two clients at site B be somewhat isolated, that is, why can't the patient data for the site B "institution" reside only on a local computer? You should know that usually we don't need to access site A's patients from site B and vice versa. Could one of the computers at site B be converted into a server? I know there is little hardware difference between the servers and clients. I heard it may be possible to make the two clients at site B be local and then allow a shared patient directory between sites so that if we needed to access a site A patient from site B, we could backup the patient at site A and then restore at site B. Is this possible? Have any of you with a similar network had these problems and found a solution? Any help you could give would be greatly appreciated.

-Rob
rrice@ccchsv.com

****

****
J. R. Rice, Ph.D.
Chief Medical Physicist
The Oncology Services of North Alabama, LLC
****
****

De:	Chihray Liu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Speed problems with Pinnacle
Fecha:	viernes, 08 de septiembre de 2006 20:29:04
Archivos adjuntos:	

Rob:

Convert one of the B site clients to a server and do remote pinnacle if physician need to access remote site data. Remote pinnacle does not transfer TPS files, it only transfer screen images, and therefore, it will be a lot faster.

Chihray Liu, Ph.D.

Associate Professor

Department of Radiation Oncology

University of Florida

Office: (352)265-8217

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of rob rice
Sent: Friday, September 08, 2006 12:52 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Speed problems with Pinnacle

Hello, Pinnacle users!
We're having a problem at my facility; I hope one of you might have had a similar problem and could perhaps help us out.
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-Rob
rrice@ccchsv.com

****
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J. R. Rice, Ph.D.
Chief Medical Physicist
The Oncology Services of North Alabama, LLC

****
****

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Speed problems with Pinnacle
Fecha:	viernes, 08 de septiembre de 2006 20:36:02
Archivos adjuntos:	

Check the Connection Duplex.

Most of the time IT guys set the network to 100Mbs AutoDetect.

If you can have them set it to 100Mbs Full Duplex on both sides of the connection. i.e. Pinnacle needs to be "forced" to 100 Mbs on the NIC card and the Network needs to be set to 100Mbs Full Duplex not auto or half.

We had similar problems until I specified the connections to corp. IT. There are known issues with Cisco routers and SUN NIC cards not auto negotiating correctly.

Greg

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN55407
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The Oncology Services of North Alabama, LLC

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##########

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##

De:	Scott DUBE
A:	pinnacle-users@explode.unsw.edu.au; medphys@lists.wayne.edu; impac-users@wfubmc.edu;
Cc:	
Asunto:	Moving to Napa
Fecha:	miércoles, 13 de septiembre de 2006 0:11:27
Archivos adjuntos:	

I first moved to Honolulu in 1980 to work for Don Tolbert of Mid-Pacific Medical Physics. Then I became an employee of The Queen's Medical Center in 1988.

It is now time to start an exciting new chapter in my life. I will join Queen of the Valley Hospital in Napa, CA starting in November.

The only constant is change.

P.S. My new email address is scott.dube@gmail.com

De:	MIKE ZHENG
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Auto mount configuration files
Fecha:	jueves, 14 de septiembre de 2006 20:22:31
Archivos adjuntos:	

Greetings!

I am little confused by the way how Pinnacle workstation's auto mount configuration files are constructed.
In workstations, under /etc, there are several auto_* files. For some reason, Pinnacle uses "localhost" instead of using the nfs server's hostname.
For example, in the /etc/auto_home file at workstation adacp3u3, it has following line:

* localhost:/export/home/&

instead of using:
* adacp3u1:/export/home/&

localhost is pointed to adacp3u3, not the server which is adacp3u1.

(The configuration actually works.)

Can someone provide me with some educational hints?

Thanks in advance.

Mike Zheng

System Manager
Department of Radiation Oncology
University of Maryland Medical Systems
Baltimore, MD 21201

to majordomo@explode.unsw.edu.au.

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De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Auto mount configuration files
Fecha:	jueves, 14 de septiembre de 2006 23:47:03
Archivos adjuntos:	

"Managing NFS and NIS" from O'Reilly & Assoc.

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> mzheng@umm.edu 9/14/2006 1:59 PM >>>
Greetings!

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Mike Zheng

System Manager

Department of Radiation Oncology
University of Maryland Medical Systems
Baltimore, MD 21201

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De:	MIKE ZHENG
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Auto mount configuration files
Fecha:	viernes, 15 de septiembre de 2006 0:10:46
Archivos adjuntos:	

Thanks. I have bought it online and will let you know the result.

Best regards,

Mike

>>> "Dave Lockman" <Dave.Lockman@sparrow.org> 9/14/2006 5:15 PM >>>
"Managing NFS and NIS" from O'Reilly & Assoc.

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
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De:	Rose, Stuart
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Auto mount configuration files
Fecha:	viernes, 15 de septiembre de 2006 4:32:07
Archivos adjuntos:	

Since all Pinnacle workstations can act as standalone "servers", the /etc automount files point to "localhost". However, when you have a central NFS server for automount points, these /etc files are not used. Instead, an NIS query is used to determine the correct automount points. If you do a "ypwhich" at the system prompt, this will determine the NIS Server. Logon to THAT server and ITS automount configuration files.

You can also type "ypcat auto_home" to determine the current automount point for the /home directory. Others are "auto_usr_local" and "auto_DataSets".

O'Reilly will also help a great deal.

Take Care,
Stuart

Stuart Rose
Manager, Physics Computer Services
Princess Margaret Hospital
Radiation Medicine Program
610 University Avenue
Toronto, Ontario. CANADA M5G 2M9
Tel: 416-946-4501 x5068, Fax: 416-946-6566
rose@rmp.uhn.on.ca

"Give me a place to stand, and a lever long enough, and I will move the world" Archimedes

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Dave Lockman
Sent: September 14, 2006 5:15 pm
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Auto mount configuration files

"Managing NFS and NIS" from O'Reilly & Assoc.

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
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Thanks in advance.

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Department of Radiation Oncology
University of Maryland Medical Systems
Baltimore, MD 21201

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De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	system admin questions
Fecha:	viernes, 15 de septiembre de 2006 10:34:58
Archivos adjuntos:	e.vdieren.vcf

Dear All,

I've been trying to write a Unix script to check date-of-last-change and checksum of the machine directory, compare them to a preset value, and give an alarm when there is a mismatch. Can anyone assist me on that? I know quite a bit about Unix and C-shell scripting but somehow I am unable to find the right commands.

Same for disk quota. That I've been able to do, using df -k and grabbing the 5th word of the 8th line, and giving an alarm if if that number exceeds 90%, but there must be a more generic way.

Finally, I've been told there is a webmin utility for Sun systems, making administration of the system a lot easier. However, the FDA doesn't allow Philips to install it. Has anyone been bold enough to install it anyway? Same
question for VNC server, to allow system administration from my desktop PC.

sincerely
Erik

een onjuiste of onvolledige verzending ervan. Tenzij uitdrukkelijk het tegendeel blijkt, kunnen aan dit bericht geen rechten worden ontleend. Het gebruik van Internet e-mail brengt zekere risicos met zich mee.
Daarom wordt iedere aansprakelijkheid voor het gebruik van dit medium door het HagaZiekenhuis van de hand gewezen.
****

De:	Rose, Stuart
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: system admin questions
Fecha:	viernes, 15 de septiembre de 2006 17:09:14
Archivos adjuntos:	

Erik

The "ls -lc" and "ls -lu" command will display last modification date and
last access data respectively.
The "cksum" command will generate a 32bit CRC value (not really a checksum)
for any given file or directory.

I use the "df -lk" command as the core for my scripts to check for full
disks. The "-l" is to ensure I check only local filesystems.

Take Care,
Stuart

Stuart Rose
Manager, Physics Computer Services
Princess Margaret Hospital
Radiation Medicine Program
610 University Avenue
Toronto, Ontario. CANADA M5G 2M9
Tel: 416-946-4501 x5068, Fax: 416-946-6566
rose@rmp.uhn.on.ca

"Give me a place to stand, and a lever long enough, and I will move the
world" Archimedes

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of e.vdieren
Sent: Friday, September 15, 2006 4:05 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: system admin questions

Dear All,

I've been trying to write a Unix script to check date-of-last-change

and checksum of the machine directory, compare them to a preset
value, and give an alarm when there is a mismatch. Can anyone
assist me on that? I know quite a bit about Unix and C-shell scripting
but somehow I am unable to find the right commands.

Same for disk quota. That I've been able to do, using df -k and grabbing
the 5th word of the 8th line, and giving an alarm if if that number exceeds
90%, but there must be a more generic way.

Finally, I've been told there is a webmin utility for Sun systems, making
administration of the system a lot easier. However, the FDA doesn't allow
Philips to install it. Has anyone been bold enough to install it anyway?
Same
question for VNC server, to allow system administration from my desktop PC.

sincerely
Erik

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Control points
Fecha:	sábado, 16 de septiembre de 2006 18:06:25
Archivos adjuntos:	

Dear all

We have recently changed to version 7.6c. I do have a problem with control points. It seems that all segments within a beam needs to be re-calculated if just one of the segments is changed. This is also the case if we click the button which should ensure that the dose calculations are stored for each segment (check box in the bottom of the control point window). Does any one know how to fix this problem? Is there a setting somewhere which should be activated before the doses for segments are stored individually?

All the best,

Carsten

==========

Carsten Brink, Ph.D.
Stedfortræder for cheffysiker/Assistant Head of Laboratory of Radiation Physics
Radiofysisk laboratorium / Laboratory of Radiation Physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

account will not be distributed unless that account is also subscribed.
##

De:	s.lappi@tin.it
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	SRT body with Elekta frame
Fecha:	martes, 19 de septiembre de 2006 15:28:28
Archivos adjuntos:	

Dear users,
I'd like to know if somebody has used Pinnacle to plan
stereotactic body treatmements with Elekta frame. How do you set the
coordinate system for this frame? I have seen that the predefined
stereotactic coordinate systems are related to head frames only.
Thank
you.
Sara Lappi
Azienda Ospedaliera di Ferrara
Italy

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: SRT body with Elekta frame
Fecha:	martes, 19 de septiembre de 2006 17:26:38
Archivos adjuntos:	frame coordinates.jpg

We use the body frame with Pinnacle at our institution. As far as I know, there is no automated process within Pinnacle to give you the coordinates for isocenter within the frame (I am not familiar with how this relaltes to srs within the brain). You determine the isocenter based on the fiducials embedded in the frame from your planning ct. Attached is an image showing an example.

Bryan

Bryan Murray, BSRT (T), CMD
Medical Dosimetrist
UT Southwestern Medical Center at Dallas
Department of Radiation Oncology
5801 Forest Park Road
Dallas, TX 75390-9183
(214)645-8544 Telefax (214)645-7617

De:	Annelisa d"Angelo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	MLC problem: Pinnacle-Lantis
Fecha:	miércoles, 20 de septiembre de 2006 13:29:11
Archivos adjuntos:	

For anyone out there who export plans via DicomRT from Pinnacle to Lantis Siemens.

Dear users,
there is someone who has any idea of which kind of error is:
"interdigitized leaf...";
this is the messagge coming from Lantis trying to execute a field conformed with MLC that has Gantry angle different from 0 or 180 degrees.
It's possible that this is cause for an error on MLC configuration in Pinnacle but I can't find out what is wrong.
Any help will be really appreciate.

Thank you in advance.

Annelisa

Annelisa d'Angelo, Ph. D.
"Medical physics and Expert Systems" Laboratory,
I.F.O. - Regina Elena National Cancer Institute
Via Elio Chianesi, 53
00144 Roma, Italy
email: annelisa.dangelo@ifo.it

De:	Joon Ho Park
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MLC problem: Pinnacle-Lantis
Fecha:	miércoles, 20 de septiembre de 2006 14:33:32
Archivos adjuntos:	

It means that one or more of your segments are criss-crossed(?).
Try reviewing the segments for any violation of IMFast rules.
Siemens once gave me their rolled-doc in the past but I cannot seem to find it.

Joon :)

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Annelisa d'Angelo
Sent: Wednesday, September 20, 2006 7:00 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: MLC problem: Pinnacle-Lantis

For anyone out there who export plans via DicomRT from Pinnacle to Lantis Siemens.

Dear users,
there is someone who has any idea of which kind of error is:
"interdigitized leaf...";
this is the messagge coming from Lantis trying to execute a field conformed with MLC that has Gantry angle different from 0 or 180 degrees.
It's possible that this is cause for an error on MLC configuration in Pinnacle but I can't find out what is wrong.
Any help will be really appreciate.

Thank you in advance.

Annelisa

Annelisa d'Angelo, Ph. D.
"Medical physics and Expert Systems" Laboratory,
I.F.O. - Regina Elena National Cancer Institute
Via Elio Chianesi, 53

00144 Roma, Italy
email: annelisa.dangelo@ifo.it

De:	Paul Mobit
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Forward Plan Breast
Fecha:	miércoles, 20 de septiembre de 2006 21:29:52
Archivos adjuntos:	

Dear All:
We have been doing forward plan IMRT breast on Pinnacle since June of this year as we just got our system.
I would like to find out if others are performing IMRT QA for these plans. This particularly important for users
in the US where billing for IMRT requires QA to be performed. Of course some centers get away with this by just
doing some sort of MU verification with RADCAL or other MU calculation system. I would like to know what other centers are doing.
Do you perform IMRT QA for forward plan breast. If so, do you bill for IMRT. If you are not performing IMRT QA for these plans,
do you bill for IMRT.

Thanks for your help

Paul Mobit, Ph.D.

De:	Murphy, Tony
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Elekta XVI images from Pinnacle
Fecha:	miércoles, 20 de septiembre de 2006 21:39:11
Archivos adjuntos:	

We are having a problem transferring images via "DICOM Image" to our Elekta XVI system. Philips has dialed in on a couple of occasions and claims that everything is setup properly on their end (we're trusting them at this point). I've also gone through a Pinnacle document that illustrates the setup on the XVI end and everything appears to be in order. However, when we attempt to transfer the images, we get an error message stating "Last Transfer Failed. Error during transmission.".

I would be greatly appreciative of any Elekta XVI customers that could contact me if they've seen similar issues when setting up this connection.

Regards,
Tony D. Murphy, MS DABR
Senior Medical Physicist
Coborn Cancer Center
CentraCare Health System
St. Cloud, MN 56303
320-229-5199 x70902
murphyt@centracare.com

De:	Todd Hill
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Forward Plan Breast
Fecha:	miércoles, 20 de septiembre de 2006 21:49:58
Archivos adjuntos:	

We treat (and bill) forward planned IMRT just as we do inverse planned IMRT. We make sure there are at least 4 segments per field and perform point dose and fluence map QA on the fields as well.

Hope this helps.

Paul Mobit <PaulMo@mclaren.org> wrote:

> Dear All:
> We have been doing forward plan IMRT breast on Pinnacle since June of this year as we just got our system.
> I would like to find out if others are performing IMRT QA for these plans. This particularly important for users
> in the US where billing for IMRT requires QA to be performed. Of course some centers get away with this by just
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> Do you perform IMRT QA for forward plan breast. If so, do you bill for IMRT. If you are not performing IMRT QA for these plans,
> do you bill for IMRT.
>
> Thanks for your help
>
> Paul Mobit, Ph.D.
>
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account will not be distributed unless that account is also subscribed.
##

Sincerely,

Todd M. Hill, M.S.
Ohio Certified Radiation Expert
Medical Physicist
Schneider & Wuest, Inc.

De:	Lee Zarger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Forward Plan Breast
Fecha:	miércoles, 20 de septiembre de 2006 21:53:26
Archivos adjuntos:	

If we do IMRT breast we do full q.a. We bill for IMRT

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Paul Mobit
Sent: Wednesday, September 20, 2006 3:01 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Forward Plan Breast

Dear All:
We have been doing forward plan IMRT breast on Pinnacle since June of this year as we just got our system.
I would like to find out if others are performing IMRT QA for these plans. This particularly important for users
in the US where billing for IMRT requires QA to be performed. Of course some centers get away with this by just
doing some sort of MU verification with RADCAL or other MU calculation system. I would like to know what other centers are doing.
Do you perform IMRT QA for forward plan breast. If so, do you bill for IMRT. If you are not performing IMRT QA for these plans,
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Thanks for your help

Paul Mobit, Ph.D.

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##

De:	Bryan Murray
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Re: Elekta XVI images from Pinnacle
Fecha:	miércoles, 20 de septiembre de 2006 21:54:29
Archivos adjuntos:	

This may or may not be a solution, but we had a problem transferring images if the patient's name (and all other pertinent data i.e. medical record number) from the CT data set did not EXACTLY match the plan in Pinnacle. We got around this by clicking on the "import images and patient demographic info" when bringing in images from our CT scanner. I assume this is for cone beam ct correct?

Bryan

Bryan Murray, BSRT (T), CMD
Medical Dosimetrist
UT Southwestern Medical Center at Dallas
Department of Radiation Oncology
5801 Forest Park Road
Dallas, TX 75390-9183
(214)645-8544 Telefax (214)645-7617

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Forward Plan Breast
Fecha:	miércoles, 20 de septiembre de 2006 21:55:19
Archivos adjuntos:	

Paul,
So I was told by Dr. Bogardus (Rad Onc charging King) that Forward planning and IMRT ae not the same thing, thus you can't bill an IMRT for Forward Planning Breast. FYI...In Louisiana Medicare does not pay for IMRT for a diagnosis of Breast CA.

Kim

Kim P. Knight, RT (R)(T), A.R.R.T., CMD
Certified Medical Dosimetrist
Cabrini Center for Cancer Care
3330 Masonic Drive
Alexandria, LA 71301

Phone: 318-448-6937
Fax: 318-483-4097

Email: kim.knight@christushealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Paul Mobit
Sent: Wednesday, September 20, 2006 2:01 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Forward Plan Breast

Dear All:
We have been doing forward plan IMRT breast on Pinnacle since June of this year as we just got our system. I would like to find out if others are performing IMRT QA for these plans. This particularly important for users in the US where billing for IMRT requires QA to be performed. Of

course some centers get away with this by just doing some sort of MU verification with RADCAL or other MU calculation system. I would like to know what other centers are doing. Do you perform IMRT QA for forward plan breast. If so, do you bill for IMRT. If you are not performing IMRT QA for these plans, do you bill for IMRT.

Thanks for your help

Paul Mobit, Ph.D.

De:	Jussi Sillanpaa
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Forward Plan Breast
Fecha:	miércoles, 20 de septiembre de 2006 21:57:03
Archivos adjuntos:	

We do a Mapcheck measurment of every field at the moment - we don't bill the forward planned fields as IMRT, so we have been thinking about dropping the measurments but haven't done so yet.

Jussi Sillanpaa
Beth israel Medical Center

>>> PaulMo@mclaren.org 09/20/06 3:01 PM >>>
Dear All:
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Thanks for your help

Paul Mobit, Ph.D.

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##

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Elekta XVI images from Pinnacle
Fecha:	miércoles, 20 de septiembre de 2006 21:59:59
Archivos adjuntos:	

Tony -

One thing you might try, if you haven't, is the DICOMEcho command. It lives in /usr/local/adacnew/PinnacleStatic/bin/common
on our systems, and usage is
DICOMEcho AETitle HostName Port
The last two arguments are optional if Pinnacle knows the AETitle (i.e. you've added the SCP on the Pinnacle end). If you don't know the AETitle, go to /usr/local/adacnew/PinnacleStatic/DICOM and do an ls - look for a filename that suggests XVI or the like, cat it, and the []'ed term is your AETitle.

If the DICOMEcho command returns with anything less than positive feedback, there's a problem - maybe the SCP you've defined does not agree with what's running on the XVI end, or a firewall is not configured to allow the communication through, or ... I assume the Pinnacle support folks have already run this test, but it's still good to have the knowledge in hand if you end up needing to talk to Elekta. Their TAG (technical application group?) is good and should be able to help you if the DICOMEcho comes back clean.

If DICOMEcho says all is well, you might ask Philips to turn on DICOM logging on the Pinnacle side and see if any information more useful than "transmission failed" turns up. There's probably an analog on the XVI side that TAG could help you with.

Good luck - Dave

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> MurphyT@centracare.com 9/20/2006 3:15:00 PM >>>

We are having a problem transferring images via "DICOM Image" to our Elekta

XVI system. Philips has dialed in on a couple of occasions and claims that everything is setup properly on their end (we're trusting them at this point). I've also gone through a Pinnacle document that illustrates the setup on the XVI end and everything appears to be in order. However, when we attempt to transfer the images, we get an error message stating "Last Transfer Failed. Error during transmission.".

I would be greatly appreciative of any Elekta XVI customers that could contact me if they've seen similar issues when setting up this connection.

Regards,
Tony D. Murphy, MS DABR
Senior Medical Physicist
Coborn Cancer Center
CentraCare Health System
St. Cloud, MN 56303
320-229-5199 x70902
murphyt@centracare.com

De:	Peters Vic
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle user meeting
Fecha:	miércoles, 20 de septiembre de 2006 22:06:39
Archivos adjuntos:	

Could someone tell me if a Pinnacle user meeting is being held at ASTRO this year?
Thanks
Vic Peters
Senior Physicist
Juravinski Cancer Ctr
Hamilton
Canada

De:	lightningrider@frii.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Forward Plan Breast
Fecha:	miércoles, 20 de septiembre de 2006 22:45:53
Archivos adjuntos:	

Paul,

I believe that to be billed IMRT, the fields must be inverse planned, but why would you want to forward plan them if you are IMRT capable. For breasts, we do not bill for IMRT unless there are more than 5 segments per field, and we do a full blown QA on them. If less than 5 segments per field we do not bill IMRT and we do a verification calc using an in-house spreadsheet. Hope this helps.

Bob

Robert J. Matthews, Ph.D., DABR
Centennial Medical Physicist

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De:	Chihray Liu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Elekta XVI images from Pinnacle
Fecha:	miércoles, 20 de septiembre de 2006 23:09:16
Archivos adjuntos:	

Tony;

I think you should talk to Elekta also. XVI is very strict software. If you have any unspecified DICOM Tag, XVI will not like it.
Elekta can help you to filter those DICOM tag and make it work. Suggest from Bryan Murray is also true. Try his suggestion first, if it does not work, you better ask Elekta to help you to solve the problem.

Chihray Liu, Ph.D.
Associate Professor
Department of Radiation Oncology
University of Florida
Office: (352)265-8217

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Murphy, Tony
Sent: Wednesday, September 20, 2006 3:15 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: Elekta XVI images from Pinnacle

We are having a problem transferring images via "DICOM Image" to our Elekta XVI system. Philips has dialed in on a couple of occasions and claims that everything is setup properly on their end (we're trusting them at this point). I've also gone through a Pinnacle document that illustrates the setup on the XVI end and everything appears to be in order. However, when we attempt to transfer the images, we get an error message stating "Last Transfer Failed. Error during transmission.".

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Regards,
Tony D. Murphy, MS DABR
Senior Medical Physicist

Coborn Cancer Center
CentraCare Health System
St. Cloud, MN 56303
320-229-5199 x70902
murphyt@centracare.com

De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Forward Plan Breast
Fecha:	miércoles, 20 de septiembre de 2006 23:29:45
Archivos adjuntos:	

One advantage of forward planning IMRT for breasts (or any site) is that you don't need to draw any contours. We forward plan all of our breast treatments because our dosimetrists are very efficient with this technique and no contouring is necessary.

Joe Herrick
Reno, NV

>From: lightningrider@frii.com
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Re: Forward Plan Breast
>Date: Wed, 20 Sep 2006 14:06:13 -0600 (MDT)
>
>Paul,
>
>I believe that to be billed IMRT, the fields must be inverse planned, but
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>breasts, we do not bill for IMRT unless there are more than 5 segments per
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>Bob
>
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>Robert J. Matthews, Ph.D., DABR
>Centennial Medical Physicist
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> > Thanks for your help
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> >
> > Paul Mobit, Ph.D.
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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Lee Myers
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Forward Plan Breast
Fecha:	miércoles, 20 de septiembre de 2006 23:53:12
Archivos adjuntos:	

Paul,

First, you probably should get a hold of the Breast Scripts that are floating about, Mike Sharp or Todd McNutt, that will allow you to save your staff a lot of time and do inverse planning of tangent breasts. My understanding is that you do have to use an inverse planning engine to qualify for IMRT billing. Whether you can justify using segment or beam weight optimization to satisfy that requirement is certainly a valid question.

We have recently been debating how best to handle this issue which is greatly confounded by medicare and some insurance companies. For example, we have stricter regulations on our free-standing centers than on our hospital-based practices. Aetna will not reimburse breast IMRT at a free-standing center, but may possibly at our hospital if pre-approved. It seems that more insurance companies are beginning to be reluctant to reimburse IMRT. When sims are scheduled, our clinicians decide whether they might want IMRT. Then our front-office determines if IMRT is billable before we start planning.

Our problem is that, because the breast scripts are so easy to use, it saves a lot of time running them rather than doing a conventional 3D plan. We use a 5 segment cutoff per beam as IMRT billable. Sometimes, our dosimetrists may setup the parameters to keep the segments below that. Sometimes it is not worth the extra trouble.

Here are our general rules for billing IMRT breasts (reverse planned):

If a physician orders IMRT, IMRT is billable, and there are more than 5 segments per beam, we do IMRT QA and bill for IMRT.
If a physician wants IMRT, but it is not billable or there are fewer than 5 segments, we check MU's with Radcalc. If they are within 5% of Pinnacle, we bill 3D. If they do not agree with Pinnacle, we do IMRT QA, and charge for a 3D plan with a special physics consult.

Hope that helps. Call me if you have questions.

lee

Lee T. Myers, Ph.D.
Senior Clinical Physicist
Johns Hopkins Oncology Center
Division of Radiation Oncology
Harry & Jeanette Weinberg Building
401 N. Broadway
Room 1440
Baltimore, MD 21231
phone: 410-614-6068
fax: 410-502-1419
pager: 410-283-2725
e-mail: myersle@jhmi.edu

De:	Rose, Stuart
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Elekta XVI images from Pinnacle
Fecha:	jueves, 21 de septiembre de 2006 0:47:52
Archivos adjuntos:	

We find that Pinnacle 7.6c (and older) is not as DICOM savvy as we would like. The error below is not atypical, and does **NOT** always indicate a true transfer failure. Please check the XVI workstation for the imagesets before taking the error as real.

BTW, you **CANNOT** send DICOM objects more than once to an XVI workstation. Sending the imageset a second or third time will generate a true error.

Take Care,
Stuart

Stuart Rose
Manager, Physics Computer Services
Princess Margaret Hospital
Radiation Medicine Program
610 University Avenue
Toronto, Ontario. CANADA M5G 2M9
Tel: 416-946-4501 x5068, Fax: 416-946-6566
rose@rmp.uhn.on.ca

"*Give me a place to stand, and a lever long enough, and I will move the world*"
Archimedes

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Murphy, Tony
Sent: Wednesday, September 20, 2006 3:15 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: Elekta XVI images from Pinnacle

We are having a problem transferring images via "DICOM Image" to our Elekta XVI system. Philips has dialed in on a couple of occasions and claims that everything is setup properly on their end (we're trusting them at this point). I've also gone through

a Pinnacle document that illustrates the setup on the XVI end and everything appears to be in order. However, when we attempt to transfer the images, we get an error message stating "Last Transfer Failed. Error during transmission.".

I would be greatly appreciative of any Elekta XVI customers that could contact me if they've seen similar issues when setting up this connection.

Regards,
Tony D. Murphy, MS DABR
Senior Medical Physicist
Coborn Cancer Center
CentraCare Health System
St. Cloud, MN 56303
320-229-5199 x70902
murphyt@centracare.com

De:	Slate, Lawrence--KMC
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	PET Fusion
Fecha:	jueves, 21 de septiembre de 2006 5:07:16
Archivos adjuntos:	

---

hi,

I am fishing for ideas of what/how everyone is reviewing/verifying how well a PET fusion with say a CT is done using syntegra???

Larry Slate
North Idaho Cancer Center
700 Ironwood Drive Suite 103
Coeur d' Alene Idaho 83814
(208) 666-2529

De:	arnie cohen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Forward Plan Breast
Fecha:	jueves, 21 de septiembre de 2006 8:03:27
Archivos adjuntos:	

Hey Kim,

Is Alexandria near Monroe? I just finished a book by somone who grew up there.

Arnie Cohen

Knight, Kim wrote:
> Paul,
> So I was told by Dr. Bogardus (Rad Onc charging King) that Forward
> planning and IMRT ae not the same thing, thus you can't bill an IMRT for
> Forward Planning Breast. FYI...In Louisiana Medicare does not pay for
> IMRT for a diagnosis of Breast CA.
>
> Kim
>
>
> Kim P. Knight, RT (R)(T), A.R.R.T., CMD
> Certified Medical Dosimetrist
> Cabrini Center for Cancer Care
> 3330 Masonic Drive
> Alexandria, LA 71301
>
> Phone: 318-448-6937
>   Fax: 318-483-4097
>
> Email: kim.knight@christushealth.org
>
>
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Paul
> Mobit
> Sent: Wednesday, September 20, 2006 2:01 PM

> To: pinnacle-users@explode.unsw.edu.au
> Subject: Forward Plan Breast
>
>
> Dear All:
> We have been doing forward plan IMRT breast on Pinnacle since June of
> this year as we just got our system. I would like to find out if others
> are performing IMRT QA for these plans. This particularly important for
> users in the US where billing for IMRT requires QA to be performed. Of
> course some centers get away with this by just doing some sort of MU
> verification with RADCAL or other MU calculation system. I would like to
> know what other centers are doing. Do you perform IMRT QA for forward
> plan breast. If so, do you bill for IMRT. If you are not performing IMRT
> QA for these plans, do you bill for IMRT.
>
> Thanks for your help
>
>
> Paul Mobit, Ph.D.
>
>
> ----------
>
>
>
>
>
>

> to majordomo@explode.unsw.edu.au.
>
> Note: To avoid non-delivery error messages being sent to all list
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##
>
>

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##

De:	Martin Ott
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: MLC problem: Pinnacle-Lantis
Fecha:	jueves, 21 de septiembre de 2006 9:22:20
Archivos adjuntos:	

Dear Annelisa,

please check if the following parameter is set properly in the
MLC-definition of your Siemens-Linac within Pinnacle.
Prameter: "Allow opposing adjacent leaves to overlap"
This should be set to "NO".
You find that on the MLC-page of your machine definition
under the tab "Leaves" just under the geometrical definition of your
leaf-setup.

Yours

Martin

Annelisa d'Angelo schrieb:
> For anyone out there who export plans via DicomRT from Pinnacle to
> Lantis Siemens.
>
> Dear users,
> there is someone who has any idea of which kind of error is:
> "interdigitized leaf...";
> this is the messagge coming from Lantis trying to execute a field
> conformed with MLC that has Gantry angle different from 0 or 180 degrees.
> It's possible that this is cause for an error on MLC configuration in
> Pinnacle but I can't find out what is wrong.
> Any help will be really appreciate.
>
> Thank you in advance.
>
> Annelisa
>

>
> ----------
> Annelisa d'Angelo, Ph. D.
> "Medical physics and Expert Systems" Laboratory,
> I.F.O. - Regina Elena National Cancer Institute
> Via Elio Chianesi, 53
> 00144 Roma, Italy
> email: annelisa.dangelo@ifo.it <mailto:annelisa.dangelo@ifo.it>
>
>
>

--
Mit freundlichen Gruessen / With best regards,

Dipl.-Phys. Martin Ott

De:	Sauer_O@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Elekta XVI images from Pinnacle
Fecha:	jueves, 21 de septiembre de 2006 11:05:01
Archivos adjuntos:	TagSnubber.ini

---

we got the attached file from Elekta in order to solve similar problems. Put it into the root directory on your XVI system and reboot.
Hope that helps.
Otto

De:	Connie Croft
A:	Pinnacle Users (E-mail);
Cc:	
Asunto:	IMRT Breast Planning
Fecha:	jueves, 21 de septiembre de 2006 20:37:23
Archivos adjuntos:	

For those of you doing breast IMRT, what is your technique as far and number of fields, contours, etc? Are you using Intensity Optimization or Segment weight optimization?

We have been doing forward planning but are experimenting with IMRT and have found that the test cases are not as homogenous.

Thanks for your input.

Connie Croft, CMD

Lynn Regional Cancer Center West

Boca Raton, FL

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT Breast Planning
Fecha:	viernes, 22 de septiembre de 2006 1:29:51
Archivos adjuntos:	

Connie,

At our institution, we are using forward planed segments and use the segment weight optimization to weight the control points. Usually there are slight manuel adjustments but in all we like it. Also it is important to not that we use standard tangents only on our breast patients. Although we use IMRT segment weight optimization, we do not bill for it.

Pat

>From: "Connie Croft" <CCroft@lrccw.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: "Pinnacle Users (E-mail)" <pinnacle-users@explode.unsw.edu.au>
>Subject: IMRT Breast Planning
>Date: Thu, 21 Sep 2006 14:06:41 -0400
>
>For those of you doing breast IMRT, what is your technique as far and
>number of fields, contours, etc? Are you using Intensity Optimization or
>Segment weight optimization?
>We have been doing forward planning but are experimenting with IMRT and
>have found that the test cases are not as homogenous.
>
>Thanks for your input.
>
>Connie Croft, CMD
>Lynn Regional Cancer Center West
>Boca Raton, FL

to majordomo@explode.unsw.edu.au.

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##

De:	Clay Stablein
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Fwd: Re: Forward Plan Breast
Fecha:	viernes, 22 de septiembre de 2006 1:57:30
Archivos adjuntos:	Forward Plan Breast (5.46 KB).msg

Almost forgot. If that 3/2000 failure ratio doesn't quite make a stellar case for IMRT QA justifcation, then think about another reason. Dr. Sherouse has also been beating a particular drum all these years. Its a kind of CYA message. Picture yourself in the witness stand of a case in which your cancer center is being sued. Its bad. The patient has died from what is believed to be "radiation poisoning of an improperly delivered IMRT plan". You are asked by the prosecuting attorney whether or not you performed an IMRT QA measurement for this particular patient.

What's your honest answer to the lawyer?

Forward message attached.

De: Clay Stablein

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: Forward Plan Breast

Fecha: viernes, 22 de septiembre de 2006 1:59:03

Archivos adjuntos:

Its a good thing you haven't dropped it yet and in my personal experience is you should measure IMRT fields. I have seen ADAC get it wrong. Mind you it has so far only been seen on 3 beams out of a 2000 or so beams, but that's still nonzero!!! :)

Dr. Sherouse once likened not checking an IMRT field to not measuring a wedge factor. You wouldn't want to put a wedge (intensity modulator) in a field without knowing the wedge (intensity modulating) factor (not to mention the profile) and you shouldn't let the algorithm come up with an intensity modulating factor (not to mention the profile per segment) without verifying it for each step and shoot or dynamic IMRT delivery.
Clay.
Jussi Sillanpaa <JSillanp@chpnet.org> wrote:

> We do a Mapcheck measurment of every field at the moment - we don't bill
> the forward planned fields as IMRT, so we have been thinking about
> dropping the measurments but haven't done so yet.
>
> Jussi Sillanpaa
> Beth israel Medical Center
>
> >>> PaulMo@mclaren.org 09/20/06 3:01 PM >>>
> Dear All:
> We have been doing forward plan IMRT breast on Pinnacle since June of
> this year as we just got our system.
> I would like to find out if others are performing IMRT QA for these
> plans. This particularly important for users
> in the US where billing for IMRT requires QA to be performed. Of course
> some centers get away with this by just
> doing some sort of MU verification with RADCAL or other MU calculation
> system. I would like to know what other centers are doing.
> Do you perform IMRT QA for forward plan breast. If so, do you bill for
> IMRT. If you are not performing IMRT QA for these plans,
> do you bill for IMRT.
>
> Thanks for your help
>
> Paul Mobit, Ph.D.
>
> ----------

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##

De:	Jussi Sillanpaa
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Fwd: Re: Forward Plan Breast
Fecha:	viernes, 22 de septiembre de 2006 3:16:46
Archivos adjuntos:	

We've treated somewhere between 100-200 patients with no failures, so there has been some talk of replacing Mapcheck with a software second check for forward planned breasts. Could you find any kind of common denominator for the failed cases? I know that if we have a big patient with a monoisocentric breast + scalv, the breast field can extened far from the iso, perhaps beyond the beam profiles used as input for Pinnacle beam modelling.

As for the lawyer, I guess I'd argue that since we're dealing with a forward planning case, it's not really IMRT and a manual / software second check will do. Point taken though, it's not a lot of extra work to do the measurment and it also verifies that the leaf sequence file was not corrupted in transit.

Jussi Sillanpaa

Beth Israel Medical Center

>>> radoncphys2@yahoo.com 09/21/06 7:23 PM >>>
Almost forgot. If that 3/2000 failure ratio doesn't quite make a stellar case for IMRT QA justifcation, then think about another reason. Dr. Sherouse has also been beating a particular drum all these years. Its a kind of CYA message. Picture yourself in the witness stand of a case in which your cancer center is being sued. Its bad. The patient has died from what is believed to be "radiation poisoning of an improperly delivered IMRT plan". You are asked by the prosecuting attorney whether or not you performed an IMRT QA measurement for this particular patient.

What's your honest answer to the lawyer?

Forward message attached.

De: Vanek, Kenneth

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Speed problems with Pinnacle

Fecha: viernes, 22 de septiembre de 2006 4:02:08

Archivos adjuntos:

I also suggest that you turn one of the clients at site B into a server. If you need to transfer patients between sites, a common directory can be set up from which you can back up and restore the pertinent patients. Pinnacle tech support can help you set it up. We have used this method at MUSC and one of our satellites. It works ok as long as you keep the common directory cleaned out and don't get too many versions of the same patient in any institution.

Ken Vanek, PhD
Director of Medical Physics and New Technology
Medical University of South Carolina
843-792-3271

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au on behalf of Chihray Liu
> **Sent:** Fri 9/8/2006 2:04 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Cc:**
> **Subject:** RE: Speed problems with Pinnacle
>
> Rob:
>
> Convert one of the B site clients to a server and do remote pinnacle if physician need to access remote site data. Remote pinnacle does not transfer TPS files, it only transfer screen images, and therefore, it will be a lot faster.
>
> Chihray Liu, Ph.D.
>
> Associate Professor
>
> Department of Radiation Oncology
>
> University of Florida
>
> Office: (352)265-8217
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of rob rice
> Sent: Friday, September 08, 2006 12:52 PM

To: pinnacle-users@explode.unsw.edu.au
Subject: Speed problems with Pinnacle

Hello, Pinnacle users!
We're having a problem at my facility; I hope one of you might have had a similar problem and could perhaps help us out.
We have a server and two clients at site A. Site B is about four miles from site A and there are two clients at site B. They are connected to the server at site A via a 100 MBps connection. The clients at site B are, at times, very slow. It can take up to 20 minutes to load a patient plan consisting of 150 or so CT slices. Philips says the problem is with our connection. Our IT people say there is no problem with the speed of the connection and that the problem is Pinnacle.
Is there a solution to this? Why can't the two clients at site B be somewhat isolated, that is, why can't the patient data for the site B "institution" reside only on a local computer? You should know that usually we don't need to access site A's patients from site B and vice versa. Could one of the computers at site B be converted into a server? I know there is little hardware difference between the servers and clients. I heard it may be possible to make the two clients at site B be local and then allow a shared patient directory between sites so that if we needed to access a site A patient from site B, we could backup the patient at site A and then restore at site B. Is this possible? Have any of you with a similar network had these problems and found a solution? Any help you could give would be greatly appreciated.

-Rob
rrice@ccchsv.com

****
****
J. R. Rice, Ph.D.
Chief Medical Physicist
The Oncology Services of North Alabama, LLC
****
****

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De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Forward Plan Breast
Fecha:	viernes, 22 de septiembre de 2006 15:23:33
Archivos adjuntos:	

I'm obviously missing the issue entirely. What are you checking in a forward planned Breast case?

When we perform them, as we have for many years, we run standard wedged tangents, then if necessary (i.e most of the time) we'll add one or more MLC shaped fields, which are manually drawn to exclude isodoses of varying intensity.
These fields are a bid oddly shaped but by no means as small or tortuous as those divined by the IMRT optimizer and well within the domain of conventional dosimetry.

I get the sense that some folks are running patient specific Q/A on forward planned "IMRT" simply to support billing those cases as IMRT. I quite disagree with that particular practice. (I don't suggest that Jussi is among those, I just happened to reply to this post)

Forward planning, from where I sit, is just 3-D planning, albeit a bit more aggressive then some approaches. I could draw 2 or 12 sub fields but I just don't think that would make it IMRT. I feel that, while the "I" in IMRT does not stand for inverse, without the inverse component you have a far more simple, and often as or more effective, treatment plan which does not require the precision of repositioning, nor the patient specific Q/A that true IMRT does.

And let's not forget that the sine qua non of IMRT is medical necessity, and dose homogeneity is not one of the established criteria of medical necessity. Unless you can persuade me that the small % of lung tissue within a breast tangent is a 'critical structure' (or the wee bit of left ventricle is one, which is not supported by literature to my knowledge) than I don't see where you find the justification. Perhaps your LCD is different than mine...

I'm obviously missing something...

regards
Martin

At 08:32 PM 9/21/2006, Jussi Sillanpaa wrote:

> We've treated somewhere between 100-200 patients with no failures, so there has been some talk of replacing Mapcheck with a software second check for forward planned breasts. Could you find any kind of common denominator for the failed cases? I know that if we have a big patient with a monoisocentric breast + scalv, the breast field can extened far from the iso, perhaps beyond the beam profiles used as input for Pinnacle beam modelling.
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Jussi Sillanpaa

Beth Israel Medical Center

>>> radoncphys2@yahoo.com 09/21/06 7:23 PM >>>
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What's your honest answer to the lawyer?

Forward message attached.

De:	Gallamore, Mike
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Re: Forward Plan Breast
Fecha:	viernes, 22 de septiembre de 2006 15:32:32
Archivos adjuntos:	

-----Original Message-----
From: Clay Stablein [mailto:radoncphys2@yahoo.com]
Sent: Thursday, September 21, 2006 7:24 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Fwd: Re: Forward Plan Breast

Almost forgot. If that 3/2000 failure ratio doesn't quite make a stellar case for IMRT QA justifcation, then think about another reason. Dr. Sherouse has also been beating a particular drum all these years. Its a kind of CYA message. Picture yourself in the witness stand of a case in which your cancer center is being sued. Its bad. The patient has died from what is believed to be "radiation poisoning of an improperly delivered IMRT plan". You are asked by the prosecuting attorney whether or not you performed an IMRT QA measurement for this particular patient.

What's your honest answer to the lawyer?
[Gallamore, Mike] A good case of the work is completely useless until you need to prove it was done. Like years of backing up patients files, just in case a hard drive failure happens. The chances of the hard-drive failing, and needing that particular patients data might both be low, but still non-zero, and who wants to take the chance.

De:	Skowronski, Mike (2318)
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Speed problems with Pinnacle
Fecha:	viernes, 22 de septiembre de 2006 18:48:31
Archivos adjuntos:	

We had a similar situation as Rob and Ken mentioned below for a number of years, our main clinic with a server and three clients, and a satellite clinic (~ 50 miles away) with a server. We passed patient information back and forth. It was cumbersome, needing to clean out the directories, new institutions being created if the default was not selected and patients with multiply plans in the systems.

We switched the satellite clinic server to a client off the main clinic server and upgraded our T1 to a 10Mbps Metro Ethernet circuit (also called NMLI – native mode LAN interconnect). It's several times faster than a T1. It takes about 5 minutes to call up a patient's plan with ~ 100 slices at the satellite clinic and the operations on the Pinnacle are a little slower but all of the staff like it better and believe the whole process is a bit quicker than passing files back and forth.

If you are running at 100Mbps, and we are running at 10Mbps, I would think that you should be calling up your patient's plans in about a minute.

Michael G. Skowronski, MS DABR
Montgomery Cancer Center
4145 Carmichael Road
Montgomery, Alabama 36106
334 273-7000

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Vanek, Kenneth
> **Sent:** Thursday, September 21, 2006 8:23 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Speed problems with Pinnacle
>
> I also suggest that you turn one of the clients at site B into a server. If you need to transfer patients between sites, a common directory can be set up from which you can back up and restore the pertinent patients. Pinnacle tech support can help you set it up. We have used this method at MUSC and one of our satellites. It works ok as long as you keep the common directory cleaned out and don't get too many versions of the same patient in any institution.
>
> Ken Vanek, PhD
> Director of Medical Physics and New Technology
> Medical University of South Carolina
> 843-792-3271
>
> > -----Original Message-----
> > **From:** owner-pinnacle-users@explode.unsw.edu.au on behalf of Chihray Liu
> > **Sent:** Fri 9/8/2006 2:04 PM

To: pinnacle-users@explode.unsw.edu.au
Cc:
Subject: RE: Speed problems with Pinnacle

Rob:

Convert one of the B site clients to a server and do remote pinnacle if physician need to access remote site data. Remote pinnacle does not transfer TPS files, it only transfer screen images, and therefore, it will be a lot faster.

Chihray Liu, Ph.D.

Associate Professor

Department of Radiation Oncology

University of Florida

Office: (352)265-8217

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of rob rice
Sent: Friday, September 08, 2006 12:52 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Speed problems with Pinnacle

Hello, Pinnacle users!
We're having a problem at my facility; I hope one of you might have had a similar problem and could perhaps help us out.
We have a server and two clients at site A. Site B is about four miles from site A and there are two clients at site B. They are connected to the server at site A via a 100 MBps connection. The clients at site B are, at times, very slow. It can take up to 20 minutes to load a patient plan consisting of 150 or so CT slices. Philips says the problem is with our connection. Our IT people say there is no problem with the speed of the connection and that the problem is Pinnacle.
Is there a solution to this? Why can't the two clients at site B be somewhat isolated, that is, why can't the patient data for the site B "institution" reside only on a local computer? You should know that usually we don't need to access site A's patients from site B and vice versa. Could one of the computers at site B be converted into a server? I know there is little hardware difference between the servers and clients. I heard it may be possible to make the two clients at site B be local and then allow a shared patient directory between sites so that if we needed

to access a site A patient from site B, we could
backup the patient at site A and then restore at site
B. Is this possible? Have any of you with a similar
network had these problems and found a solution? Any
help you could give would be greatly appreciated.

-Rob
rrice@ccchsv.com

****
****
J. R. Rice, Ph.D.
Chief Medical Physicist
The Oncology Services of North Alabama, LLC
****
****

##########
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##########

De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Forward Plan Breast
Fecha:	viernes, 22 de septiembre de 2006 19:37:29
Archivos adjuntos:	

My 0.02 $ (Cnd) worth:

I don't think Mr Fraser is missing anything here. I have a hard time also trying to figure out what is being checked in something like a breast tangent intensity modulated plan. Yes, okay, segments mean moving leaves and there are errors with that...

I remember seeing some excellent comments on how well one can expect to MU second check tangents w/ wedges. I think that the magnitude of acceptability in those types of MU second check is also something to also keep in prespective wrt to breast IMRT validations: if we see a wedged breast plan that you calc'd as being 5% off, are you going to measure it? Going to tweak you 'calibration factors' for your wedges? Even check them? And, what if you saw the same error with segments?

For the record, I always have better agreement with MU validations w/ segments when compared with wedges for breast treatments.

Parminder S. Basran
Toronto-Sunnybrook Regional Cancer Centre

----- Original Message ----
From: Martin Fraser <mwfraser@comcast.net>
To: pinnacle-users@explode.unsw.edu.au; pinnacle-users@explode.unsw.edu.au
Sent: Friday, September 22, 2006 8:39:23 AM
Subject: Re: Forward Plan Breast

I'm obviously missing the issue entirely. What are you checking in a forward planned Breast case?

When we perform them, as we have for many years, we run standard wedged tangents, then if necessary (i.e most of the time) we'll add one or more MLC shaped fields, which are manually drawn to exclude isodoses of varying intensity.
These fields are a bid oddly shaped but by no means as small or tortuous as those divined by the IMRT optimizer and well within the domain of conventional dosimetry.

I get the sense that some folks are running patient specific Q/A on forward planned "IMRT" simply to support billing those cases as IMRT. I quite disagree with that particular practice. (I don't suggest that Jussi is among those, I just happened to reply to this post)

Forward planning, from where I sit, is just 3-D planning, albeit a bit more aggressive then some approaches. I could draw 2 or 12 sub fields but I just don't think that would make it IMRT. I feel that, while the "I" in IMRT does not stand for inverse, without the inverse component you have a far more simple, and often as or more effective, treatment plan which does not require the precision of repositioning, nor the patient specific Q/A that true IMRT does.

And let's not forget that the sine qua non of IMRT is medical necessity, and dose homogeneity is not one of the established criteria of medical necessity. Unless you can persuade me that the small % of lung tissue within a breast tangent is a 'critical structure' (or the wee bit of left ventricle is one, which is not supported by literature to my knowledge) than I don't see where you find the justification. Perhaps your LCD is different than mine...

I'm obviously missing something...

regards
Martin

At 08:32 PM 9/21/2006, Jussi Sillanpaa wrote:

> We've treated somewhere between 100-200 patients with no failures, so there has been some talk of replacing Mapcheck with a software second check for forward planned breasts. Could you find any kind of common denominator for the failed cases? I know that if we have a big patient with a monoisocentric breast + scalv, the breast field can extened far from the iso, perhaps beyond the beam profiles used as input for Pinnacle beam modelling.
>
> As for the lawyer, I guess I'd argue that since we're dealing with a forward planning case, it's not really IMRT and a manual / software second check will do. Point taken though, it's not a lot of extra work to do the measurment and it also verifies that the leaf sequence file was not corrupted in transit.
>
> Jussi Sillanpaa
>
> Beth Israel Medical Center
>
> >>> radoncphys2@yahoo.com 09/21/06 7:23 PM >>>
> Almost forgot. If that 3/2000 failure ratio doesn't quite make a stellar case for IMRT QA justifcation, then think about another reason. Dr. Sherouse has also been beating a particular drum all these years. Its a kind of CYA message. Picture yourself in the witness stand of a case in which your cancer center is being sued. Its bad. The patient has died from what is believed to be "radiation poisoning of an improperly delivered IMRT plan". You are asked by the prosecuting attorney whether or not you performed an IMRT QA measurement for this particular patient.
>
> What's your honest answer to the lawyer?
>
> Forward message attached.
>
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##

De:	Jussi Sillanpaa
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Forward Plan Breast
Fecha:	viernes, 22 de septiembre de 2006 21:08:06
Archivos adjuntos:	

We treat the forward planning field as an IMRT field for verification purposes - a Mapcheck measurement of each field, to verify planned fluence and the fact that the file was not corrupted in transit and it can actually be moded up (occasionally there are cases where IMPAC will let you import the fields but when the RTTs try to mode them up, it throws a fit). We do not bill forward planning as IMRT - it's billed as 3D and the Mapcheck is billed as a hancalc.

Is the Mapcheck overkill? Possibly, but on the other hand, it only takes minutes to measure two fields and do the comparison (+ the time to set the device up, but we have a fairly busy IMRT program so we'd usually have to do it anyway).

Jussi Sillanpaa
Beth Israel Medical Center

>>> mwfraser@comcast.net 09/22/06 8:39 AM >>>
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##

De:	Luse, Ray W.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Test Source
Fecha:	martes, 26 de septiembre de 2006 23:10:17
Archivos adjuntos:	

I know this is not a pinnacle question... directly, but
I need to purchase a test source for my survey meter.
Anyone have a recommendation for a vendor?

Ray Luse in Spokane Wa

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Test Source
Fecha:	miércoles, 27 de septiembre de 2006 1:55:25
Archivos adjuntos:	

IPL
Isotopes Products Laboratory

Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Luse, Ray W.
Sent: Tuesday, September 26, 2006 2:36 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Test Source

I know this is not a pinnacle question... directly, but
I need to purchase a test source for my survey meter.
Anyone have a recommendation for a vendor?

Ray Luse in Spokane Wa

De:	Krieger_T@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Siemens Primus electrons
Fecha:	jueves, 28 de septiembre de 2006 11:41:02
Archivos adjuntos:	

Hello all,

Is there anyone who has commissioned electrons for a Siemens Primus and is willing to give his measurement data and models to me. Thank you very much

Best regards

****
Thomas Krieger
Klinik für Strahlentherapie, Universitaet Wuerzburg
Josef-Schneider-Strasse 11, D-97080 Wuerzburg, Germany
Tel: +49 931 201 28412 Fax: +49 931 201 28221
Email: Krieger_T@klinik.uni-wuerzburg.de
WWW: http://www.strahlentherapie.uni-wuerzburg.de

De:	Royal, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Elekta XVI images from Pinnacle
Fecha:	viernes, 29 de septiembre de 2006 0:54:38
Archivos adjuntos:	

When we "import images and patient demographics", we get LASTNAME^FIRSTNAME^ to populate in the last name field, and patient ID populates correctly. We then have to edit the Last and First name fields manually. We have a Philips big-bore CT scanner. Are other sites seeing this?

On some occasions (we aren't sure why), our images won't send to the Elekta XVI, and we have to add the '^' at the end of the first name in Pinnacle; then it works.

Jim

James Royal
Medical Physicist
Nebraska Methodist Hospital

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Bryan Murray
Sent: Wednesday, September 20, 2006 2:37 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: Re: Elekta XVI images from Pinnacle

This may or may not be a solution, but we had a problem transferring images if the patient's name (and all other pertinent data i.e. medical record number) from the CT data set did not EXACTLY match the plan in Pinnacle. We got around this by clicking on the "import images and patient demographic info" when bringing in images from our CT scanner. I assume this is for cone beam ct correct?

Bryan

Bryan Murray, BSRT (T), CMD
Medical Dosimetrist

UT Southwestern Medical Center at Dallas
Department of Radiation Oncology
5801 Forest Park Road
Dallas, TX 75390-9183
(214)645-8544 Telefax (214)645-7617

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De:	Debbie Rothley
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Elekta XVI images from Pinnacle
Fecha:	viernes, 29 de septiembre de 2006 0:56:56
Archivos adjuntos:	

Jim,

We've seen the same "lastname firstname" when we import images and demographics from a GE scanner. Where did you find out about adding the '^' to get your images to export? I wonder if it would help us export to Brainlab?

Thanks,
Debbie

Debbie Rothley, M.S., DABR
Director of Physics Services
Radiation Oncology Services
Riverdale, GA
email drothley@rosonline.net

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Royal, James
Sent: Thursday, September 28, 2006 6:07 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Elekta XVI images from Pinnacle

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James Royal
Medical Physicist
Nebraska Methodist Hospital

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To: 'pinnacle-users@explode.unsw.edu.au'
Subject: Re: Elekta XVI images from Pinnacle

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Medical Dosimetrist
UT Southwestern Medical Center at Dallas Department of Radiation Oncology
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##

De:	Cousins Andrew
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	7.6 upgrade & launchpad
Fecha:	martes, 03 de octubre de 2006 9:37:10
Archivos adjuntos:	

Hi everyone

We're in the process of upgrading from Pinnacle 6.2b to 7.6, we have Ultra 10s running Solaris 8. In the course of the upgrade we have also moved from LaunchPad 2.3 to LaunchPad 3.4d. We would like to carry on using 6.2b until we have finished commissioning 7.6.

Our problem is that when we do a Dicom dataset import, LaunchPad uses 7.6 to do the import leading to warning messages when opening the plan in 6.2b.

So does anyone know how to force LaunchPad 3.4d to use version 6.2b on a Dicom import or if it possible to use LaunchPad 2.3 on a Solaris 8 system?

Thanks a lot

Andy Cousins

Dr AT Cousins
Radiotherapy Physicist
Medical Physics & Clinical Engineering Dept
Deanesly Centre
New Cross Hospital
Wolverhampton
WV10 0QP

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: 7.6 upgrade & launchpad
Fecha:	martes, 03 de octubre de 2006 15:20:17
Archivos adjuntos:	

Yes. But it would require a partial re-install of the prior DICOM Image (not Pinnacle) version. The import program is called CT_DICOM3File, and it lives in VolumeImportStatic, a directory that is overwritten with new versions of DICOM Image, rather than version-stamped (maybe someone knows why ... I don't). You're currently seeing the new version, and you want the old one. I switch back and forth between versions to accomodate a system that is less adherent to DICOM standards than Pinnacle is now, so I know this works. An apps person should be able to restore the prior flavor, whilst carefully setting aside the new one, and relink DICOMStatic, which is version-stamped. Those two steps should do it.

Dave

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> Andrew.Cousins@rwh-tr.nhs.uk 10/3/2006 3:18 AM >>>
Hi everyone

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Thanks a lot

Andy Cousins

Dr AT Cousins

Radiotherapy Physicist

Medical Physics & Clinical Engineering Dept

Deanesly Centre

New Cross Hospital

Wolverhampton

WV10 0QP

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Plan Iteration Number
Fecha:	martes, 03 de octubre de 2006 21:39:04
Archivos adjuntos:	

Hi,
Has anyone heard of a bug which can cause the plan generation number (e.g. R01.P01.D03) to increment dramatically) (e.g. one today, R49.P01.D1672 - actual!)

We're pretty tenacious with our IMRT plans but we've never recalculated a plan over a thousand times!

Anyone encountered this?

regards
Martin

De:	Walsh, Tom
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Plan Iteration Number
Fecha:	martes, 03 de octubre de 2006 22:22:49
Archivos adjuntos:	

Have you printed the plan yet? I was told about, and we experienced, a known bug (v 7.6) that can effect the plan generation number after you print the plan. The numbers change even if no changes are made to the plan.

Tom

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [SMTP:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Martin Fraser

Sent: Tuesday, October 03, 2006 2:19 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Plan Iteration Number

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regards
Martin

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Plan Iteration Number
Fecha:	martes, 03 de octubre de 2006 22:42:41
Archivos adjuntos:	

It's not a 7.6 issue, in my case.
I've ben running Pinnacle for 6 years and never seen this before.
I guess that if that is a representative frequency, I can live with it.

At 03:56 PM 10/3/2006, you wrote:

> Have you printed the plan yet? I was told about, and we experienced, a known bug (v 7.6) that can effect the plan generation number after you print the plan. The numbers change even if no changes are made to the plan.
>
> Tom
>
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> >
> > Anyone encountered this? regardsMartin
> >
> >

De:	Lana Kruger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Plan Iteration Number
Fecha:	martes, 03 de octubre de 2006 22:44:48
Archivos adjuntos:	

Hi Martin
We are familiar with this. A plan revision number will increment after you have printed if you change something after the fact. We also have two out of 6 pinnacle stations that seem to increment the ROI, POI and dose numbers on their own, sometimes halfway through the printing process! We put an inquiry into pinnacle help but they were unable to find the cause. I did notice, however, that if I do a save plan every time before exiting a plan or a save plan right before printing that this doesn't occur very often anymore. Hope this helps.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Martin Fraser
Sent: Tuesday, October 03, 2006 1:19 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Plan Iteration Number

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to majordomo@explode.unsw.edu.au.

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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De: Parminder S. Basran

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: Plan Iteration Number

Fecha: miércoles, 04 de octubre de 2006 0:00:26

Archivos adjuntos:

The bug increments the RPD numbers *only if you have the IMRT window open AND you print* . You don't have to do anything, just open the windows and then print.

Very strange and inconveient for our dosimetrist who work hard to maintain consistency.
The hyperbolic selection of the plan numbers is certainly strange.

Parminder S. Basran
Toronto-Sunnybrook Regional Cancer Centre

----- Original Message ----
From: Martin Fraser <mwfraser@comcast.net>
To: pinnacle-users@explode.unsw.edu.au
Sent: Tuesday, October 3, 2006 4:31:09 PM
Subject: RE: Plan Iteration Number

It's not a 7.6 issue, in my case.
I've ben running Pinnacle for 6 years and never seen this before.
I guess that if that is a representative frequency, I can live with it.

At 03:56 PM 10/3/2006, you wrote:

> Have you printed the plan yet? I was told about, and we experienced, a known bug (v 7.6) that can effect the plan generation number after you print the plan. The numbers change even if no changes are made to the plan.
>
> Tom
>
> > -----Original Message-----**From:** owner-pinnacle-users@explode.unsw.edu.au [SMTP:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Martin Fraser**Sent:** Tuesday, October 03, 2006 2:19 PM**To:** pinnacle-users@explode.unsw.edu.au**Subject:** Plan Iteration Number
> >
> > Hi,Has anyone heard of a bug which can cause the plan generation number (e.g. R01.P01. D03) to increment dramatically) (e.g. one today, R49.P01.D1672 - actual!)We're pretty tenacious with our IMRT plans but we've never recalculated a plan over a thousand times!
> >
> > Anyone encountered this? regardsMartin
> >
> > ##To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the messageunsubscribe pinnacle-users <e-mail address>to majordomo@explode.unsw.edu. au.
> >
> > Note: To avoid non-delivery error messages being sent to all listmembers, the list has

been configured so that messages can only besent from a subscribed account. Messages sent from a users secondaryaccount will not be distributed unless that account is also subscribed.
##########

De: sthiessen@comcast.net

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Plan Iteration Number

Fecha: miércoles, 04 de octubre de 2006 0:37:48

Archivos adjuntos:

I've never seen anything quite as extreme as your numbers, but I have had strange, fairly high revision numbers occasionally after the system crashes.

> ---------- Original message ----------
> From: Martin Fraser <mwfraser@comcast.net>
> It's not a 7.6 issue, in my case.
> I've ben running Pinnacle for 6 years and never seen this before.
> I guess that if that is a representative frequency, I can live with it.
>
> At 03:56 PM 10/3/2006, you wrote:
>
> > Have you printed the plan yet? I was told about, and we experienced, a known bug (v 7.6) that can effect the plan generation number after you print the plan. The numbers change even if no changes are made to the plan.
> >
> > Tom
> >
> > > -----Original Message-----**From:** owner-pinnacle-users@explode.unsw.edu.au [SMTP:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Martin Fraser**Sent:** Tuesday, October 03, 2006 2:19 PM**To:** pinnacle-users@explode.unsw.edu.au**Subject:** Plan Iteration Number
> > >
> > > Hi,Has anyone heard of a bug which can cause the plan generation number (e.g. R01. P01.D03) to increment dramatically) (e.g. one today, R49.P01.D1672 - actual!)We're pretty tenacious with our IMRT plans but we've never recalculated a plan over a thousand times!
> > >
> > > Anyone encountered this? regards! Martin< /FONT>
> > >
> > > ###
> > > To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message unsubscribe pinnacle-users <e-mail address> to majordomo@explode. unsw.edu.au.
> > >
> > > Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
> > > ###

De:	Ozard, Siobhan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Q"s forward-planned breast dose prescriptions & bolus
Fecha:	jueves, 05 de octubre de 2006 18:19:58
Archivos adjuntos:	

Question 1. For those centers that have been using forward-planned breast for at least a year, what prescriptions are your physicians using? Please also specify how do you define your dose prescription point if you have a rigid definition for your dosimetrists.

Question 2. Please summarise typical use of bolus for breast - how often is it used (e.g. every other day), dose prescription associated with bolus use, type of bolus & thickness (brass mesh or superflab), what rate of skin reactions do you see, do you CT with bolus, anything else deemed important.

Thanks,
Siobhan

Siobhan Ozard, Ph.D., MCCPM
Department of Medical Physics
Windsor Regional Cancer Centre
2220 Kildare Rd.
Windsor, ON
CANADA
N8W 2X3

Siobhan_Ozard@wrh.on.ca
Phone: (519) 253-3191 xtn 58718
Fax: (519) 255-8679
Pager: (519) 251-6401

members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	garmon
A:	Pinnacle;
Cc:	
Asunto:	Varis
Fecha:	lunes, 09 de octubre de 2006 16:49:53
Archivos adjuntos:	

Sometime ago, I sent a query asking for input on anyone's experience with using Varis for record and verfy. Would really appreciate anyone's input again about Varis vs. Impac, or their positive vs. negative experiences, etc. We are wrestling with the possibility of switching back to Impac.

Thanks,
Pam Garmon

Pamela W. Garmon, M.S.
Clinical Medical Physicist
New Hanover Radiation Oncology
Wilmington, NC 28409
Ph. 910 251 1839
Pg. 910 254 0143
pgarmon@wpgii.com

De:	Paul Mobit
A:	kim.knight@christushealth.org; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varis
Fecha:	lunes, 09 de octubre de 2006 17:32:05
Archivos adjuntos:	

Hi Kim
Does this include ARIA?

Cheers

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varis
Fecha:	lunes, 09 de octubre de 2006 17:37:39
Archivos adjuntos:	

I vote Impac, as I have used all three of the R & V sysytems. Impac seems to me that it is the most realiable and user friendly of the three.

Regards,
Kim

Kim P. Knight, RT (R)(T), A.R.R.T., CMD
Certified Medical Dosimetrist
Cabrini Center for Cancer Care
3330 Masonic Drive
Alexandria, LA 71301

Phone: 318-448-6937
Fax: 318-483-4097

Email: kim.knight@christushealth.org

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varis
Fecha:	lunes, 09 de octubre de 2006 17:57:54
Archivos adjuntos:	

Hey Pam,

Several years ago we switched from Impac to Varis. We kept Varis about 6 months. Didn't like it at all. We went back to Impac and have been very happy. I have heard that Aris is better than Varis but I have never seen or used it.

With Varis, we didn't like the fact that the "note" didn't show up on the treatment schedule. This was a huge problem for us because we are big users of the "note" section. We also had difficulty with the way the treatment sessions where scheduled. We often do ports only the first day and this created lots of work arounds with the system. We never found the billing module to be useful- actually we greatly disliked the billing module. The only good thing we found with Varis was the daily scheduling. This was easy to use and worked well.
We like everything about Impac. Meets all of our needs and it is user friendly.
The doctors aren't happy with the quality of the portal images that come into Impac from Varian but we aren't positive this is an Impac issue.

Terry

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of garmon
Sent: Mon 10/9/2006 10:38 AM
To: Pinnacle
Subject: Varis

Sometime ago, I sent a query asking for input on anyone's experience with using Varis for record and verfy. Would really appreciate anyone's input again about Varis vs. Impac, or their positive vs. negative experiences, etc. We are wrestling with the possibility of switching back to Impac.

Thanks,
Pam Garmon

Pamela W. Garmon, M.S.
Clinical Medical Physicist
New Hanover Radiation Oncology
Wilmington, NC 28409
Ph. 910 251 1839
Pg. 910 254 0143
pgarmon@wpgii.com

De:	garmon
A:	pinnacle-users@explode.unsw.edu.au; kim.knight@christushealth.org; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Varis
Fecha:	lunes, 09 de octubre de 2006 22:33:28
Archivos adjuntos:	

No, we have not had any experience with ARIA. If you have, we would be interested to know how you like it.

Thanks,
Pam

Pamela W. Garmon, M.S.
Clinical Medical Physicist
New Hanover Radiation Oncology
Wilmington, NC 28409
Ph. 910 251 1839
Pg. 910 254 0143
pgarmon@wpgii.com

De:	Chris Deibel
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Elekta Synergy setup and MLC scanning
Fecha:	martes, 10 de octubre de 2006 0:42:43
Archivos adjuntos:	

Hi Elekta users.

We have a new Elekta Synergy linac that we are commissioning.
From anyone who has commissioned one of these in Pinnacle, I'd like some advice.

We use Impac and Radcalc, and have Varian 2100 120 leaf MLC and a Siemens Primus as well.
We would like to be able to move non-IMRT patients to and from the Synergy, perhaps using Impac's MLC fit, but without having to re-plan in Pinnacle.

We have the choice of IEC 1217 or 601 for the collimator. Elekta tells us most users choose 1217, but it appears to us that the sign of the jaw positions is different from Pinnacle's printout if we do that. Yet if we pick 601, the names of the jaws are reversed compared to other linacs here, e.g. X is gun-target and Y is left-right.

The DICOM 2.4 release notes say we should choose IEC 1217 for export.

Suggestions appreciated.

-Chris

==========

De:	Cathryn Barbagallo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Varis
Fecha:	martes, 10 de octubre de 2006 1:24:59
Archivos adjuntos:	

What Linac are you using? I have used IMPAC and Varis with 4D Varian, and IMPAC performs poorly. With the 4D station, IMPAC does not allow returning of "Acquire Actual" values, and some of the over-rides are not allowed (eg you can't move patients from machine to machine without having to edit the patient).

Good luck,

Cathy

garmon wrote:

> Sometime ago, I sent a query asking for input on anyone's experience
> with using Varis for record and verfy. Would really appreciate
> anyone's input again about Varis vs. Impac, or their positive vs.
> negative experiences, etc. We are wrestling with the possibility of
> switching back to Impac.
>
> Thanks,
> Pam Garmon
>
>
> ----------
>
> Pamela W. Garmon, M.S.
> Clinical Medical Physicist
> New Hanover Radiation Oncology
> Wilmington, NC 28409
> Ph. 910 251 1839
> Pg. 910 254 0143
> pgarmon@wpgii.com

--
"I'm fine, bordering on chipper, and tomorrow planning on being obnoxious."
- Joyce, BtVS

Cathryn Barbagallo
Senior Physicist
Western Private Hospital
Marion St
FOOTSCRAY VIC 3011

Phone: +61 (3) 9319 3219
Mobile: 0409 614 173

De:	Chris Deibel
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Elekta Synergy MLC scanning
Fecha:	martes, 10 de octubre de 2006 2:17:11
Archivos adjuntos:	

Hi Elekta users.

Another question:
How do you position the MLC for the particular scans Pinnacle requires?
The service man says that using service mode to move the MLC is dangerous.

-Chris

==========

De:	gdelpon@free.Fr
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Varis
Fecha:	martes, 10 de octubre de 2006 9:17:58
Archivos adjuntos:	

---

and what about the use of the OBI system with impac and/or varis? do you have any experience with that?

greg

G Delpon
Nantes, France

Selon Cathryn Barbagallo <cathy.barbagallo@radoncvic.com.au>:

> What Linac are you using? I have used IMPAC and Varis with 4D Varian,
> and IMPAC performs poorly. With the 4D station, IMPAC does not allow
> returning of "Acquire Actual" values, and some of the over-rides are not
> allowed (eg you can't move patients from machine to machine without
> having to edit the patient).
>
> Good luck,
>
> Cathy
>
>
> garmon wrote:
>
> > Sometime ago, I sent a query asking for input on anyone's experience
> > with using Varis for record and verfy. Would really appreciate
> > anyone's input again about Varis vs. Impac, or their positive vs.
> > negative experiences, etc. We are wrestling with the possibility of
> > switching back to Impac.
> >
> > Thanks,
> > Pam Garmon
> >
> >

> > ----------
> >
> > Pamela W. Garmon, M.S.
> > Clinical Medical Physicist
> > New Hanover Radiation Oncology
> > Wilmington, NC 28409
> > Ph. 910 251 1839
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>
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> "I'm fine, bordering on chipper, and tomorrow planning on being obnoxious."
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> Cathryn Barbagallo
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> Western Private Hospital
> Marion St
> FOOTSCRAY VIC 3011
>
> Phone: +61 (3) 9319 3219
> Mobile: 0409 614 173
>
>
>
>
>

>

De:	Chris Hawkins
A:	<;
Cc:	
Asunto:	Scripts
Fecha:	martes, 10 de octubre de 2006 21:47:40
Archivos adjuntos:	

I am interested in the procedure to print out a script. This is for the purpose of writing and debugging them.

Thanks.

^^^^^^^^^^^^^^^^^^^^^^^^^^
Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

De:	forest.gary@marshfieldclinic.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Scripts
Fecha:	miércoles, 11 de octubre de 2006 15:38:29
Archivos adjuntos:	HTML.mht (2.07 KB).msg ATT00016.txt

---

from the command line, a command like:
a2ps FILENAME | lp
will print the file FILENAME in a pretty format on the system default printer

scripts you create typically reside in the $PROSROOT/PinnacleSiteData/Scripts directory
on my system $PROSROOT = /usr/local/adacnew

Gary Forest

------Original Message------
From: "Chris Hawkins" <Chris.Hawkins@tmh.org>
Date: Tue Oct 10, 2006 -- 07:46:49 PM
To: "<" <pinnacle-users@explode.unsw.edu.au>
Subject: Scripts

I am interested in the procedure to print out a script. This is for the purpose of writing and debugging them.

Thanks.

^^^^^^^^^^^^^^^^^^^^^^^^^^
Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

----------}]mCl#AtT:----------

De:	Erdal Gurgoze
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle with Varian OBI
Fecha:	miércoles, 11 de octubre de 2006 19:07:23
Archivos adjuntos:	

Hello Everyone,
Is there anyone out there using Pinnacle in conjunction with Varian OBI system?
I'd like to know your opinion, pros and cons etc.
Thanks.
Erdal Gurgoze, Ph.D., DABR
Arizona Oncology Services
602 240 3428

De:	Papanikolaou, Niko
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	COMS eye plaque with P3
Fecha:	miércoles, 11 de octubre de 2006 21:27:59
Archivos adjuntos:	

Has anyone done planning per COMS protocol for eye plaques with Pinnacle?

Thanks

Niko Papanikolaou
nikpap@ctrc.net

De:	LORI A. YOUNG
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: COMS eye plaque with P3
Fecha:	miércoles, 11 de octubre de 2006 21:53:23
Archivos adjuntos:	

We do them at the University of Washington.

Lori A. Young, Ph.D., P.E. Phone: (206) 598-4736 [Office]
Dept of Radiation Oncology (206) 598-6218 [FAX]
Box 356043 E-mail: layoung@u.washington.edu
Seattle, WA 98195

On Wed, 11 Oct 2006, Papanikolaou, Niko wrote:

> Has anyone done planning per COMS protocol for eye plaques with
> Pinnacle?
>
>
>
> Thanks
>
>
>
> Niko Papanikolaou
>
> nikpap@ctrc.net
>
>
>
>

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	jfwochos@gundluth.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: COMS eye plaque with P3
Fecha:	miércoles, 11 de octubre de 2006 21:55:55
Archivos adjuntos:	

---

yes, we have.

john

John F Wochos, MS, DABR
Radiation Oncology Dept (EB1-001)
Gundersen Lutheran Medical Center
1900 South Ave.
La Crosse, WI 54601
(608)775-2593
FAX (608)775-5578
jfwochos@gundluth.org

"Papanikolaou, Niko" <nikpap@ctrc.net> Sent by: owner-pinnacle-users@explode.unsw.edu.au

To: pinnacle-users@explode.unsw.edu.au

cc:

Subject: COMS eye plaque with P3

10/11/2006 02:17 PM

Please respond to pinnacle-users@explode.unsw.edu.au

Has anyone done planning per COMS protocol for eye plaques with Pinnacle?

Thanks

Niko Papanikolaou
nikpap@ctrc.net

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle with Varian OBI
Fecha:	miércoles, 11 de octubre de 2006 22:34:28
Archivos adjuntos:	

We have just recently started using the OBI system, and are Pinnacle users. I can't really address pros and cons, however, without knowing what is your R&V system, which is a much bigger issue, in terms of its communication with the Varian 4D computer.

We are IMPAC, and unless you are among the small group of Mosaic users, I can tell you that there is a litany of issues you will need to deal with before going clinical. So many that I cannot address all of them here,
but not the least is you will not be able to use cone beam CT.

If you are a Varis user, the problems will be greatly reduced. The training course in Las Vegas will guide you through that.

The problems between Pinnacle and OBI are relatively minor, and are almost entirely dictated by the R&V system.

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

-----Original Message-----
From: Erdal Gurgoze [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Erdal Gurgoze
Sent: Wednesday, October 11, 2006 11:28 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle with Varian OBI

Hello Everyone,
Is there anyone out there using Pinnacle in conjunction with Varian OBI system?
I'd like to know your opinion, pros and cons etc.
Thanks.

Erdal Gurgoze, Ph.D., DABR
Arizona Oncology Services
602 240 3428

De:	how how
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	error message in Pinnacle
Fecha:	jueves, 12 de octubre de 2006 23:27:10
Archivos adjuntos:	

I have problem on one of our Pinnacle system, the scene is as below:

1. there are several institutions in the Pinnacle, in every institution, when tried to enter the Physics tool by clicking "physics" button in the launchpad, an error message jumped up like this:

Error: /usr/local/adacnew/bin/StartPinnExec $PINN_STATIC/bin/ $PINN_ARCH/Pinnacle exited abnormally

2. in some institutions the planning work well, but in others when tried to open a plan by clicking the "plan" button in the launchpad, the same error message appeared as above.

3. in one institution, one patient has two planning, I can open one planning but when tried to open the other one, the same error message appeared as above.

The system is a v250 with Pinnacle v7.6, I tried to re load the Pinnacle software but it still has the problem, anyone has idea how to deal with these?

Lee

De:	Abe K. Kuruvilla
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: error message in Pinnacle
Fecha:	viernes, 13 de octubre de 2006 20:10:24
Archivos adjuntos:	

---

save everything and then exit out...and restart the computer and it should be just fine...good luck

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** how how
Sent: Thursday, October 12, 2006 5:12 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: error message in Pinnacle

I have problem on one of our Pinnacle system, the scene is as below:

1. there are several institutions in the Pinnacle, in every institution, when tried to enter the Physics tool by clicking "physics" button in the launchpad, an error message jumped up like this:

Error: /usr/local/adacnew/bin/StartPinnExec $PINN_STATIC/ bin/$PINN_ARCH/Pinnacle exited abnormally

2. in some institutions the planning work well, but in others when tried to open a plan by clicking the "plan" button in the launchpad, the same error message appeared as above.

3. in one institution, one patient has two planning, I can open one planning but when tried to open the other one, the same error message appeared as above.

The system is a v250 with Pinnacle v7.6, I tried to re load the Pinnacle software but it still has the problem, anyone has idea how to deal with these?

Lee

De:	Ibrahim Duhaini
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	duhaini@yahoo.com;
Asunto:	Elekta Shut down
Fecha:	lunes, 16 de octubre de 2006 7:39:03
Archivos adjuntos:	

Hello,

We have 2 Pricise Elekta machines, they were off for at least 3 weeks during the war in Lebanon, both of them was working fine after we started them but then one of them had GT/O over laod and broke down so we have to change the thyratron and the magnetron....

my question is :

Do you think that being turned off for 3 weeks has affected this or has an effect on the dosimetry out-put of the machine? did anybody has similar situation?

Thank you,

Best Regards,

Ibrahim Duhaini

De:	Chris Deibel
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	BUG: simulation - only does not prevent dose calculation
Fecha:	lunes, 16 de octubre de 2006 21:10:06
Archivos adjuntos:	

In V7.6 in the machine editor under the "Misc" tab it is possible to configure a linac as simulation only, for use with Acqsim3.
This does indeed prevent dose profiles, however it DOES NOT prevent MU calculations in IRREG.

==========

unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

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##

De:	John Shakeshaft
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle with Varian OBI
Fecha:	martes, 17 de octubre de 2006 17:24:42
Archivos adjuntos:	

We routinely use Pinnacle with Varian OBI/Varis.

There are no significant issues for planar imaging.

There are still some issues for CBCT, and whether these are serious depends on what you want to do.
(i) SSDs need to be entered manually into Varis. This is related to Pinnacle not having an external contour and even if you do put what on, Pinnacle does not export the appropriate DICOM tag to identify it as such. Therefore Somavision (which you need for the import) does not calculate an SSD and this field is left blank.
(ii) There are some issues with importing contours. These are essentially floating point rounding issues which Varian are working on a service pack to fix. Pinnacle may export the DICOM z-coordinate of a contour on the z=+5.0 slice as 5.00000 at one point and 4.99999 at another point since in an ASCII comparison these are not the same, the whole contour is rejected by the OBI system (although not Varis/Vision).
(iii) If you want to re-import the CT and recalculate dose on Pinnacle, this is possible assuming Pinnacle provide you with the appropriate licence but could hardly be described as seamless!

Regards

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY
UK

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Erdal

Gurgoze
Sent: 11 October 2006 17:28
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle with Varian OBI

Hello Everyone,
Is there anyone out there using Pinnacle in conjunction with Varian OBI system?
I'd like to know your opinion, pros and cons etc.
Thanks.
Erdal Gurgoze, Ph.D., DABR
Arizona Oncology Services
602 240 3428

De:	Gopalakrishnan, Mahesh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle-Impac-Varian
Fecha:	martes, 17 de octubre de 2006 21:34:04
Archivos adjuntos:	

As a follow up question, Is anyone using Pinnacle 7.6c-Impac 8.0-Varian combination for OBI?
The version of Impac, Mosaic is said to work with OBI?
Any comments about the pros and cons is highly appreciated.
Thanks in advance
Mahesh

De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Script question
Fecha:	jueves, 19 de octubre de 2006 23:20:29
Archivos adjuntos:	

Hello listers,

This could be a fairly elementary question for you scripting gurus...I'm trying to automate some printing at several transaxial positions and thought that a simple way would be to create a POI and then move the POI sup and inf to the slices I want to print (Coord 0,0,0 is isocentre)

```
CreateNewPOI = "Add Point";
PoiList .Current .Name = "Point";
PoiList .Current .Display2d = "Off";
PoiList .Current .DisplayXCoord = "  0";
PoiList .Current .DisplayYCoord = " 0";
PoiList .Current .DisplayZCoord = "  0";
```

...
Then set the viewing window to the current POI...

```
ViewWindowList .CtSimOrthoTop.SetSliceToCurrentPoi = "Set To Current POI";
```

I'd like to change the view so that the POI changing PoiList .Curren.DisplayZCoord , so I've done something like:

```
Store.FreeAt.TempFloat="";
Store.FloatAt.TempFloat = TrialList .Current .BeamList .Current .LeftJawPosition;
Store.FloatAt.TempFloat.Subtract= 2.0;
PoiList. Current. DisplayZCoord= Store.FloatAt.TempFloat.Value;
```

and then
```
ViewWindowList .CtSimOrthoTop.SetSliceToCurrentPoi = "Set To Current POI";
```

But when i check the value in the store, it doesn't subtract off the two.
Is my syntax wrong? Any help would be appreciated.

Many thanks,
Parminder S. Basran, PhD, MCCPM
Toronto-Sunnbrook Regional Cancer Centre

Toronto Canada

De: Matthieu Bal

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: Script question

Fecha: domingo, 22 de octubre de 2006 0:15:46

Archivos adjuntos:

Try: `Store.At.TempFloat.Subtract= 2.0;`

To pinnacle-users@explode.unsw.edu.au
cc
Subject Script question
Classification

"Parminder S. Basran" <pbasran@yahoo.com>

Sent by: owner-pinnacle-users@explode.unsw.edu.au

2006-10-19 22:43

Please respond to pinnacle-users@explode.unsw.edu.au

Hello listers,

This could be a fairly elementary question for you scripting gurus... I'm trying to automate some printing at several transaxial positions and thought that a simple way would be to create a POI and then move the POI sup and inf to the slices I want to print (Coord 0,0,0 is isocentre)

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CreateNewPOI = "Add Point";
PoiList .Current .Name = "Point";
PoiList .Current .Display2d = "Off";
PoiList .Current .DisplayXCoord = "  0";
PoiList .Current .DisplayYCoord = " 0";
PoiList .Current .DisplayZCoord = "  0";
```

...
Then set the viewing window to the current POI...

ViewWindowList .CtSimOrthoTop.SetSliceToCurrentPoi = "Set To Current POI";

I'd like to change the view so that the POI changing PoiList .Curren. DisplayZCoord , so I've done something like:

```
Store.FreeAt.TempFloat="";
Store.FloatAt.TempFloat = TrialList .Current .BeamList .Current . LeftJawPosition;
Store.FloatAt.TempFloat.Subtract= 2.0;
PoiList. Current. DisplayZCoord= Store.FloatAt.TempFloat.Value;
```

and then
ViewWindowList .CtSimOrthoTop.SetSliceToCurrentPoi = "Set To Current POI";

But when i check the value in the store, it doesn't subtract off the two.
Is my syntax wrong? Any help would be appreciated.

Many thanks,
Parminder S. Basran, PhD, MCCPM
Toronto-Sunnbrook Regional Cancer Centre
Toronto Canada

De:	Cong, Sonya Ph.D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: COMS eye plaque with P3
Fecha:	lunes, 23 de octubre de 2006 16:21:52
Archivos adjuntos:	

Yes, we do eye plaque with Pinnacle. It is pretty straightforward. Sonya

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Papanikolaou, Niko
> **Sent:** Wednesday, October 11, 2006 15:17
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** COMS eye plaque with P3
>
> Has anyone done planning per COMS protocol for eye plaques with Pinnacle?
>
> Thanks
>
> Niko Papanikolaou
> nikpap@ctrc.net

De:	Chris Hawkins
A:	<;
Cc:	
Asunto:	Vanishing Crosshairs
Fecha:	martes, 24 de octubre de 2006 15:58:26
Archivos adjuntos:	

Could someone please refresh my memory on the issue of missing crosshairs on DRRs. Our dosimetrist just mentioned it. Unfortunately, I did not save the messages on this issue.

Thanks,

^^^^^^^^^^^^^^^^^^^^^^^^^^
Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

De: Lana Kruger

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Vanishing Crosshairs

Fecha: martes, 24 de octubre de 2006 16:11:38

Archivos adjuntos:

Hi Chris, this is an issue with the windows, if your print window is over or even touching your DRR window the crosshair will disappear , just place your DRR away from the print screen and it should be fine.
Lana

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Chris Hawkins
Sent: Tuesday, October 24, 2006 7:28 AM
To: <
Subject: Vanishing Crosshairs

Could someone please refresh my memory on the issue of missing crosshairs on DRRs. Our dosimetrist just mentioned it. Unfortunately, I did not save the messages on this issue.

Thanks,

^^^^^^^^^^^^^^^^^^^^^^^^^^^^
Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

De:	Ozard, Siobhan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	V8
Fecha:	martes, 24 de octubre de 2006 18:45:51
Archivos adjuntos:	

Hi Everyone,

We are about to upgrade to V8.0d and I am interested in any pointers or noteworthy items regarding the upgrade from those centers who have already made this transition.
I'm also interested in the pros and cons of plan locking & also plan locking process (who locks, at what stage of planning process is plan locked).

Thanks,
Siobhan

Siobhan Ozard, Ph.D., MCCPM
Department of Medical Physics
Windsor Regional Cancer Centre
2220 Kildare Rd.
Windsor, ON
CANADA
N8W 2X3

Siobhan_Ozard@wrh.on.ca
Phone: (519) 253-3191 xtn 58718
Fax: (519) 255-8679
Pager: (519) 251-6401

account will not be distributed unless that account is also subscribed.
##

De:	John Shakeshaft
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: V8
Fecha:	miércoles, 25 de octubre de 2006 10:46:26
Archivos adjuntos:	

We had version 8.0d installed last week, together with Solaris patches. We are still using version 7.6c clinically with LaunchPad 8.

It would appear that this combination has made the system a lot less stable. We are getting multiple system crashes daily across the network of 6 workstations - 4 planning and 2 AcQSim. (The dialogue which states that this is a programming error and only gives the option to exit the system.) Sometimes these crashes occur in a desktop that is not displayed and then completely lock the database for everybody. This is very irritating. Previously we only had the occasional system crash (?<1 per week).

Starting to test version 8, I have noted that there appear to be some changes in DICOM import. I have attempted to import an RTPLAN which works fine in version 7.6c. However Pinnacle rejects it in version 8.0d as the beam energy is non-zero!

I have reported both of these issues (yesterday) to Philips and I am awaiting a response.

We are very much looking forward to using Model-Based Segmentation though.

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY
UK

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Ozard,

Siobhan
Sent: 24 October 2006 17:24
To: pinnacle-users@explode.unsw.edu.au
Subject: V8

Hi Everyone,

We are about to upgrade to V8.0d and I am interested in any pointers or noteworthy items regarding the upgrade from those centers who have already made this transition.
I'm also interested in the pros and cons of plan locking & also plan locking process (who locks, at what stage of planning process is plan locked).

Thanks,
Siobhan

Siobhan Ozard, Ph.D., MCCPM
Department of Medical Physics
Windsor Regional Cancer Centre
2220 Kildare Rd.
Windsor, ON
CANADA
N8W 2X3

Siobhan_Ozard@wrh.on.ca
Phone: (519) 253-3191 xtn 58718
Fax: (519) 255-8679
Pager: (519) 251-6401

the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Scripting question - max dose point
Fecha:	miércoles, 25 de octubre de 2006 19:37:45
Archivos adjuntos:	

Scripting gurus - I would like to add a max dose point to the Poi list with a script. I can't seem to locate where the coordinates are held. Once I know the coordinates I know the syntax to add the point.

What I want to do is automate printing the isodose distribution at that location.

Regards,

Steve T

Steve Thompson, M.S.
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA
209-572-7237
thompssk@sutterhealth.org

De:	Depew, Michael J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	viewing plans remotely
Fecha:	miércoles, 25 de octubre de 2006 21:17:56
Archivos adjuntos:	

Are there ways to view Pinnacle plans remotely, on say a Windows OS? I'm thinking of some sort of remote desktop style program, or VNC viewer? My understanding is that Philips publishes a software that does just that, but its very expensive. Anyone with any experience on setting up remote viewing of Pinnacle plans on Windows?

Thanks,
Mike

De:	Matthieu Bal
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Scripting question - max dose point
Fecha:	miércoles, 25 de octubre de 2006 22:25:51
Archivos adjuntos:	

Perhaps this can help you in writing your script:
TrialList.Mark0 = TrialList.#0.Name; //to go to a specific trial / dose volume
TrialList.Mark0.MaxDosePointIsValid //should be valid / 1
TrialList.Mark0.MaxDosePoint.DisplayXCoord // this should be the x coordinate of your max dose point

good luck!
Matthieu

Matthieu Bal, PhD
Advanced Development Engineer / Clinical Scientist
Philips Radiation Oncology Systems

To <pinnacle-users@explode.unsw.edu.au>
cc
Subject Scripting question - max dose point
Classification

"Thompson, Stephen K" <ThompsSK@sutterhealth.org>

Sent by: owner-pinnacle-users@explode.unsw.edu.au

2006-10-25 19:13

Please respond to pinnacle-users@explode.unsw.edu.au

Scripting gurus - I would like to add a max dose point to the Poi list with a script. I can't seem to locate where the coordinates are held. Once I know the coordinates I know the syntax to add the point.

What I want to do is automate printing the isodose distribution at that location.

Regards,

Steve T

Steve Thompson, M.S.
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA
209-572-7237
thompssk@sutterhealth.org

De:	Gallamore, Mike
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: viewing plans remotely
Fecha:	miércoles, 25 de octubre de 2006 22:34:48
Archivos adjuntos:	

Our site does it both ways. We use a free program ReflectionX, which is a xwindows viewer. http://www.dartmouth.edu/comp/resources/downloads/win/connect/reflectionx.html

We also use UltraVNC http://ultravnc.sourceforge.net/

With reflectionX we log on, and can access pinnacle using p3md. For p3md to work, it does need to be purchased from pinnacle, the connecting machine needs to have a static IP(so for people that use cable internet which is dhcp it wouldn't work, what in practice you do, is vpn into the hospitial to get behind the firewall, go to a machine that has a static IP and p3md installed, then over to the pinnacle client.

We find that p3md only allows you to review plans, you can't change fields or do any other changes to the plan. The better solution and it is free :) is UltraVNC. It can run on a SUN box, so you connect into the hospitial network, then use VNC to access a pinnacle machine. It works just as if you were at the terminal(although obviously with some lag), you have full access to pinnacle, and other programs on the machine. With p3md you only get access to pinnacle and even that is limited.

Because your exposing a few computers to external access, your IT might want to have a look at the setup to make sure communications can go through, but also that access to other parts of the network are controlled from the windows machines you remote into. The windows machines need to be dedicated, but the beauty with a unix environment is that multiple people can be logged on to the same pinnacle station. In practice we have enough machines to have a dedicated pc and pinnacle station for each connection(we have 3 of each for that purpose), and that seems to be more than enough for our user base(4 linacs, and 1 CT currently at our center ~25 pinnacle users).

Also, you would want to make sure you add the command startvnc into /etc/init.d and rc3.d would need a script to call it as well so if there is a power outage, the service will be restarted when the computer restarts.

our script is called S99startvnc(it has to start with an S or Solaris ignores it during

```
startup)
#!/bin/sh
# start vnc service

case "$1" in
'start')
        /usr/bin/startvnc
        ;;
'stop')
        ;;
*)
        echo "Usage: $0 { start | stop }"
        ;;
esac
exit 0
```

hope this helps.
-----Original Message-----
From: Depew, Michael J [mailto:michael-depew@uiowa.edu]
Sent: Wednesday, October 25, 2006 3:12 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: viewing plans remotely

Are there ways to view Pinnacle plans remotely, on say a Windows OS? I'm thinking of some sort of remote desktop style program, or VNC viewer? My understanding is that Philips publishes a software that does just that, but its very expensive. Anyone with any experience on setting up remote viewing of Pinnacle plans on Windows?

Thanks,
Mike

account will not be distributed unless that account is also subscribed.
##

De:	Gallamore, Mike
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: viewing plans remotely
Fecha:	miércoles, 25 de octubre de 2006 22:48:19
Archivos adjuntos:	

Sorry, correction, we use UltraVNC on the windows machine, the Solaris machine is running x11vnc
http://www.karlrunge.com/x11vnc/

-----Original Message-----
From: Depew, Michael J [mailto:michael-depew@uiowa.edu]
Sent: Wednesday, October 25, 2006 3:12 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: viewing plans remotely

Are there ways to view Pinnacle plans remotely, on say a Windows OS? I'm thinking of some sort of remote desktop style program, or VNC viewer? My understanding is that Philips publishes a software that does just that, but its very expensive. Anyone with any experience on setting up remote viewing of Pinnacle plans on Windows?

Thanks,
Mike

De:	b.riis@strahlentherapie-hl.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Scripting question - max dose point
Fecha:	jueves, 26 de octubre de 2006 10:00:48
Archivos adjuntos:	

Hello Steve,
maybe here a solution
Bjørne

```
// Set a new Point
ColorList .NextCurrent = "PoiList.Last.Color";
CreateNewPOI = "Add Point Of Interest";
PoiList .Last .Color = ColorList .Current .Name;
PoiList .Last .Name = "Dmax";

// Set the Point to Dmax
PoiList .Last .XCoord = TrialList .Current .MaxDosePoint .XCoord;
PoiList .Last .YCoord = TrialList .Current .MaxDosePoint .YCoord;
PoiList .Last .ZCoord = TrialList .Current .MaxDosePoint .ZCoord;
```

Am 25 Oct 2006 um 10:13 hat Thompson, Stephen K geschrieben:

>
> Scripting gurus - I would like to add a max dose point to the Poi list
> with a script. I can't seem to locate where the coordinates are held.
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> What I want to do is automate printing the isodose distribution at that
> location.
>
> Regards,
>
> Steve T
>
>
> ---
> Steve Thompson, M.S.
> Medical Physicist
> Department of Radiation Therapy

> Memorial Medical Center
> 1700 Coffee Road
> Modesto, CA
> 209-572-7237
> thompssk@sutterhealth.org
>
>
>
>
##
> To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
> unsubscribe pinnacle-users <e-mail address>
> to majordomo@explode.unsw.edu.au.
>
> Note: To avoid non-delivery error messages being sent to all list
> members, the list has been configured so that messages can only be
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> account will not be distributed unless that account is also subscribed.
>
##

--
Bjørne Riis
Praxis für Strahlentherapie und Radiologie
Lübeck

Achtung ich bin Wortblind, bitte die Rechtschreibung milde bewerten

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
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Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Rashid OOZEER
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Scripting question - max dose point
Fecha:	jueves, 26 de octubre de 2006 10:37:55
Archivos adjuntos:	

---

i currently use a script to set max dose point at a fixed depth according to the energy
i record the script by using the laser:

1-set laser to isocenter
2-create as many points at isocenter as you need
3-set each beam to it's given point (which will be the max dose point)
4-set the SSD so as the point is located to the max depth
5-reset all the beams to the initial isocenter

it works when you have beams of same energy
i typically have scripts for 2,3,3,5,... high energy beams
and same for low energy beams
i do it manually with the same method when theiir is a mix of energy

Rashid oozeer, Ph.D.
Medical Physicist
Centre de Radiotherapie de Clairval
317 bd du redon
13009 Marseille
FRANCE
+33615495906
+33491171295

>
> Scripting gurus - I would like to add a max dose point to the Poi list
> with a script. I can't seem to locate where the coordinates are held.
> Once I know the coordinates I know the syntax to add the point.
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> Steve Thompson, M.S.
> Medical Physicist
> Department of Radiation Therapy
> Memorial Medical Center
> 1700 Coffee Road
> Modesto, CA
> 209-572-7237
> thompssk@sutterhealth.org
>
>
>
>

>

--
R.Oz

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Another scripting question - zoom a 3D window?
Fecha:	lunes, 30 de octubre de 2006 23:26:07
Archivos adjuntos:	

Anyone know the syntax to zoom a 3D window? The transcript/script recording doesn't show the message, or if there is one.

The message:

ViewWindowList.Current.ScaleZoom = 1.5;

Works fine for a 2D window. But does nothing for a 3D window.

Steve T

Steve Thompson, M.S.
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA
209-572-7237
thompssk@sutterhealth.org

De:	John Shakeshaft
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle Database / Scripting
Fecha:	martes, 31 de octubre de 2006 11:12:39
Archivos adjuntos:	

Dear All,

As time passes we have had multiple "clinical incidents" to which Pinnacle's rather basic database is a major contibutory factor. Fortunately none of these of which I am aware have ever caused a treatment error, although delays in start of treatment have occurred.

The main problem that could be solved by Pinnacle and does not occur with any other planning system we have (or indeed any other planning system that I have used) is that it is possible to create the same patient twice without any warning whatsoever. All other systems of which I am aware enforce a unique Medical Record Number. Therefore as long as you import demographics from your CT which is in turn connected to your PAS/RIS via DICOM worklist it is impossible to recreate a patient that already exists in the database.

The usual scenario that we are seeing is that
+ Patient has planning which is imported into Pinnacle
+ Oncologist makes the decision to send patient for chemotherapy prior to radiotherapy
+ Original scan set is not deleted from system
+ Patient re-scanned after chemo and re-created on Pinnacle (NO WARNING FROM PINNACLE ABOUT RECREATION)
+ Oncologist comes in later and outlines the wrong scan set
+ Incident because right scan set is not outlined in time

Does anybody have a solution to this problem, possibly using a script to search the database? I could probably write something in Unix using awk (or similar) to search the LPDB file, but wondered whether others have this problem.

Many thanks

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology

Clatterbridge Rd
Bebington
Wirral
CH63 4JY
UK

De:	Lederer, Ernst
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Question for scripting gurus
Fecha:	martes, 31 de octubre de 2006 18:55:52
Archivos adjuntos:	

Hi,

I try to automate the skin contour. For that purpose I would like to get rid of already entered SKIN contours if they are entered.

the following line woks fine if used in a single line script

```
IF .RoiList .ContainsObject .SKIN .THEN .RoiList .SKIN .Destroy  = "";
```

However, if this is used as part of a more elaborate script like:

```
// before we do anything we look if SKIN or External ROI 1 exist and delete
them
// +
//RoiList .DestroyAllChildren = "";
//
IF .RoiList .ContainsObject .SKIN .THEN .RoiList .SKIN .Destroy  = "";
//IF .RoiList .ContainsObject .External ROI 1 .THEN .RoiList .External Roi 1 .
Destroy  = "Delete Selected ROI";
//
// -
// create the SKIN
// +
TrialList .Current .ShowPatAirThreshold = "Display as ROI";
RoiList .Current = "External ROI 1";
RoiList .Current .Name = "SKIN";
RoiList .Current .Color = "skin";

// -
// clean the the SKIN
// +
```

```
RoiList .Current = {
CurveMinArea = "3.0";
Clean = "Rescan";
CleanAndDelete = "Delete Curves";
};
```

it does not work.

Please can somebody shed light onto this?

Many Thanks in advance

Ernst

Ernst Lederer RT., C.M.D.
Dosimetrist, Treatment Planning Team

Regional Cancer Centre of the
Hopital Regional Sudbury Regional Hospital
41 Ramsey Lake Road
Sudbury, Ontario P3E 5J1
Tel: (705) 522-6237 Ext. 2158
Fax.: (705) 523-7329
e-mail: elederer@hrsrh.on.ca

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Question for scripting gurus
Fecha:	martes, 31 de octubre de 2006 20:54:12
Archivos adjuntos:	

I would just call it "autoSKIN" and forget about any existing contours.

Steve Thompson, M.S.
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA
209-572-7237
thompssk@sutterhealth.org

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Lederer, Ernst
> **Sent:** Tuesday, October 31, 2006 9:16 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Question for scripting gurus
>
> Hi,
>
> I try to automate the skin contour. For that purpose I would like to get rid of already entered SKIN contours if they are entered.
>
> the following line woks fine if used in a single line script
>
> IF .RoiList .ContainsObject .SKIN .THEN .RoiList .SKIN .Destroy = "";
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```
// before we do anything we look if SKIN or External ROI 1 exist and
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//RoiList .DestroyAllChildren = "";
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Roi 1 .Destroy  = "Delete Selected ROI";
//
// -
// create the SKIN
// +
TrialList .Current .ShowPatAirThreshold = "Display as ROI";
RoiList .Current = "External ROI 1";
RoiList .Current .Name = "SKIN";
RoiList .Current .Color = "skin";

// -
// clean the the SKIN
// +

RoiList .Current = {
CurveMinArea = "3.0";
Clean = "Rescan";
CleanAndDelete = "Delete Curves";
};
```

it does not work.

Please can somebody shed light onto this?

Many Thanks in advance

Ernst

Ernst Lederer RT., C.M.D.
Dosimetrist, Treatment Planning Team

Regional Cancer Centre of the

Hopital Regional Sudbury Regional Hospital
41 Ramsey Lake Road
Sudbury, Ontario P3E 5J1
Tel: (705) 522-6237 Ext. 2158
Fax.: (705) 523-7329
e-mail: elederer@hrsrh.on.ca

De:	Abe K. Kuruvilla
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	question regarding imrt
Fecha:	martes, 31 de octubre de 2006 22:11:14
Archivos adjuntos:	

---

we have done an imrt abdomen with certain density stent in place. Few weeks later, surgeons removed the stent and replaced it with a thicker stent. So, my question, do you do another IMRT with new CT? we have adac and if we do another imrt using the new ct, how would you do a composite plan?

De:	Phelan, David
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle Database / Scripting
Fecha:	martes, 31 de octubre de 2006 23:58:32
Archivos adjuntos:	

In our Institution the scans are deleted frequently thus they are not available for that to happen.

Dave Phelan, CMD

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of John Shakeshaft
Sent: Tuesday, October 31, 2006 1:51 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle Database / Scripting

Dear All,

As time passes we have had multiple "clinical incidents" to which Pinnacle's rather basic database is a major contibutory factor. Fortunately none of these of which I am aware have ever caused a treatment error, although delays in start of treatment have occurred.

The main problem that could be solved by Pinnacle and does not occur with any other planning system we have (or indeed any other planning system that I have used) is that it is possible to create the same patient twice without any warning whatsoever. All other systems of which I am aware enforce a unique Medical Record Number. Therefore as long as you import demographics from your CT which is in turn connected to your PAS/RIS via DICOM worklist it is impossible to recreate a patient that already exists in the database.

The usual scenario that we are seeing is that
+ Patient has planning which is imported into Pinnacle
+ Oncologist makes the decision to send patient for chemotherapy prior to radiotherapy
+ Original scan set is not deleted from system
+ Patient re-scanned after chemo and re-created on Pinnacle (NO WARNING

FROM PINNACLE ABOUT RECREATION)
+ Oncologist comes in later and outlines the wrong scan set
+ Incident because right scan set is not outlined in time

Does anybody have a solution to this problem, possibly using a script to search the database? I could probably write something in Unix using awk (or similar) to search the LPDB file, but wondered whether others have this problem.

Many thanks

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY
UK

##
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account will not be distributed unless that account is also subscribed.
##

De:	Geoghegan, Sean
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle Database / Scripting
Fecha:	miércoles, 01 de noviembre de 2006 0:38:16
Archivos adjuntos:	

Hi John,

we've come across a similar problem at Perth Radiation Oncology. We have a script that scans the patient database for our clinical institution, archives the patients to a remote disk and reports if there is more than one copy of a patient on the clinical institution. I use cron to run this every morning at 3 am. We also have a smaller script that generates a list of all the patients in an institution which we use as input into our home written FoxPro patient scheduling system to check for which patients are supposed to be on the system. We delete all patients from our clinical institution that are not current to free up disk space. We always have our archives to go back to if we delete the wrong patient, which at worst would lose us a day of work if someone accidentally deleted the wrong patient at the wrong time (it has happened with someone wanting to be helpful and not following the archive schedule). I'm happy to let anyone have these scripts apart from the archvie scrip!
t for those in the USA who'll need to get it from Scott Neal at Radiation Oncology Resources.

For those in Australia in June 2007, Simon Woodings and I will be running a scripting course as part of the Australasian Pinnacle Users Group Meeting to be held in Perth from 1 to 3 June 2007. We intend to produce a CD containing useful scripts that will be available for free. For those of you who want to have some of your scripts included on this CD, would you please contact me personally. Credit will be given to those who contribute. I will have to negotiate with Scott Neal over the licensing arrangment for the archive script for those in the US.

Cheers,

Sean

_____

Sean Geoghegan, PhD MACPSEM MAIP
Senior Medical Physicist
Royal Perth Hospital
Perth WA 6000 AUSTRALIA
t +61 8 9224 7015 h +61 8 9224 2244
f +61 8 9224 1138 m +61 437 056 932

e sean.geoghegan@health.wa.gov.au

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]
Sent: Tuesday, 31 October 2006 17:51
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle Database / Scripting

Dear All,

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##

De:	Charest, Nicolas
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Question for scripting gurus
Fecha:	jueves, 02 de noviembre de 2006 5:12:33
Archivos adjuntos:	

Hi Jim. Checking out. It is 23h. So that is a day of 7h15 today, together with 13h Monday and 11h Tuesday. I appreciated your call today. As you know, I am often times a phone call, beeper, bike ride away. If you think these hours are abusive of the system, please let me know so that we can be on the same page.

Nicolas

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Lederer, Ernst
> **Sent:** Tuesday, October 31, 2006 12:16 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Question for scripting gurus
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it does not work.

Please can somebody shed light onto this?

Many Thanks in advance

Ernst

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Dosimetrist, Treatment Planning Team

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Sudbury, Ontario P3E 5J1
Tel: (705) 522-6237 Ext. 2158
Fax.: (705) 523-7329

e-mail: *elederer@hrsrh.on.ca*

De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Another scripting question - zoom a 3D window?
Fecha:	jueves, 02 de noviembre de 2006 8:24:28
Archivos adjuntos:	

Hello Steve,

i have the same Problem, but unfortunately no solution.

If you get any Information, please publish it to the list.

Bjørne

Thompson, Stephen K schrieb:
> Anyone know the syntax to zoom a 3D window? The transcript/script
> recording doesn't show the message, or if there is one.
>
> The message:
>
> ViewWindowList.Current.ScaleZoom = 1.5;
>
> Works fine for a 2D window. But does nothing for a 3D window.
>
> Steve T
>
> ----------
> Steve Thompson, M.S.
> Medical Physicist
> Department of Radiation Therapy
> Memorial Medical Center
> 1700 Coffee Road
> Modesto, CA
> 209-572-7237
> thompssk@sutterhealth.org
>
>
>
>

the message
> unsubscribe pinnacle-users <e-mail address>
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De:	Charest, Nicolas
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Nick messing up!
Fecha:	jueves, 02 de noviembre de 2006 14:23:58
Archivos adjuntos:	

Euh… sorry. I enjoy reading you all!

Nicolas

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Charest, Nicolas
> **Sent:** Wednesday, November 01, 2006 10:59 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Question for scripting gurus
>
> Hi Jim […]

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Screen resolution
Fecha:	jueves, 09 de noviembre de 2006 14:22:01
Archivos adjuntos:	

I have a strange problem with the screen resolution on an old ULtra 10 workstation (solaris 8, Pinnacle 8.0). Suddenly the screen resolution is smaller than the standard 1280x1024. Thus the windows are only shown partly on the screen. Does any one know how to correct this?

All the best,
Carsten

P.s. No one has been playing with the Unix configuration files (as far as I know :-))

==========
Carsten Brink, Ph.D.
Stedfortræder for cheffysiker/Assistant Head of Laboratory of Radiation Physics
Radiofysisk laboratorium / Laboratory of Radiation Physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	Abe K. Kuruvilla
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Screen resolution
Fecha:	jueves, 09 de noviembre de 2006 14:57:15
Archivos adjuntos:	

I hope i am understanding your problem correctly. My suggestion is to on the Monitor, there is a button called AUTO. Click on it and that should work. Email me back if it did or didnt work.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Carsten Brink
Sent: Thursday, November 09, 2006 7:50 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Screen resolution

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All the best,
Carsten

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Carsten Brink, Ph.D.
Stedfortræder for cheffysiker/Assistant Head of Laboratory of Radiation Physics
Radiofysisk laboratorium / Laboratory of Radiation Physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

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##

De:	jianrong dai
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT for whole abdomen
Fecha:	viernes, 10 de noviembre de 2006 10:15:41
Archivos adjuntos:	

Hello listers,

We recently strugled with designing a IMRT plan for a whole abdomen case. We arranged 9 equal-spaced beams. 2 of 9 beams needed an irradiation width of 35cm.

First we used a Varian 600CD machine. Each of those 2 beams, which needed irradiation width of 35cm, was splitted into three fields. The width of the three fields was 14.5cm, 8 cm, 14.5 cm, sequentially. Becasue a overlap distance between two neibouring fields was 2cm, the total irradiation width was 33cm, could not cover the needed 35cm. We could not figure out why the width of the second field was 8cm. In principle, three fields should cover 40cm that is the field width limited by collimator jaws.

We then replaced the Varian machine with an Elekta machine (Elekta Precise), and ran into another problem. Those 2 beams needing irradiation width of 35cm were splitted again!, but into two fields. This problem is also contrary to our knowledge. We could not figure out why Elekta machines need splitting

Any help would be appreciated.

Jianrong

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT for whole abdomen
Fecha:	viernes, 10 de noviembre de 2006 13:34:46
Archivos adjuntos:	

Jianrong
Perhaps I state the obvious but the first thing to do is try a smaller width.

In the interest of efficiency, I (naturally) try to avoid splitting fields at all costs and though I've never attempted something of the scale you describe, for large H&N I just set my jaws to 14 total, roughly centered on the PTV and let the optimizer go. I find this usually works fine. I'm not sure if there is any 'cost' associated with this approach in terms of, perhaps, greater modulation factors but as long as I get my PTV covered and the QA checks out then who cares. (greater modulation is still preferable to a second field, IMO)

I'd expect that a simple 2 field split will work fine, was that tried?

So tell me, just what are you treating here? (GTV, PTV, Dose/Fx, immobilization - I'm So curious)
Martin Fraser

At 03:58 AM 11/10/2006, you wrote:
>Hello listers,
>
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>
>Jianrong
>
>
>
>
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##

De:	Qiuwen Wu, PhD
A:	pinnacle-users@explode.unsw.edu.au; jianrong_dai@yahoo.com;
Cc:	
Asunto:	Re: IMRT for whole abdomen
Fecha:	viernes, 10 de noviembre de 2006 13:44:01
Archivos adjuntos:	

Jianrong,

I don't think this is the problem of the planning system but the limitations of the treatment machine. In Varian linac, X jaws can cross central axis by 2 cm, MLC leaf length is about 14.5 cm, therefore, the maximum field size can be treated is roughly 2x(14.5+2) = 33 cm. It has nothing to do with the size of the center field, in your case, it is 8 cm wide. It can be 12 cm wide if you want, just add more overlapping regions. The limiting factor is the two side fields. Interestingly, In Elekta linac, there is no need for splitting, the maximum field size is also about 33 cm.

Qiuwen Wu, Ph.D.
Department of Radiation Oncology
William Beaumont Hospital
Royal Oak, MI 48073
qwu@beaumont.edu

>>> jianrong_dai@yahoo.com 11/10/06 3:58 AM >>>
Hello listers,

We recently strugled with designing a IMRT plan for a whole abdomen case. We arranged 9 equal-spaced beams. 2 of 9 beams needed an irradiation width of 35cm.

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Jianrong

sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Shidong Tong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT for whole abdomen
Fecha:	viernes, 10 de noviembre de 2006 17:06:39
Archivos adjuntos:	

When your field is wider than 14.5 cm, you know it is going to split. If you don't like the way your planning system split your field, you can split it yourself by manually setting 2 or 3 overlapping fields. Make sure the width of these fields is 14 cm or less and they overlap by at least 3 or 4 cm.

Keep in mind, each field, or a set or sub-fields, does not have to be wide enough to cover the whole PTV at that particular gantry angle. For example, if your need a 25 cm field at one gantry angle, you can manually set two 14 cm fields, overlapping 4 cm, so the total combined width is 24 cm. Don't worry if you missed 1 cm of PTV at this gantry angle, that part of the PTV volume will be covered by other gantry angles. This is better than letting your planning system to split it for you because you have no control on where and how your planning system is going to split the fields.

Shidong

>>> jianrong dai <jianrong_dai@yahoo.com> 11/10/2006 3:58 AM >>>
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Any help would be appreciated.

Jianrong

De:	jianrong dai
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT for whole abdomen
Fecha:	lunes, 13 de noviembre de 2006 3:31:40
Archivos adjuntos:	

Hi, Listers,

Thanks to the responses from Martin, Qiuwen, and Sidong, I come to the following understandings:

1. The reason why the maximum irradiation width on a Varian machine is 33cm. Like Qiuwen mentioned, no matter how much the overlap distance is set, the total irradiation width can not exceed 33cm.

2. It is not necessary for each beam to cover the whole target. In this way, we may reduce the number of field splitting, even eliminate field splittings like what Martin suggested.

3. For a large target, it's better to manually set up jaw poitions for a Varian machine.

But we have not an explaination to the problem of field splitting on an Elekta machine yet. My gut feeling is that the optimization algorithm can not deal with such large fields properly.

We plan to use Varian machines only for large targets till an reasonable explaination is available to Elekta machine.

Thanks again.

Jianrong

----- Original Message ----
From: Shidong Tong <stong@hmc.psu.edu>
To: pinnacle-users@explode.unsw.edu.au
Sent: Friday, November 10, 2006 11:50:28 PM
Subject: Re: IMRT for whole abdomen

When your field is wider than 14.5 cm, you know it is going to split. If you don't like the way your planning system split your field, you can split it yourself by manually setting 2 or 3 overlapping fields. Make sure the width of these fields is 14 cm or less and they overlap by at least 3 or 4 cm.

Keep in mind, each field, or a set or sub-fields, does not have to be wide enough to cover the whole PTV at that particular gantry angle. For example, if your need a 25 cm field at one gantry angle, you can manually set two 14 cm fields, overlapping 4 cm, so the total combined width is 24 cm. Don't worry if you missed 1 cm of PTV at this gantry angle, that part of the PTV volume will be covered by other gantry angles. This is better than letting your planning system to split it for you because you have no control on where and how your planning system is going to split the fields.

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Hello listers,

We recently strugled with designing a IMRT plan for a whole abdomen case. We arranged 9 equal-spaced beams. 2 of 9 beams needed an irradiation width of 35cm.

First we used a Varian 600CD machine. Each of those 2 beams, which needed irradiation width of 35cm, was splitted into three fields. The width of the three fields was 14.5cm, 8 cm, 14.5 cm, sequentially. Becasue a overlap distance between two neibouring fields was 2cm, the total irradiation width was 33cm, could not cover the needed 35cm. We could not figure out why the width of the second field was 8cm. In principle, three fields should cover 40cm that is the field width limited by collimator jaws.

We then replaced the Varian machine with an Elekta machine (Elekta Precise), and ran into another problem. Those 2 beams needing irradiation width of 35cm were splitted again!, but into two fields. This problem is also contrary to our knowledge. We could not fig! ure out why Elekta machines need splitting

Any help would be appreciated.

Jianrong

account will not be distributed unless that account is also subscribed.
##

De:	Will Christia
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT for whole abdomen
Fecha:	lunes, 13 de noviembre de 2006 14:40:55
Archivos adjuntos:	

Jianrong,

I believe the Elekta has limitations on how far the leaves can travel across the field, and the maximum distance between opposing leaves that effectively limit the maximum width of an IMRT field. If the field length permits, try rotating the collimator 90 degrees on the beams that split. That has worked for us in the past.

Good Luck,

Will Christian
Satilla Regional Cancer Center

jianrong dai <jianrong_dai@yahoo.com> wrote:

> Hi, Listers,
>
> Thanks to the responses from Martin, Qiuwen, and Sidong, I come to the following understandings:
>
> 1. The reason why the maximum irradiation width on a Varian machine is 33cm. Like Qiuwen mentioned, no matter how much the overlap distance is set, the total irradiation width can not exceed 33cm.
>
> 2. It is not necessary for each beam to cover the whole target. In this way, we may reduce the number of field splitting, even eliminate field splittings like what Martin suggested.
>
> 3. For a large target, it's better to manually set up jaw poitions for a Varian machine.
>
> But we have not an explaination to the problem of field splitting on an Elekta machine yet. My gut feeling is that the optimization algorithm can not deal with such large fields properly.
>
> We plan to use Varian machines only for large targets till an reasonable explaination is available to Elekta machine.
>
> Thanks again.
>
> Jianrong
>
> ----- Original Message ----
> From: Shidong Tong <stong@hmc.psu.edu>

To: pinnacle-users@explode.unsw.edu.au
Sent: Friday, November 10, 2006 11:50:28 PM
Subject: Re: IMRT for whole abdomen

When your field is wider than 14.5 cm, you know it is going to split. If you don't like the way your planning system split your field, you can split it yourself by manually setting 2 or 3 overlapping fields. Make sure the width of these fields is 14 cm or less and they overlap by at least 3 or 4 cm.

Keep in mind, each field, or a set or sub-fields, does not have to be wide enough to cover the whole PTV at that particular gantry angle. For example, if your need a 25 cm field at one gantry angle, you can manually set two 14 cm fields, overlapping 4 cm, so the total combined width is 24 cm. Don't worry if you missed 1 cm of PTV at this gantry angle, that part of the PTV volume will be covered by other gantry angles. This is better than letting your planning system to split it for you because you have no control on where and how your planning system is going to split the fields.

Shidong

>>> jianrong dai <jianrong_dai@yahoo.com> 11/10/2006 3:58 AM >>>
Hello listers,

We recently strugled with designing a IMRT plan for a whole abdomen case. We arranged 9 equal-spaced beams. 2 of 9 beams needed an irradiation width of 35cm.

First we used a Varian 600CD machine. Each of those 2 beams, which needed irradiation width of 35cm, was splitted into three fields. The width of the three fields was 14.5cm, 8 cm, 14.5 cm, sequentially. Becasue a overlap distance between two neibouring fields was 2cm, the total irradiation width was 33cm, could not cover the needed 35cm. We could not figure out why the width of the second field was 8cm. In principle, three fields should cover 40cm that is the field width limited by collimator jaws.

We then replaced the Varian machine with an Elekta machine (Elekta Precise), and ran into another problem. Those 2 beams needing irradiation width of 35cm were splitted again!, but into two fields. This problem is also contrary to our knowledge. We could not fig! ure out why Elekta machines need splitting

Any help would be appreciated.

Jianrong

to majordomo@explode.unsw.edu.au.

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members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	John Anderson
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Scripting and MLCs
Fecha:	lunes, 13 de noviembre de 2006 17:09:35
Archivos adjuntos:	

Hello,

I have a scripting question:

Could anyone recommend the script syntax for initializing all of the positions of the MLC leaves to the far left or far right of the field? This would save us quite a bit of hassle for our Synergy plans, in which we individually move each of the leaves so that they meet at the edge of the field instead of their default position at the center. Any help would be greatly appreciated.

Also, is there any resource for the Pinnacle scripting syntax? I can't seem to find any, but maybe I'm just not looking hard enough.

Thanks,
John Anderson
UT Southwestern Medical Center

De:	Chihray Liu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Scripting and MLCs
Fecha:	lunes, 13 de noviembre de 2006 18:17:47
Archivos adjuntos:	

John;

I don't understand why do you have to do this way for Synergy machine. Through the leaf pairs is sitting at the center of the field, as long as it is covered by the lower jaws, it will be fine.
If this is Synergy-S, we have a program to take care of this problem. Pinnacle version 8.0 will fix this problem for Synergy-S.

Chihray Liu
Associate Professor
Department of Radiation Oncology
University of Florida

----- Original Message ----
From: John Anderson <John.Anderson@UTSouthwestern.edu>
To: pinnacle-users@explode.unsw.edu.au
Sent: Monday, November 13, 2006 10:49:59 AM
Subject: Scripting and MLCs

Hello,

I have a scripting question:

Could anyone recommend the script syntax for initializing all of the positions of the MLC leaves to the far left or far right of the field? This would save us quite a bit of hassle for our Synergy plans, in which we individually move each of the leaves so that they meet at the edge of the field instead of their default position at the center. Any help would be greatly appreciated.

Also, is there any resource for the Pinnacle scripting syntax? I can't seem to find any, but maybe I'm just not looking hard enough.

Thanks,
John Anderson
UT Southwestern Medical Center

De:	John Anderson
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Scripting and MLCs
Fecha:	lunes, 13 de noviembre de 2006 18:39:44
Archivos adjuntos:	

Sorry- I didn't specify that we do have a Synergy-S, so we don't have the ability to cover MLCs with the jaws. I've heard that Pinnacle version 8.0 is supposed to fix the problem, although I'm not sure when we're actually going to upgrade. While setting the individual leaf positions in a script would be useful for moving the leaves to the periphery, I'd also like to know so that we can setup MLC positions to a predetermined location within a script.

Thanks,
John Anderson
Department of Radiation Oncology
UT Southwestern Medical Center

>>> Chihray Liu <liucr@ufl.edu> 11/13/06 10:33 AM >>>
John;

I don't understand why do you have to do this way for Synergy machine.
Through the leaf pairs is sitting at the center of the field, as long as
it is covered by the lower jaws, it will be fine.
If this is Synergy-S, we have a program to take care of this problem.
Pinnacle version 8.0 will fix this problem for Synergy-S.

Chihray Liu
Associate Professor
Department of Radiation Oncology
University of Florida

----- Original Message ----
From: John Anderson <John.Anderson@UTSouthwestern.edu>
To: pinnacle-users@explode.unsw.edu.au
Sent: Monday, November 13, 2006 10:49:59 AM
Subject: Scripting and MLCs

Hello,

I have a scripting question:

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Also, is there any resource for the Pinnacle scripting syntax? I can't seem to find any, but maybe I'm just not looking hard enough.

Thanks,
John Anderson
UT Southwestern Medical Center

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##

De:	Mark Phillips
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	film dosimetry for electron commissioning
Fecha:	lunes, 13 de noviembre de 2006 21:15:01
Archivos adjuntos:	

While sitting through innumerable scans at innumerable depths for innumerable energies, I got to thinking about using film for measuring the cross and inplane beam profiles for electron beams. We have all this nice film scanning equipment and hardware that is begging for use.

Has anyone tried this and are there any good references? My (admittedly) brief literature search found little after 1990 and not really exactly targetted towards my application.

Many thanks,

Mark

--

Mark H. Phillips, Ph.D.
Professor, Department of Radiation Oncology
Box 356043
University of Washington
Seattle, WA 98195-6043

(office) 206.598.6219
(fax) 206.598.6218

www.radonc.washington.edu/faculty/mark/

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##

De:	benny okoth
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: film dosimetry for electron commissioning
Fecha:	lunes, 13 de noviembre de 2006 22:12:41
Archivos adjuntos:	

Hi,

I worked at the university of Michigan and we did some
of our electron beam work using film. I do not
remember particulars, but I am sure they will be happy
to point you in the right direction. Try Dr. Peter
Roberson(PhD. He is listed in the directory. Also,
Kwak Lam (PhD)

Benny O.

--- Mark Phillips <markp@u.washington.edu> wrote:

> While sitting through innumerable scans at
> innumerable depths for
> innumerable energies, I got to thinking about using
> film for measuring
> the cross and inplane beam profiles for electron
> beams. We have all
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> references? My
> (admittedly) brief literature search found little
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> really exactly targetted towards my application.
>
> Many thanks,
>
> Mark
>
> --
>

>
> Mark H. Phillips, Ph.D.
> Professor, Department of Radiation Oncology
> Box 356043
> University of Washington
> Seattle, WA 98195-6043
>
> (office) 206.598.6219

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account will not be distributed unless that account is also subscribed.
##

De:	arnie cohen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: film dosimetry for electron commissioning
Fecha:	martes, 14 de noviembre de 2006 2:06:43
Archivos adjuntos:	

Hi Mark,

Oh no! Are you having to work on weekends :-/

A major problem of using film is that you have to expose it in a water phantom which would require some way of mounting it flat and perpendicular to the beam and unless you're using radiochromic film you need to maintain the film in a lightproof environment until you get it into the darkroom.

Another difficulty is in calibration of the film. For film dosimetry I usually calibrate at the central axis but you're interested in the dose out near the field edges where the spectrum is very different. I'm not sure how much uncertainty this would introduce into your measurement.

IMO the dosimetry is not all that clear cut using ion chambers out near the field edges for electron OR photon beams. For years we've been saying that the dose is proportional to the measured ionization with the proportionality factor a constant but how much do we really know about ion chamber response out near the field edge where we do not have lateral electronic equilibrium and the electron spectrum is far different than that along the central axis?

Regards,

Arnie

Arnold Cohen, MS, DABR, DABMP

A. Z. Cohen MedPhysics
Locum Tenens and regional consulting
12728 58th Ave SE
Snohomish WA 98296-8976
425.338.5507
425.577.9940 (c)
arniezc@comcast.net

Mark Phillips wrote:
> While sitting through innumerable scans at innumerable depths for
> innumerable energies, I got to thinking about using film for measuring
> the cross and inplane beam profiles for electron beams. We have all
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> (admittedly) brief literature search found little after 1990 and not
> really exactly targetted towards my application.
>
> Many thanks,
>
> Mark
>

De:	Cathryn Barbagallo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: film dosimetry for electron commissioning
Fecha:	martes, 14 de noviembre de 2006 2:27:28
Archivos adjuntos:	

I would be inclined to measure depth doses with a chamber, and then calibrate the perpendicular films to that. As long as you have a good response on the film for the dose range, its relative dosimetry should be ok. Then again, aren't we always trying to find ways to speed up the data acquisition process?

arnie cohen wrote:

> Hi Mark,
>
> Oh no! Are you having to work on weekends :-/
>
> A major problem of using film is that you have to expose it in a water
> phantom which would require some way of mounting it flat and
> perpendicular to the beam and unless you're using radiochromic film
> you need to maintain the film in a lightproof environment until you
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> far different than that along the central axis?
>
> Regards,
>
> Arnie

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> Arnold Cohen, MS, DABR, DABMP
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> A. Z. Cohen MedPhysics
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> 12728 58th Ave SE
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> Mark Phillips wrote:
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>> (admittedly) brief literature search found little after 1990 and not
>> really exactly targetted towards my application.
>>
>> Many thanks,
>>
>> Mark
>>
>
>
>

>

>

--
"I'm fine, bordering on chipper, and tomorrow planning on being obnoxious."
- Joyce, BtVS

Cathryn Barbagallo
Senior Physicist
Western Private Hospital
Marion St
FOOTSCRAY VIC 3011

Phone: +61 (3) 9319 3219
Mobile: 0409 614 173

De:	Murphy, Tony
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Scripting and MLCs
Fecha:	martes, 14 de noviembre de 2006 22:07:47
Archivos adjuntos:	

John,

Can I ask which R&V system you are using? We had a similar problem with our MLC leaves for our Elekta Synergy (with Beam Modulator). We export to MOSAIQ and there is a function in this software where you press Ctrl-Y while editing the field and it moves all the closed MLC leaves to the edge of the field.

Tony

Tony D. Murphy, MS DABR
Senior Medical Physicist
Coborn Cancer Center
CentraCare Health System
St. Cloud, MN 56303
320-229-5199 x70902
murphyt@centracare.com

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of John Anderson

Sent: Monday, November 13, 2006 9:50 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Scripting and MLCs

Hello,

I have a scripting question:

Could anyone recommend the script syntax for initializing all of the positions of the MLC leaves to the far left or far right of the field?

This would save us quite a bit of hassle for our Synergy plans, in which we individually move each of the leaves so that they meet at the edge of the field instead of their default position at the center. Any help would be greatly appreciated.

Also, is there any resource for the Pinnacle scripting syntax? I can't seem to find any, but maybe I'm just not looking hard enough.

Thanks,
John Anderson
UT Southwestern Medical Center

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	printing names containing backslash
Fecha:	miércoles, 15 de noviembre de 2006 8:42:30
Archivos adjuntos:	e.vdieren.vcf

Dear All,

A problem I wanted to share with you:
For 1 particular patient, it was impossible to printout the plan.
The printer started, but never finished the job. Other patient
plans never had any problem. When I captured the postscript
file and viewed it in *ghostscript*, there was some unclear error
(DSC error at line 2917, %% trailer).

It took Philips a week to find out the prescription name contained
a backslash (\) at the end of the name. Therefore, the next character
(an)) was taken literally, and that postscipt section never stopped,
explaining the error and the end of the file. I didn't see it before, since
the prescription names are always very long.

I hope this mail helps other users to find similar problems earlier.

sincerely
Erik

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De:	Alberto Pérez Rozos
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	POIs and scripting
Fecha:	miércoles, 15 de noviembre de 2006 11:33:44
Archivos adjuntos:	

Are there a scripting way to save to a file (txt format) all the points of interest and their coordenates?

Thanks

Alberto Perez
Medical Physics
Hospital Virgen de la Victoria
Malaga. Spain

De:	forest.gary@marshfieldclinic.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: POIs and scripting
Fecha:	miércoles, 15 de noviembre de 2006 16:05:14
Archivos adjuntos:	HTML.mht (1.96 KB).msg ATT00019.txt

PoiList.Save = "/full/filename/and/path/to/save/the/file/to";

e.g.
PoiList.Save = "/tmp/CurrentPois.txt"

You will get all the information about all the POIs.

Hope that helps

Gary Forest
Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

------Original Message------
From: "Alberto Pérez Rozos" <aprozos@terra.es>
Date: Wed Nov 15, 2006 -- 04:52:56 AM
To: <pinnacle-users@explode.unsw.edu.au>
Subject: POIs and scripting

Are there a scripting way to save to a file (txt format) all the points of interest and their coordenates?

Thanks

Alberto Perez
Medical Physics
Hospital Virgen de la Victoria
Malaga. Spain

----------}]mCl#AtT:----------

De:	APROZOS@terra.es
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: POIs and scripting
Fecha:	miércoles, 15 de noviembre de 2006 17:25:00
Archivos adjuntos:	

It is exactly what I need. A very fast answer!

Thanks a lot

Alberto Perez

----Mensaje original----
De: forest.gary@marshfieldclinic.org
Recibido: 15/11/2006 15:20
Para: <pinnacle-users@explode.unsw.edu.au>
Asunto: Re: POIs and scripting

PoiList.Save = "/full/filename/and/path/to/save/the/file/to";

e.g.
PoiList.Save = "/tmp/CurrentPois.txt"

You will get all the information about all the POIs.

Hope that helps

Gary Forest
Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

------Original Message------
From: "Alberto Pérez Rozos" <aprozos@terra.es>
Date: Wed Nov 15, 2006 -- 04:52:56 AM
To: <pinnacle-users@explode.unsw.edu.au>
Subject: POIs and scripting

Are there a scripting way to save to a file (txt format) all the
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Thanks

Alberto Perez
Medical Physics
Hospital Virgen de la Victoria
Malaga. Spain

----------}]mCl#AtT:----------

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##

De:	e.vdieren
A:	IMPAC Multi-ACCESS Software Users; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	mounting an windows (multi-access) disk in Pinnacle
Fecha:	jueves, 16 de noviembre de 2006 12:43:55
Archivos adjuntos:	e.vdieren.vcf

Hi,

we're trying to go paperless, but the process of capturing Pinnacle files (Unix) to Multi-Access requires using ftp. I am trying to learn everyone how to ftp, but it is difficult for those poor people out there who never learned MS-DOS and can't tell a / from a \.
Alternatively, I tried automatic scripts (e.g. reflection ftp), but this requires installation of that program on each computer.

In short, I get a lot of phone calls for assistence. I am thinking of mounting
some part of the M-A drive (e.g. X:\import) directly in Unix to avoid this.
Is there anyone who did this already?

sincerly
Erik

De:	Gallamore, Mike
A:	"pinnacle-users@explode.unsw.edu.au"; IMPAC Multi-ACCESS Software Users;
Cc:	
Asunto:	RE: mounting an windows (multi-access) disk in Pinnacle
Fecha:	jueves, 16 de noviembre de 2006 17:15:17
Archivos adjuntos:	

My site is paperless, we're in a pinnacle/Varis environment though. I'm not quite following which part of paperless your currently having troubles with. We run reflection x on our Varis server, to get the files over. Then we share the windows directory to our treatment units/Varis documents etc. We also use a program to push the dicom images from our CT to pinnacle, but I assume you have that working.

-----Original Message-----
From: e.vdieren [mailto:e.vdieren@hagaziekenhuis.nl]
Sent: Thursday, November 16, 2006 6:28 AM
To: IMPAC Multi-ACCESS Software Users;
pinnacle-users@explode.unsw.edu.au
Subject: mounting an windows (multi-access) disk in Pinnacle

Hi,

we're trying to go paperless, but the process of capturing Pinnacle files (Unix) to Multi-Access requires using ftp. I am trying to learn everyone how to ftp, but it is difficult for those poor people out there who never learned MS-DOS and can't tell a / from a \.
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Is there anyone who did this already?

sincerly
Erik

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Confidentiality Notice: This e-mail message, including any attachments, is for the sole use of the intended recipient (s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: printing names containing backslash
Fecha:	jueves, 16 de noviembre de 2006 17:15:54
Archivos adjuntos:	

Listers,

I had a similar problem with backups. I eventually found a backslash in a plan comment line. Lot's o' sleuthing for that one.

My explanation was that the backup task, and here likely the printing, involves a unix shell script at some point. The backslash character is one of the shell "special characters." A backslash tells the shell to interpret the following character in a literal instead of symbolic sense. In many cases, then, a backslash in a comment line could break a script.

Sean

Sean Frigo

Turville Bay Radiation Oncology Center
1104 John Nolen Drive
Madison WI 53713

608/259-4465 (voice)
608/251-4255 (fax)

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** e.vdieren
Sent: Wednesday, November 15, 2006 01:33
To: pinnacle-users@explode.unsw.edu.au
Subject: printing names containing backslash

Dear All,

A problem I wanted to share with you:

For 1 particular patient, it was impossible to printout the plan. The printer started, but never finished the job. Other patient plans never had any problem. When I captured the postscript file and viewed it in *ghostscript*, there was some unclear error (DSC error at line 2917, %% trailer).

It took Philips a week to find out the prescription name contained a backslash (\) at the end of the name. Therefore, the next character (an)) was taken literally, and that postscipt section never stopped, explaining the error and the end of the file. I didn't see it before, since the prescription names are always very long.

I hope this mail helps other users to find similar problems earlier.

sincerely
Erik

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: mounting an windows (multi-access) disk in Pinnacle
Fecha:	jueves, 16 de noviembre de 2006 17:20:36
Archivos adjuntos:	

Erik,

We have a windows server running "Services for Unix". This allows our Pinnacle server to mount a disk on the windows server for reading and writing via NFS.

The upside is that NFS is built into unix, and only slight configuration changes need to be made on the Pinnacle end. I strongly suggest you call Philips support for assistance and to keep them in the loop. On the windows side, it would be wise to have a character translation table set up, and depending on how your IMPAC system is, your IS might need to help with setting up rights and permissions.

Have fun,

Sean

_____

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of e.vdieren
Sent: Thursday, November 16, 2006 05:28
To: IMPAC Multi-ACCESS Software Users; pinnacle-users@explode.unsw.edu.au
Subject: mounting an windows (multi-access) disk in Pinnacle

Hi,

we're trying to go paperless, but the process of capturing Pinnacle files
(Unix) to Multi-Access requires using ftp. I am trying to learn everyone how to ftp, but it is difficult for those poor people out there who never learned MS-DOS and can't tell a / from a \.
Alternatively, I tried automatic scripts (e.g. reflection ftp), but this requires installation of that program on each computer.

In short, I get a lot of phone calls for assistence. I am thinking of

mounting some part of the M-A drive (e.g. X:\import) directly in Unix to avoid this.
Is there anyone who did this already?

sincerly
Erik

members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	New Printer
Fecha:	jueves, 16 de noviembre de 2006 18:55:17
Archivos adjuntos:	

Hi,
As part of an upgrade we replaced our aging Lexmark(s) with a new Ricoh 7200 - based in part on endorsements from this group, thank you.

I was happy to see the simple toner bottle replacement process, thinking we'd save on consumables and hassle, then I looked closer and realized HOW MANY different 'consumables' this behemoth sports. The items requiring periodic replacement, apparently, include:

- Photoconductor unit
- Developer Unit
- Fuser Unit
- Dustproof filter
- Waste Toner bottle
- Feed Roller

The manual is mute on expected frequency of replacement, so far as I could see, I wonder if any present owner might comment on these supplies - How frequently do you replace them? (compared to, say, black toner)

I must say that this new unit is a nice product, better resolution than my Lexmark. No faster, though (warm-up period for the first sheet is still 15-20 sec I guess).
- No print head calibration required (good)
- ONE printer for letter and11x17 (very good)
- Large, floor standing (bad)
I think the color is a bit 'warmer' then the Lexmark, anyone else notice this?

Thanks for any feedback, I need help knowing what to order for regular supplies (so far all I have is Toner!).

regards
Martin

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: New Printer
Fecha:	jueves, 16 de noviembre de 2006 19:08:31
Archivos adjuntos:	

---

we are always in the process of replacing something or about to replace something. You get an error message that says- so and so will need to replaced soon. These messages appear long before the item actually needs to be replaced. We also use our Ricoh printer as network printer so it gets quite a bit of use.

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Martin Fraser
Sent: Thu 11/16/2006 12:36 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: New Printer

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Thanks for any feedback, I need help knowing what to order for regular supplies (so far all I have is Toner!).

regards
Martin

De:	Cameron Ditty
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: New Printer
Fecha:	jueves, 16 de noviembre de 2006 19:33:20
Archivos adjuntos:	

Martin,

It kinda tells you in the Maintenance manual. It gives the average printable number of pages.

For the black toner : 24000
For each color toner: 10000
photoconductor unit: 40000
Developer unit: 80000
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You replace the filter with the black developer. So you can reference the consumables with your replacement of the black toner, i.e. photoconductor ~ everyother black toner replacement etc...

BTW, The Ricoh does seem more stout than the Lexmark, but I will say that we have had it for ~ 2 weeks and already experienced jams.

Cameron

On 11/16/06, **Martin Fraser** <mwfraser@comcast.net> wrote:

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Thanks for any feedback, I need help knowing what to order for regular supplies (so far all I have is Toner!).

regards
Martin

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: New Printer
Fecha:	jueves, 16 de noviembre de 2006 21:08:28
Archivos adjuntos:	

Plus, your IS group may be able to vacuum and dispose the waste toner contents, saving you from keeping multiple spares around. They do that for another set of Ricoh's we have, though we've not yet had the need on the 7200.

We've had the 7200 for months and, aside from a hiccup on the initial install, it's rolled along pretty much trouble-free. We like it better than the Lexmark.

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> cbditt0@gmail.com 11/16/2006 1:20 PM >>>
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> supplies (so far all I have is Toner!).
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> regards
> Martin
>
>
>

De:	garmon
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT for whole abdomen
Fecha:	jueves, 16 de noviembre de 2006 21:21:57
Archivos adjuntos:	

Maybe the split fields on Elekta have to do with the minimum and maximum tip positions of the MLC. Although a static field can be 40x40, the maximum tip positions are not all 20 cm (corners leaves go to about 16.5, I think). Also, the maximum tip difference for adjacent leaves is 32.5 and since the jaws conform to segment this might be more than the Pinnacle software could handle at present.

Pam

Pamela W. Garmon, M.S.
Clinical Medical Physicist
New Hanover Radiation Oncology
Wilmington, NC 28409
Ph. 910 251 1839
Pg. 910 254 0143
pgarmon@wpgii.com

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT for whole abdomen
Fecha:	jueves, 16 de noviembre de 2006 21:31:13
Archivos adjuntos:	

---

pam
how's the weather in wilmington today.

terry

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of garmon
Sent: Thu 11/16/2006 3:06 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: IMRT for whole abdomen

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Ph. 910 251 1839
Pg. 910 254 0143
pgarmon@wpgii.com

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: New Printer
Fecha:	jueves, 16 de noviembre de 2006 21:53:35
Archivos adjuntos:	

I must say that I have never experienced a paper jam with the Ricoh in the year that we have had it. We have replaced all of the toner once and had to replace a photoconductor once, but that is the only problems we have had thus far.

Pat

>From: "Cameron Ditty" <cbditt0@gmail.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Re: New Printer
>Date: Thu, 16 Nov 2006 12:20:52 -0600
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View Athlete’s Collections with Live Search
http://sportmaps.live.com/index.html?source=hmemailtaglinenov06&FORM=MGAC01

De:	Chris Hawkins
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: New Printer
Fecha:	jueves, 16 de noviembre de 2006 22:04:10
Archivos adjuntos:	

We have a Ricoh 3800 C, ~ 3 years old. No jams the first year. Baseball slogan: "Wait 'til next year."
Good luck with the 7200.

^^^^^^^^^^^^^^^^^^^^^^^^^^

Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

>>> patmeek@hotmail.com 11/16/2006 2:53:08 PM >>>
I must say that I have never experienced a paper jam with the Ricoh in the year that we have had it. We have replaced all of the toner once and had to replace a photoconductor once, but that is the only problems we have had thus far.

Pat

>From: "Cameron Ditty" <cbditt0@gmail.com>
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De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: New Printer
Fecha:	jueves, 16 de noviembre de 2006 22:23:17
Archivos adjuntos:	

Sorry, it was Cameron who kindly provided the consumables lifetime figures.
==========
Interesting, since Pat's numbers indicate that you should have required black toner at least 3 times before calling for a new Photoconductor.

I assume that you replaced it based on a message instructing you to do so. I'd prefer to replace components only when the original fails - being financially and environmentally responsible tack - Can I clear or ignore the messages and wait for adverse symptoms ?

At 02:53 PM 11/16/2006, you wrote:
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De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: New Printer
Fecha:	jueves, 16 de noviembre de 2006 22:25:59
Archivos adjuntos:	

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>>>
>>>The manual is mute on expected frequency of replacement, so far as I could
>>>see, I wonder if any present owner might comment on these supplies - How
>>>frequently do you replace them? (compared to, say, black toner)
>>>
>>>I must say that this new unit is a nice product, better resolution than my
>>>Lexmark. No faster, though (warm-up period for the first sheet is still
>>>15-20 sec I guess).
>>>- No print head calibration required (good)
>>>- ONE printer for letter and11x17 (very good)
>>>- Large, floor standing (bad)
>>>I think the color is a bit 'warmer' then the Lexmark, anyone else notice
>>>this?
>>>
>>>Thanks for any feedback, I need help knowing what to order for regular
>>>supplies (so far all I have is Toner!).
>>>
>>>regards

>>>Martin
>>>
>>>
>
>_____
>View Athlete s Collections with Live Search http://sportmaps.live.com/index.html?source=hmemailtaglinenov06&FORM=MGAC01
>
>
>
>###
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###

De:	Lederer, Ernst
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Script question
Fecha:	jueves, 16 de noviembre de 2006 22:50:51
Archivos adjuntos:	

Hi all,

I have written a script that looks like this....

```
Store.FreeAt.SupLimit_1 = "";
Store.FreeAt.SupLimit_2 = "";
Store.FreeAt.SupLimit = "";
.
.
.

Store.FloatAt.Suplimit = Store.FloatAt.SupLimit_1;
IF .Store.FloatAt.SupLimit_2.Value .LESSTHAN .Store.FloatAt.SupLimit_1.
Value .THEN .Store.FloatAt.SupLimit = Store.FloatAt.SupLimit_2.Value;
```

I always get a true on the IF line regardles what the values of SupLimit_1 and SupLimit_2 are and SupLimit always contains SupLimit_2 after that line.

Has somebody a suggestion on how to resolve the problem

Best regards
Ernst

****

De:	Chris Deibel
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Error in Pinnacle"s sample siemens primus
Fecha:	martes, 21 de noviembre de 2006 18:21:06
Archivos adjuntos:	

The MLC - Leaves - Minimum tip position (cm) is -20 in the sample siemens primus file in Pinnacle v7.6. This is wrong; the minimum tip position is actually -10 cm. In our case, we had a plan that when sent to the machine, Impac would not let us treat, causing a clinical mess; we had to replan.

Chris Deibel, Ph.D. Full Staff
Radiation Oncology, Desk T-28 deibelc@ccf.org
The Cleveland Clinic Foundation office: (216) 444-1943
9500 Euclid Avenue fax: (216) 445-5587
Cleveland, Ohio 44195 beep: (216) 464-8410 25259

==========

De:	Hartzell, Scott
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Ricoh 7200 Consumables
Fecha:	martes, 21 de noviembre de 2006 21:54:24
Archivos adjuntos:	

Hello Users,

A few months ago we had our Ricoh 7000 replaced with a 7200 due to continued issues. Now we find ourselves low on toner with only our old 7000-unit replacements.

Has anyone had any success with 'modifying' the 7000 consumables for a 7200? I just tried our yellow toner refill for a 7000 in a 7200, and after modifying to make the footprint the same (you'll know if you see the refills side-by-side), the printer does not recognize any yellow cartridge. It's not a problem with the contacts on top and the toner fits seemingly well...

Any input?

Thanks!

De:	Cameron Ditty
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Ricoh 7200 Consumables
Fecha:	martes, 21 de noviembre de 2006 22:21:03
Archivos adjuntos:	

I have not replaced the toner of our 7200, nor did we have a 7000, but I did used to work at Lexmark as a systems engineer so I have some ideas of how printer companies think. That being understand that this is just conjecture, but I think that you will find that the toner has a rom of some flavor in it that identifies it. You may be able to swap it from the used 7200 toner. Lexmark liked to do everything either on the pc (for their consumer models) or in the printer (for their buisness models) so outside of identification the cartridges were "dumb". If this is the case with Ricoh than changing the rom should work, but if the usage is kept in the cartridge then you may still have problems.

Again I am just thinking through it logical with general experience not any specific experience with your situation. Good luck,

Cameron

On 11/21/06, **Hartzell, Scott** <SHartzell@gvh.org> wrote:

> Hello Users,
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>
> Any input?
>
> Thanks!
>
>

De:	Ratkewicz, Alexander E.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Ricoh 7200 Consumables
Fecha:	miércoles, 22 de noviembre de 2006 1:43:58
Archivos adjuntos:	

Hi Scott,

Just yesterday our dosimetrist went to replace the yellow toner on our 7200 and called me when it wouldn't work. Our problem was that we had toner for a 7100. The first problem was that it wouldn't fit correctly because of a little tab in the slots on the open end of the cartridge. So we cut the tab off and it fit, but the printer would not recognize the new toner. I guessed, like Cameron is saying, that somehow the containers were coded differently since the tracings on the contact circuit boards on the containers were different. So we pulled the whole bladder bag of toner out of the new container, put it in the old container, and it worked. I am not sure you can do the same for a 7000 to 7200 modification.

Hope this helps,
Al

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Cameron Ditty
Sent: Tuesday, November 21, 2006 12:55 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Ricoh 7200 Consumables

I have not replaced the toner of our 7200, nor did we have a 7000, but I did used to work at Lexmark as a systems engineer so I have some ideas of how printer companies think. That being understand that this is just conjecture, but I think that you will find that the toner has a rom of some flavor in it that identifies it. You may be able to swap it from the used 7200 toner. Lexmark liked to do everything either on the pc (for their consumer models) or in the printer (for their buisness models) so outside of identification the cartridges were "dumb". If this is the case with Ricoh than changing the rom should work, but if the usage is kept in the cartridge then you may still have problems.

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a problem with the contacts on top and the toner fits seemingly well...

Any input?

Thanks!

De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Error in Pinnacle"s sample siemens primus
Fecha:	miércoles, 22 de noviembre de 2006 10:32:15
Archivos adjuntos:	

Hi Chris

Thanks for sharing this here. It goes to show how important a comprehensive QA is after software and hardware uprades.

We have always noted that the QA performed by Philips/ADAC was minimal. We worked up our own commissioning protocol for testing the entire planning/treatment network from CT straight through to the machine a few years ago. It is used when any component in the treatment chain is upgraded. This adds signigicant time to upgrades, but we have also caught a few important things before going clinical.

I recommend getting a copy of the IPEM report 93 and giving it a good read through. Bits of it are already outdated (even though it was published in 2006) but you will get an idea about what can be done.

Kind regards
Ian

Ian Norton

Clinic for Radiation Oncology
University Hospital Zurich
Raemistrasse 100
CH-8091 Zurich
Switzerland

Tel.: +41 -(0)44-255-3251

ian.norton@usz.ch
http://www.usz.ch

-----Ursprüngliche Nachricht-----

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Chris Deibel
Gesendet: Dienstag, 21. November 2006 17:36
An: pinnacle-users@explode.unsw.edu.au
Betreff: Error in Pinnacle's sample siemens primus

The MLC - Leaves - Minimum tip position (cm) is -20 in the sample siemens primus file in Pinnacle v7.6. This is wrong; the minimum tip position is actually -10 cm. In our case, we had a plan that when sent to the machine, Impac would not let us treat, causing a clinical mess; we had to replan.

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The Cleveland Clinic Foundation office: (216) 444-1943
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##

De: Marc Mlyn

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: AW: Error in Pinnacle"s sample siemens primus

Fecha: miércoles, 22 de noviembre de 2006 14:33:59

Archivos adjuntos:

Hello Folks,

The sample machines are examples that have been collected from customers. They were not created in cooperation with the linac vendors.

Ian is correct in that we do little to verify these parameters because the only one that can verify that these values are correct is you! Even within the same model, there can be differences from machine to machine. In general, the models should be similar despite these differences, and these samples are often a good starting point.

I have submitted Chris' report for a future release, assuming that we can verify that this is true for most Primus machines. The sample Primus machine has been in there for a couple of years now.

Also, there are a couple of sample machines with missing directories for the electrons and stereo data, which is why you get an error when you copy them into physics, or why you can't add energies in these modalities. This has also been submitted.

I hope that everyone has a happy and healthy Thanksgiving!

Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Website: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

To <pinnacle-users@explode.unsw.edu.au>
cc
Subject AW: Error in Pinnacle's sample siemens primus
Classification

"Norton Ian" <Ian.Norton@usz.ch>

Sent by:
owner-pinnacle-users@explode.unsw.edu.au

11/22/2006 04:23 AM

Please respond to
pinnacle-users@explode.unsw.edu.au

Hi Chris

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We have always noted that the QA performed by Philips/ADAC was minimal. We worked up our own commissioning protocol for testing the entire planning/ treatment network from CT straight through to the machine a few years ago. It is used when any component in the treatment chain is upgraded. This adds signigicant time to upgrades, but we have also caught a few important things before going clinical.

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Ian

Ian Norton

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Switzerland

Tel.: +41 -(0)44-255-3251

ian.norton@usz.ch
http://www.usz.ch

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Chris Deibel
Gesendet: Dienstag, 21. November 2006 17:36
An: pinnacle-users@explode.unsw.edu.au
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##

De:	Gnanaprakasam (GP) Vadivelu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Siemens PRIMART beam modeling
Fecha:	miércoles, 22 de noviembre de 2006 15:32:02
Archivos adjuntos:	

If anybody is willing to share a copy of the Siemens PRIMART beam modeling parameters, it would be greatly appreciated.
Happy Thanksgiving!
Regards
GP

De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: AW: Error in Pinnacle"s sample siemens primus
Fecha:	miércoles, 22 de noviembre de 2006 19:17:17
Archivos adjuntos:	

Also check that if you're adding leaves that you *CHECK EVERY LEAF POSITION* (the default for adding the MLC may be the min position of -20, not -10, which is the wrong default).

We did this when upgrading our 29 to 41 leaf-pairs on the SIemens unit (which was a Pinnacle+Siemens+Multiaccess nightmare. I can provide details for those with that combination and are planning such an upgrade).

PS. Basran
Toronto-Sunnybrook Cancer Centre

----- Original Message ----
From: Norton Ian <Ian.Norton@usz.ch>
To: pinnacle-users@explode.unsw.edu.au
Sent: Wednesday, November 22, 2006 4:23:07 AM
Subject: AW: Error in Pinnacle's sample siemens primus

Hi Chris

Thanks for sharing this here. It goes to show how important a comprehensive QA is after software and hardware uprades.

We have always noted that the QA performed by Philips/ADAC was minimal. We worked up our own commissioning protocol for testing the entire planning/treatment network from CT straight through to the machine a few years ago. It is used when any component in the treatment chain is upgraded. This adds signigicant time to upgrades, but we have also caught a few important things before going clinical.

I recommend getting a copy of the IPEM report 93 and giving it a good read through. Bits of it are already outdated (even though it was published in 2006) but you will get an idea about what can be done.

Kind regards
Ian

Ian Norton

Clinic for Radiation Oncology
University Hospital Zurich
Raemistrasse 100
CH-8091 Zurich
Switzerland

Tel.: +41 -(0)44-255-3251

ian.norton@usz.ch
http://www.usz.ch

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Chris Deibel
Gesendet: Dienstag, 21. November 2006 17:36
An: pinnacle-users@explode.unsw.edu.au
Betreff: Error in Pinnacle's sample siemens primus

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##

De:	Chris Deibel
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Modeling motorized wedge for Synergy for large field sizes
Fecha:	miércoles, 22 de noviembre de 2006 19:32:23
Archivos adjuntos:	

I'm having trouble making an acceptable Pinnacle model for the motorized wedge for large fields for the Elekta Synergy; especially the 40x30 field size as well as the 30x30 field size. The only parameter that I have not worked with is the physical shape of the wedge, which I took from the sample Elekta machine. This is a confusing parameter, since the wedge does not have a simple "wedge" shape; the slope changes as you move around the wedge.

What coordinates did you use for the physical shape of the wedge? Do you have factors that worked well for this for Spectral Off-Axis Scattering Factor and Wedge/Compensator Scatter Factor?

Thanks.

-Chris

==========

De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: AW: Error in Pinnacle"s sample siemens primus
Fecha:	miércoles, 22 de noviembre de 2006 20:10:39
Archivos adjuntos:	

It had never occurred to me to use the sample machines in Pinnacle for machine characterization. I have commissioned five different Siemens MLC linacs now (including both leaf pair configurations of 29 and 41) and we also have Pinnacle+Siemens+Lantis(Impac) and have never had a problem with the issues described below. Of course, I always assumed that the sample machines were supposed to be used only for a starting point for beam modeling and not for machine characterization. I would never use a "sample" machine characterization from any linac vendor and for any treatment planning system unless you had a guarantee from both that the sample machine was correct and even then I would check every single parameter is Pinnacle's machine characterization. I think it's good to start from scratch when you have a new machine and actually go in the vault and cross check all your machine characterization parameters from max and min mechanical rotational limits to leaf travel limits, etc. Then cross reference these with what's in the data provided by your linac vendor and finally enter this in Pinnacle or make sure that's what's in your sample machine data.

All this should be performed and tested way before you are close to going clinical.

If this type of work isn't part of the job definition of a clinical medical physicist, I don't know what is?

Joe Herrick
Reno, Nevada

>From: "Parminder S. Basran" <pbasran@yahoo.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Re: AW: Error in Pinnacle's sample siemens primus
>Date: Wed, 22 Nov 2006 09:37:11 -0800 (PST)
>
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>----------
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>

>ian.norton@usz.ch
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>--
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>-----Ursprüngliche Nachricht-----
>Von: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Chris
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>Gesendet: Dienstag, 21. November 2006 17:36
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>##

De:	Geoghegan, Sean
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Modeling motorized wedge for Synergy for large field sizes
Fecha:	jueves, 23 de noviembre de 2006 2:12:00
Archivos adjuntos:	

Hi Chris,

we've managed to meet the Van Dyk criteria on our Elekta Precise linacs for all of our photons (4, 6 and 10 MV). We modifed the wedge shape and the arbitrary fluence profiles to get agreement for the inplane and crossplane profiles. We are happy to share our models if you want them. I think that the Precise and Synergy are essentially the same with regard to MV photons.

Cheers

Sean

_____

Sean Geoghegan, PhD MACPSEM MAIP
Senior Medical Physicist
Royal Perth Hospital
Perth WA 6000 AUSTRALIA
t +61 8 9224 7015 h +61 8 9224 2244
f +61 8 9224 1138 m +61 437 056 932
e sean.geoghegan@health.wa.gov.au

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]
Sent: Thursday, 23 November 2006 02:02
To: pinnacle-users@explode.unsw.edu.au
Subject: Modeling motorized wedge for Synergy for large field sizes

I'm having trouble making an acceptable Pinnacle model for the motorized

wedge for large fields for the Elekta Synergy; especially the 40x30 field size as well as the 30x30 field size. The only parameter that I have not worked with is the physical shape of the wedge, which I took from the sample Elekta machine. This is a confusing parameter, since the wedge does not have a simple "wedge" shape; the slope changes as you move around the wedge.

What coordinates did you use for the physical shape of the wedge? Do you have factors that worked well for this for Spectral Off-Axis Scattering Factor and Wedge/Compensator Scatter Factor?

Thanks.

-Chris

==========

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to majordomo@explode.unsw.edu.au.

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##

De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: AW: Error in Pinnacle"s sample siemens primus
Fecha:	sábado, 25 de noviembre de 2006 17:01:56
Archivos adjuntos:	

>All this should be performed and tested way before you are close to going
>clinical.
>If this type of work isn't part of the job definition of a clinical medical
>physicist, I don't know what is?
>Joe Herrick
>Reno, Nevada

Yup. Good point.

The problem encountered was that Mult-access would not recognize a Siemens machine that has 29 versus 41 mlc leaf-pairs. We have two Siemens linacs that are almost exclusively treating IMRT. So during the MLC upgrade, we amalgamated treatments onto a single unit while the other went for replacement... long days for the RT staff, but Seimens said it would take about 1 week. Just to clarify, those 6.5cm leaves that were replaced with the 1cm leaves are never open (at least they weren't for the 30 IMRT patients that were being treated at the time). So if Multi-access won't allow you treat a 29 MLC with 41 MLC (as it probably shouldn't be able to) you'd think 'okay, maybe send over a new set of RTP files from a newly Pinnacle commissioned linac with the correct number of leaves. Problem is that if you switch machines within Pinnacle's IMRT mode, you turf all your segments... so Philips says you must re-plan those IMRT patients. But hey! I have 30 patients on treatment! Suffice t!
o say, the day was saved and we found a way to deliver the remaining fractions on the new MLC without having to replan our patients.

It was a tough lesson to learn and I wouldn't want anyone to go through that. But given time constraints on having a units always up there aren't many options apart from
1. pre-planning another IMRT plan with 41MLC Pinnacle machine and swapping the patients treatment after the machine is up or,
2. the best option of completing patient treatments on that machine, put it out of service and then start delivering new patients once the machine is back up again.

Parminder

----- Original Message ----
From: Joe Herrick <herrick_js@hotmail.com>

To: pinnacle-users@explode.unsw.edu.au
Sent: Wednesday, November 22, 2006 1:33:32 PM
Subject: Re: AW: Error in Pinnacle's sample sie
mus

It had never occurred to me to use the sample machines in Pinnacle for machine characterization. I have commissioned five different Siemens MLC linacs now (including both leaf pair configurations of 29 and 41) and we also have Pinnacle+Siemens+Lantis(Impac) and have never had a problem with the issues described below. Of course, I always assumed that the sample machines were supposed to be used only for a starting point for beam modeling and not for machine characterization. I would never use a "sample" machine characterization from any linac vendor and for any treatment planning system unless you had a guarantee from both that the sample machine was correct and even then I would check every single parameter is Pinnacle's machine characterization. I think it's good to start from scratch when you have a new machine and actually go in the vault and cross check all your machine characterization parameters from max and min mechanical rotational limits to leaf travel limits, etc. Then cross reference these with what's in the data provided by your linac vendor and finally enter this in Pinnacle or make sure that's what's in your sample machine data.

De:	Hobie Shackford
A:	Pinnacle Users List;
Cc:	
Asunto:	Grid Resolution for IMRT
Fecha:	martes, 28 de noviembre de 2006 23:18:08
Archivos adjuntos:	

For the past couple of years I have been hearing the recommendation that we should use a 2 mm grid size for H & N IMRT. The increase in calc. time has always made us hesitant to switch from a 4 mm grid element. After hearing it again at ASTRO this year I decided to re-examine the issue (we did get new boxes this year). I checked the presentations at the 2006 AAPM meeting (that I missed) and came across a CE course that presented data from a paper by Dempsey et al (Med. Phys. 32(2),380-388,(2005)) that was rather disturbing. The paper indicated that the "real" target DVH coverage for a beam set from a plan using a 4 mm grid was about 87% vs. the planned 95%! The TPS involved was an in-house system, not Pinnacle.

Dempsey's method to get the "true" dose distribution was to use the planned beam set to irradiate the virtual patient digitized with 1 mm isotropic grid voxels. I decided to try the same technique on a sample of our patients. I copied the final trial and resized the dose grid in the new trial. Due to memory limits, I could only run a 1.5 x 1.5 x 2 voxel size with the grid tightly sized to the treatment region. After letting the workstation perculate for a couple of hours I compared the trials.

To my surprise I did not see anything like that shown in the Dempsey paper. In fact the doses were generally higher with the high res grid. For one patient the GTV DVH curve max shifted only 1.6% to the right and for another 0.5%. The cord dose was not much different (+16 cGy and +65 cGy). In one case the maximum dose point shifted 3.8 cm into one of the parotids (and increased 2% in value).

Have any of you done similar studies you would be willing to share? Any ideas on why the two TPS's respond to grid size so differently? Perhaps my sample size (2) is too small and it was just dumb luck to get such good 4 mm grid plans.

Running on Pinnacle v7.6 and IMRT v2.0.

Hobie Shackford
NorthMain Radiation Oncology
Providence, RI
hshackford@nmrad.com

De:	R. Paul King
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Grid Resolution for IMRT
Fecha:	miércoles, 29 de noviembre de 2006 19:06:44
Archivos adjuntos:	

I believe the fluence map resolution in Pinnacle is 5 mm and I've not found any way to make it finer.
- Paul King

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Thompson, Stephen K
Sent: Wednesday, November 29, 2006 10:53 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Grid Resolution for IMRT

I've found similar results. A 2mm grid takes too long to optimize so I use 3mm. I typically will optimize first in 0.4mm and get a good plan. Then I copy the trial and redo it at 3mm with the same objectives if it is a H&N or brain near sensitive structures. If it doesn't look much different on the sensitive structures and PTVs (most of the time), then I just use the 0.4mm grid. Once in a while there is a noticeable difference and I end up with the 0.3mm version. There's probably a reason for that but I haven't had the time to figure it out!

Steve Thompson, M.S., DABR
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
ph 209-572-7237
fax 209-526-5280
thompssk@sutterhealth.org

-----Original Message-----

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Hobie Shackford
Sent: Tuesday, November 28, 2006 1:02 PM
To: Pinnacle Users List
Subject: Grid Resolution for IMRT

For the past couple of years I have been hearing the recommendation that we should use a 2 mm grid size for H & N IMRT. The increase in calc. time has always made us hesitant to switch from a 4 mm grid element. After hearing it again at ASTRO this year I decided to re-examine the issue (we did get new boxes this year). I checked the presentations at the 2006 AAPM meeting (that I missed) and came across a CE course that presented data from a paper by Dempsey et al (Med. Phys. 32(2),380-388,(2005)) that was rather disturbing. The paper indicated that the "real" target DVH coverage for a beam set from a plan using a 4 mm grid was about 87% vs. the planned 95%! The TPS involved was an in-house system, not Pinnacle.

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Running on Pinnacle v7.6 and IMRT v2.0.

Hobie Shackford
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Providence, RI
hshackford@nmrad.com

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unlawful. If you believe that you have received this email in error,
please contact the sender.
****

De:	Simpson, Larry D.
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Grid Resolution for IMRT
Fecha:	miércoles, 29 de noviembre de 2006 19:08:57
Archivos adjuntos:	

The key point is that one has ~2.5 times the density of calc points when one uses .3cm versus .4cm grid. This is key in high dose gradient regions: 1)evaluating non-flash dose or 'surface dose', 2)at the edges of your PTV's , and, correspondingly 3) at the edges of your OAR volumes, and particularly so for all of these if the IMRT plan requires a disproportionately large number of small segments to paint your dose volume. It would also be more important for 6X than for 18X.

Regards,...Larry

Larry Simpson, Ph.D.
HFGraham CC
Newark, DE

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Thompson, Stephen K
Sent: Wednesday, November 29, 2006 11:53 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Grid Resolution for IMRT

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Steve Thompson, M.S., DABR
Medical Physicist
Department of Radiation Therapy

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ph 209-572-7237
fax 209-526-5280
thompssk@sutterhealth.org

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From: owner-pinnacle-users@explode.unsw.edu.au
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Sent: Tuesday, November 28, 2006 1:02 PM
To: Pinnacle Users List
Subject: Grid Resolution for IMRT

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Running on Pinnacle v7.6 and IMRT v2.0.

Hobie Shackford
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##########

De:	Barrett Marc
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Grid Resolution for IMRT
Fecha:	miércoles, 29 de noviembre de 2006 23:06:42
Archivos adjuntos:	

Another way to get a quick and "pretty good look" at what the plan will look like is to set the dose grid to 0.4 cm, but change the density/fluence grid resolution to 0.2 or 0.1 cm. This will give an accurate dose at each point but just doesn't require the system to calculate a bunch of points to begin with. (Remember, Dose grid resolution determines "number" of points calculated and Density/Fluence grid is accuracy of dose calc at each point). As with all "quick" fixes though, this one will not give you a very decent look at high dose gradient regions. Just a thought.

Marc R. Barrett

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Thompson, Stephen K
Sent: Wednesday, November 29, 2006 10:53 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Grid Resolution for IMRT

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##

De:	sabina thiessen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Varian Trilogy/IMPAC
Fecha:	miércoles, 06 de diciembre de 2006 6:31:06
Archivos adjuntos:	

I have heard rumors of issues when Impac is paired with Varian's Trilogy machines in regards to the operation of OBI and cone beam ct, but never any specifics. Does anyone have experience with this combination or know of problems? Any information, good or bad, would be appreciated.

Sabina Thiessen, CMD
Redwood Regional Oncology Center
121 Sotoyome St., Ste 101
Santa Rosa, CA 95405

De:	Lederer, Ernst
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re.: scripting
Fecha:	miércoles, 06 de diciembre de 2006 15:02:10
Archivos adjuntos:	

Hi all,

I try to write a script that makes my printing easier. Is there a way to suppress those 2 messages before it prints (The header of the print is .... and the print requires n pages)

Test .ExpectWarningMessage = 0;

does not work.

Has somebody resolved that problem?
Many thanks in advance.

Ernst

Ernst Lederer RT., C.M.D.
Dosimetrist, Treatment Planning Team

Regional Cancer Centre of the
Hopital Regional Sudbury Regional Hospital
41 Ramsey Lake Road
Sudbury, Ontario P3E 5J1
Tel: (705) 522-6237 Ext. 2158
Fax.: (705) 523-7329
e-mail: elederer@hrsrh.on.ca

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Model Based Segmentation
Fecha:	miércoles, 06 de diciembre de 2006 22:08:23
Archivos adjuntos:	

Hi,

I was wondering if anyone here has installed the model based segmentation software yet and was wondering what were your experiences with it? Also what was the install and training process involved with this as well?

Thanks.

Pat

De:	John Bhengu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Lasers
Fecha:	lunes, 11 de diciembre de 2006 8:31:28
Archivos adjuntos:	

Hi there,

I would like to know from Pinnacle users what laser systems are you using in conjunction with the Pinnacle? Which one do you prefere (LAP, Gammex, A2J ...)

Thanks

John K Bhengu
Hospital Medical Physicist
Network Healthcare Holdings Limited (Netcare)
Parklands Hospital
75 Hopelands Road
Durban, Overport
South Africa

De:	alain duval
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Lasers
Fecha:	lunes, 11 de diciembre de 2006 13:32:12
Archivos adjuntos:	

Hello,
I use A2J. It's work fine.

Alain Duval
Evreux

-- message original --
Sujet: Lasers
De: "John Bhengu" <jbhengu@parklands.netcare.co.za>
Date: 11.12.2006 07:25

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Thanks

John K Bhengu
Hospital Medical Physicist
Network Healthcare Holdings Limited (Netcare)
Parklands Hospital
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##

De:	KumarNN@Healthall.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT conversion
Fecha:	lunes, 11 de diciembre de 2006 14:15:45
Archivos adjuntos:	

Hi,
I am new to this users group, so sorry if this problem has already been discussed. In pinnacle 7.6c we convert IMRT plans for a varian 120 leaf MLC, and many times the bems need to be split. Once in a while we get a solution which completely changes the fluence of the pre converted plan and increases dose by nearly 50%. We attributed this to the minimum segment MU's, but even at 1 MU/seg, this still occurred. Has anyone had this problem and if so, have you found a solution?

Thanks for any help in advance,

Nitin Kumar
Medical Physicist
The Barrett Cancer Center
Dept. of Radiation Oncology
234 Goodman Ave.
Cincinnati, OH 45219
Tel: (513) 584-0061
email: kumarnn@healthall.com

De:	McAfee, Sandra
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT conversion
Fecha:	martes, 12 de diciembre de 2006 14:24:09
Archivos adjuntos:	

What we do is only convert 2 beams at a time, then go into Imrt parameters put the 2 calculated beams to none instead of intensity moldulated. Go back to optimize run 10 iterations. Repeat this process for all beams. This has helped us.

Sandra Shaub-McAfee
Apple Hill Cancer Center
Dosimetrist
Suite 94
York, Pa
(717) 741-8299

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of KumarNN@Healthall.com
Sent: Mon 12/11/2006 8:01 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT conversion

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Thanks for any help in advance,

Nitin Kumar
Medical Physicist
The Barrett Cancer Center
Dept. of Radiation Oncology
234 Goodman Ave.

Cincinnati, OH 45219
Tel: (513) 584-0061
email: kumarnn@healthall.com

De:	Silgen, Patrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Lasers
Fecha:	martes, 12 de diciembre de 2006 17:48:36
Archivos adjuntos:	

John,

We have the Gammex lasers; if I had the chance to purchase again, I would most likely go with LAP.

Pat Silgen
Methodist Hospital Minnesota

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** John Bhengu
Sent: Saturday, December 09, 2006 1:23 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Lasers

Hi there,

I would like to know from Pinnacle users what laser systems are you using in conjunction with the Pinnacle? Which one do you prefere (LAP, Gammex, A2J ...)

Thanks

John K Bhengu
Hospital Medical Physicist
Network Healthcare Holdings Limited (Netcare)
Parklands Hospital
75 Hopelands Road
Durban, Overport
South Africa

De:	Silgen, Patrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT conversion
Fecha:	martes, 12 de diciembre de 2006 18:09:44
Archivos adjuntos:	

I'm wondering if anyone has done a clinical study to determine if this process produces a better plan. "Better" could mean different things to different people, but "better" to me would be a more conformal plan with more sparing to normal tissue. It would think this process should produce a better plan because you are optimizing some beams after others have already been optimized, but I've not done a good comparison with multiple plans.

We utilize DMPO in our clinic so we no longer run plans in this manner.

Thanks.

Pat Silgen
Methodist Hospital Minnesota

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** McAfee, Sandra
Sent: Tuesday, December 12, 2006 6:46 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT conversion

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Sandra Shaub-McAfee
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Suite 94
York, Pa
(717) 741-8299

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of KumarNN@Healthall.com

Sent: Mon 12/11/2006 8:01 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT conversion

Hi,
I am new to this users group, so sorry if this problem has already been discussed. In pinnacle 7.6c we convert IMRT plans for a varian 120 leaf MLC, and many times the bems need to be split. Once in a while we get a solution which completely changes the fluence of the pre converted plan and increases dose by nearly 50%. We attributed this to the minimum segment MU's, but even at 1 MU/seg, this still occurred. Has anyone had this problem and if so, have you found a solution?

Thanks for any help in advance,

Nitin Kumar
Medical Physicist
The Barrett Cancer Center
Dept. of Radiation Oncology
234 Goodman Ave.
Cincinnati, OH 45219
Tel: (513) 584-0061
email: kumarnn@healthall.com

De:	Spicer, Terry
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Lasers
Fecha:	martes, 12 de diciembre de 2006 18:37:16
Archivos adjuntos:	

We have LAP lasers. They work fine.

Terry
Martha Jefferson Hospital

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Silgen, Patrick
Sent: Tue 12/12/2006 11:27 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Lasers

John,

We have the Gammex lasers; if I had the chance to purchase again, I would most likely go with LAP.

Pat Silgen
Methodist Hospital Minnesota

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** John Bhengu
Sent: Saturday, December 09, 2006 1:23 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Lasers

Hi there,

I would like to know from Pinnacle users what laser systems are you using in conjunction with the Pinnacle? Which one do you prefere (LAP, Gammex, A2J ...)

Thanks

John K Bhengu
Hospital Medical Physicist
Network Healthcare Holdings Limited (Netcare)
Parklands Hospital
75 Hopelands Road
Durban, Overport
South Africa

De: Patel, Hemangini

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: IMRT conversion

Fecha: martes, 12 de diciembre de 2006 18:46:29

Archivos adjuntos:

We use DMPO and click no on the option to split beams under IMRT parameters. DMPO allows the MLCs to match over the fields.

If you don't have DMPO, do not make your fields larger than 13.5 accoss the MLCs and off set your beams to either side, i.e Beam 1 offset to the left, Beam 2 to the right, Beam 3 to the left etc. This should give you adequate coverage.

Hope this helps

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Silgen, Patrick
> **Sent:** Tuesday, December 12, 2006 8:25 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: IMRT conversion
>
> I'm wondering if anyone has done a clinical study to determine if this process produces a better plan. "Better" could mean different things to different people, but "better" to me would be a more conformal plan with more sparing to normal tissue. It would think this process should produce a better plan because you are optimizing some beams after others have already been optimized, but I've not done a good comparison with multiple plans.
>
> We utilize DMPO in our clinic so we no longer run plans in this manner.
>
> Thanks.
>
> Pat Silgen
> Methodist Hospital Minnesota
>
> ---
>
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** McAfee, Sandra
> **Sent:** Tuesday, December 12, 2006 6:46 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: IMRT conversion
>
> What we do is only convert 2 beams at a time, then go into Imrt parameters put the 2 calculated beams to none instead of intensity moldulated. Go back to

optimize run 10 iterations. Repeat this process for all beams. This has helped us.

Sandra Shaub-McAfee
Apple Hill Cancer Center
Dosimetrist
Suite 94
York, Pa
(717) 741-8299

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of KumarNN@Healthall.com
Sent: Mon 12/11/2006 8:01 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT conversion

Hi,
I am new to this users group, so sorry if this problem has already been discussed. In pinnacle 7.6c we convert IMRT plans for a varian 120 leaf MLC, and many times the bems need to be split. Once in a while we get a solution which completely changes the fluence of the pre converted plan and increases dose by nearly 50%. We attributed this to the minimum segment MU's, but even at 1 MU/seg, this still occurred. Has anyone had this problem and if so, have you found a solution?

Thanks for any help in advance,

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Medical Physicist
The Barrett Cancer Center
Dept. of Radiation Oncology
234 Goodman Ave.
Cincinnati, OH 45219
Tel: (513) 584-0061
email: kumarnn@healthall.com

De:	Royal, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT conversion
Fecha:	martes, 12 de diciembre de 2006 19:00:38
Archivos adjuntos:	

Pat,

I liked the fluence maps better when doing the “convert 2 or 3 beams, then re-optimize on the rest” approach. You get a better defined border around the periphery. And when you look at the fluence maps, they make sense (you can visually look at a G=97 prostate fluence map, and know right away that you have the correct fluence map, and it has a nice uniform progression from high to low doses).

Our DMPO fluence maps don’t always “make sense”. Sometimes with DMPO we got 8-10 segments on the lateral-type prostate fields. I was used to seeing 4 or 5. We use the PTW 2d-array for IMRT plan comparison, so I don’t always like the small high or low fluences that DMPO produces.

The DMPO is more convenient, but I can get a similar plan the old way (converting, then segment weighting). But, the old way did take time. So, we’ve started limiting the # of segments in DMPO (currently 36 segments for a 7 field prostate), and 65 for 9 field head/neck. Maybe I’ll try fewer segments than these in the future.

Jim

James Royal
Medical Physicist
Nebraska Methodist Hospital

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Silgen, Patrick
Sent: Tuesday, December 12, 2006 10:25 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT conversion

I'm wondering if anyone has done a clinical study to determine if this process produces a better plan. "Better" could mean different things to different people, but "better" to me would be a more conformal plan with more sparing to normal tissue. It would think this process should produce a better plan because you are optimizing some beams after others have already been optimized, but I've not done a good comparison with multiple plans.

We utilize DMPO in our clinic so we no longer run plans in this manner.

Thanks.

Pat Silgen
Methodist Hospital Minnesota

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** McAfee, Sandra
Sent: Tuesday, December 12, 2006 6:46 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT conversion

What we do is only convert 2 beams at a time, then go into Imrt parameters put the 2 calculated beams to none instead of intensity moldulated. Go back to optimize run 10 iterations. Repeat this process for all beams. This has helped us.

Sandra Shaub-McAfee
Apple Hill Cancer Center
Dosimetrist
Suite 94
York, Pa
(717) 741-8299

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of KumarNN@Healthall.com
Sent: Mon 12/11/2006 8:01 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT conversion

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Nitin Kumar
Medical Physicist
The Barrett Cancer Center
Dept. of Radiation Oncology
234 Goodman Ave.
Cincinnati, OH 45219
Tel: (513) 584-0061
email: kumarnn@healthall.com

De:	Gallamore, Mike
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: *** Detected as Spam *** ps to pdf
Fecha:	lunes, 18 de diciembre de 2006 18:28:36
Archivos adjuntos:	

We use 2 things. ps2pdf is free program that comes with linux. Doesn't come with Solaris, but is available for free from gnu. Comes with the Ghostscript package, which also has pdf2ps which can be useful as you can then have scripts like:

pdf2ps paper.pdf | lpr (flags)
to print out pdf files without opening them.

The other tool is pdf995. This program pretends to be a printer, so you 'print' stuff to it and it outputs it as a pdf file. There is a free version and a version you have to pay for. The free version pops up an add and a dialog box you have to click each time you use the software. It runs in windows, but you can share it like a printer. We use this feature for some of our reporting. We generate reports from Sybase, print the output as a pdf file, and then email it to the person that needs it. Rather than them needing some Sybase software to view a saved Sybase query they get the report in pdf format.

-----Original Message-----
From: Pat Meek [mailto:patmeek@hotmail.com]
Sent: Monday, December 18, 2006 11:00 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: *** Detected as Spam *** ps to pdf

Hi,

I am pretty sure that this topic has been discussed before, but I was wondering if anyone had a preference of software to convert ps to pdf within pinnacle? Wanting to make a script that will automate this process.

Thanks.

Pat

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	ps to pdf
Fecha:	lunes, 18 de diciembre de 2006 18:28:38
Archivos adjuntos:	

Hi,

I am pretty sure that this topic has been discussed before, but I was wondering if anyone had a preference of software to convert ps to pdf within pinnacle? Wanting to make a script that will automate this process.

Thanks.

Pat

De:	Myler Uwe
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	electron commissioning
Fecha:	lunes, 18 de diciembre de 2006 18:53:00
Archivos adjuntos:	

Hi everyone,

I am trying to make progress with commissioning electrons on Pinnacle (V. 8.0d) for Varian EX machines. I now ran into the following problem, which I hope someone else has already found a solution for:

While open cones seem to give almost reasonable doses (when compared to measurements), fields defined by cerrobend cutouts at the end of the cones are way off, if I define the cutouts in the usual block window. I have set the source to block distance to 95 cm (which, as an aside, would make it impossible to commission both photons and electrons under the same Pinnacle machine, since the blocks for photons and electrons are obviously at very different positions, and as far as I can see, there is only one place to enter the source to block distance for any machine) Now, another weird effect: If I select to display the "block plane" in the plan, it is always displayed at 90 cm from the source, regardless of what value I enter for the source to block distance. So something does not seem right.

On the other hand, if I define my cerrobend block using the contouring tool with density override at the proper (actual) distance from the phantom surface, the dose values seem to be much better.

So, is there something I am overlooking here? Has anyone succeeded in getting good dose values for cerrobend cutouts defined in the block window?

Thanks for any help!
Uwe

Uwe Myler
Juravinski Cancer Centre
Hamilton, Ontario, Canada

De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: ps to pdf
Fecha:	lunes, 18 de diciembre de 2006 20:01:16
Archivos adjuntos:	

Pat Meek schrieb:
> Hi,
>
> I am pretty sure that this topic has been discussed before, but I was
> wondering if anyone had a preference of software to convert ps to pdf
> within pinnacle? Wanting to make a script that will automate this process.

You can use ghostscript, witch is allready installed on the SUN:
ps2pdf13 -dPDFSETTINGS=/prepress ....ps ....pdf

first set:
export GS_LIB=/opt/sfw/share/ghostscript/fonts

Bjørne

>
> Thanks.
>
> Pat
>
> _____
> View Athlete?s Collections with Live Search
> http://sportmaps.live.com/index.html?
source=hmemailtaglinenov06&FORM=MGAC01
>
>
>
>
##
> To unsubscribe (yourself or other account) from the pinnacle-users
> mailing list, send the message
> unsubscribe pinnacle-users <e-mail address>
> to majordomo@explode.unsw.edu.au.
>
> Note: To avoid non-delivery error messages being sent to all list

> members, the list has been configured so that messages can only be
> sent from a subscribed account. Messages sent from a users secondary
> account will not be distributed unless that account is also subscribed.
>
##

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account will not be distributed unless that account is also subscribed.
##

De:	Tim Paul
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: electron commissioning
Fecha:	lunes, 18 de diciembre de 2006 21:52:09
Archivos adjuntos:	

Uwe,

We received an official notice from ADAC/Philips that there was a bug in the electron model for 8.0 and we should not commission electrons using this version. We are still using 7.6 for electrons.

I have not yet heard that this was fixed. Has any one heard differently?

You may want to contact them before doing this.

Tim Paul

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Myler Uwe
Sent: Monday, December 18, 2006 10:29 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: electron commissioning

Hi everyone,

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Thanks for any help!
Uwe

Uwe Myler
Juravinski Cancer Centre
Hamilton, Ontario, Canada

De:	Martin Ott
A:	Pinnacle Mailing List;
Cc:	
Asunto:	MLC-Positions to Block
Fecha:	martes, 19 de diciembre de 2006 13:42:36
Archivos adjuntos:	

Hi everybody,

we have a problem when receiving plans from a Siemens Oncologist Workstation for a Siemens Linac. They transmit only the leafpositions and the Y-Jaws, but only the positions and not as a block. When you now touch any leaf or field size the leaves will move to the default fieldsize, thus loosing the leaf-shape. The same is true if you enter a wedge. To overcome this problem I need a script that creates a block from the manual leafpositions.
Does anyone have an idea how to write something like that?

Any help is appreciated.

Thanks, Merry Xmas and a happy new year,

Martin

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Scripting Question
Fecha:	miércoles, 20 de diciembre de 2006 22:43:12
Archivos adjuntos:	

Hi all,

I am wanting to write a script in which at a point in the script I am wanting to display a message that will basically prompt me with a question like "do you want to proceed" then allow me to press either "yes" or "no" and then continue the exectution of the script.

Thanks.

Pat

De:	Paul King
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Conformal Arc - Pinnacle Phantom Planar Dose Calculation
Fecha:	miércoles, 20 de diciembre de 2006 22:43:17
Archivos adjuntos:	

I'd like to compare notes with someone familiar with using Pinnacle's Planar Dose Calculation utility using the "phantom" calculation (not "copy to phantom") with conformal arc beams.

Thanks, in advance, for your response.

- Paul King
pking@jarmc.org

De:	Chihray Liu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Scripting Question
Fecha:	jueves, 21 de diciembre de 2006 0:21:19
Archivos adjuntos:	HeadandNeckIMRTROI1PTVNoExpYN.Script.p3rtp

---

Pat;

Attached is an example of yes no question. Hopefully it will work on you.

Chihray Liu, Ph.D.
Associate Professor
Department of Radiation Oncology
University of Florida
Office: (352)265-8217

----- Original Message ----
From: Pat Meek <patmeek@hotmail.com>
To: pinnacle-users@explode.unsw.edu.au
Sent: Wednesday, December 20, 2006 4:15:48 PM
Subject: Scripting Question

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wanting to display a message that will basically prompt me with a question
like "do you want to proceed" then allow me to press either "yes" or "no"
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Thanks.

Pat

the message
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##

De:	Slate, Lawrence--KMC
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: electron commissioning
Fecha:	jueves, 21 de diciembre de 2006 18:20:46
Archivos adjuntos:	

---

hi,
I received an email two days ago from Sam Painter that they are still working on the patch and hope to have it out soon, but I was told the patch would be ready by the end of November. I agree with Tim, do not use the electrons for V8.0 clinically.
Thanks
Larry Slate

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Tim Paul
> **Sent:** Monday, December 18, 2006 11:55 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: electron commissioning
>
> Uwe,
>
> We received an official notice from ADAC/Philips that there was a bug in the electron model for 8.0 and we should not commission electrons using this version. We are still using 7.6 for electrons.
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> I have not yet heard that this was fixed. Has any one heard differently?
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> You may want to contact them before doing this.
>
> Tim Paul
>
> ---
>
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Myler Uwe
> **Sent:** Monday, December 18, 2006 10:29 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** electron commissioning

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Thanks for any help!
Uwe

Uwe Myler
Juravinski Cancer Centre
Hamilton, Ontario, Canada

De:	Hobie Shackford
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Grid Resolution for IMRT
Fecha:	viernes, 22 de diciembre de 2006 21:08:25
Archivos adjuntos:	

I tried Marc's idea on one of the patients I used for my original grid invesigation that I posted a couple of weeks ago and got some interesting results.

I tried comparing the default 4 mm dose grid voxel with matching density/ fluence grid with a 3 mm dose and density grid, a 4 mm dose with a 2 mm density grid, and the 1.5 x 1.5 x 2 mm dose grid from the original study (with whatever density grid Pinnacle assigns).

The 4/2 grid combination was very close to the highest resolution grid for a very small volume and a more typical volume. The DVH parameters were:

			D50		
Region	Vol.(cc)	4/4 mm	3/3 mm	4/2 mm	1.5/ ?
Node GTV	1.1	7100	7108	7159	7171
		-0.9%	-0.9%	-0.2%	0.0%
PTV65	66	6811	6822	6848	6864
		-0.8%	-0.6%	-0.2%	0.0%
Max Cord Dose:		4325	4296	4367	4390
		-1.5%	-2.1%	-0.5%	0.0%
Calc. Time (min)		9.5	20	22	

Hopefully the above table survived transmission. All the grids were the same size, with the exception of the high res grid where I ran into memory limitations.

It appears that the resolution of the density/ fluence grid has a more significant impact on the DVH and isodose distribution the the dose grid resolution. The 1.5 x 1.4 x 2 grid may have used the 2mm resolution for the density/ fluence grid and if that is the case

going to the high resolution dose grid had little impact. Note that the 4/2 calc time is about the same as the 3/3 calc time but the result appear to be closer to the "truth." I thought the high dose gradients looked very simmilar for the 4/2 and the highest resolution grid.

When you consider the complexity of the H&N structure using a high resolution density matrix makes sense. Pinnacle must be getting a more accurate measure or interpolation of the effective density used in a 4 mm^3 dose voxel with this technique.

Happy Holidays :-)

Hobie Shackford
NorthMain Radiation Oncology
Providence, RI

--- Barrett Marc <Marc.Barrett@hcahealthcare.com> wrote:

> Another way to get a quick and "pretty good look" at
> what the plan will
> look like is to set the dose grid to 0.4 cm, but
> change the
> density/fluence grid resolution to 0.2 or 0.1 cm.
> This will give an
> accurate dose at each point but just doesn't require
> the system to
> calculate a bunch of points to begin with.
> (Remember, Dose grid
> resolution determines "number" of points calculated
> and Density/Fluence
> grid is accuracy of dose calc at each point). As
> with all "quick" fixes
> though, this one will not give you a very decent
> look at high dose
> gradient regions. Just a thought.
>
> Marc R. Barrett

http://mail.yahoo.com

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Samba
Fecha:	martes, 26 de diciembre de 2006 23:45:47
Archivos adjuntos:	

Hello all,

I was wondering if Samba was installed on our Solaris OS? I hear it is on almost all Unix systems, but I can not seem to find it.

Thanks.

Pat

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	P3MD performance
Fecha:	miércoles, 27 de diciembre de 2006 15:49:46
Archivos adjuntos:	

Listers,

We were happily planning along in 7.4f, and then for a number of reasons, 8.0d gets on our system. Although 7.4f currently is our default and active planning tool, P3MD performance really took it in the shorts. The culprit: New version of Launch Pad.

I just received word that using 8.0d for planning will fix speed issues, but then that there is a bug in the P3MD drawing tool, and that upgrading to P3PC will solve all this. Uggggnnnnnh!

Has anyone seen or heard about any of the above?

Season's Greetings to All!

Sean

##

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Recreating IMRT port films
Fecha:	miércoles, 27 de diciembre de 2006 20:55:44
Archivos adjuntos:	

I am trying to recreate an IMRT port film in ADAC and wanted to know if there is an easy way to recreate the IMRT port film shapes automatically created by IMPAC when a dynamic mlc is ported (i.e. the max leaf positions).

-Mike

De:	forest.gary@marshfieldclinic.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: About Loop the Beam list using a script
Fecha:	jueves, 28 de diciembre de 2006 20:24:27
Archivos adjuntos:	HTML.mht (1.38 KB).msg ATT00009.txt

---

the ChilderenEachCurrent key will do this for you.

I will use this to run a given script against each beam
TrialList.Current.BeamList.ChildrenEachCurrent.#"@".Store.At.ScriptCommand.Execute = "";
Where Store.At.ScriptCommand is the script I wish to run.

Hope this helps

Gary Forest
Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

------Original Message------
From: "shzjy_list" <shzjy_list@126.com>
Date: Mon Dec 25, 2006 -- 07:00:16 PM
To: "pinnacle-users@explode.unsw.edu." <pinnacle-users@explode.unsw.edu.au>
Subject: About Loop the Beam list using a script

Hi
I want to change the beam's field ID one by one . How can I use a script to loop the fields' list?
thanks

shzjy_list
2006-12-26

----------}]mCl#AtT:----------

De:	forest.gary@marshfieldclinic.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Samba
Fecha:	jueves, 28 de diciembre de 2006 21:29:49
Archivos adjuntos:	

"I hear it is on almost all Unix systems..."

I think the reality is: It is available on almost all Unix systems

Yes it is available for Solaris, go to www.samba.org for more information.

On the other hand while we use Samba in all our departments it is not loaded on the Pinnacle machines. Several reasons for this:
- security
- not FDA approved
- security
- dosimetrist decides to reboot, samba server suddenly gone
- security
- Pinnacle support logs in and asks "What is this?"
- security
- opens machine to more users doing not so smart of stuff with it
- security

Not that I am trying to say that Samba is an insecure product, kinda the other way around Pinnacle is not the most secure product and IMHO adding Samba to it would not be a good mix.

Just my two cents...

Gary Forest
Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

------Original Message------
From: "Pat Meek" <patmeek@hotmail.com>
Date: Tue Dec 26, 2006 -- 04:49:05 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Samba

Hello all,

I was wondering if Samba was installed on our Solaris OS? I hear it is on almost all Unix systems, but I can not seem to find it.

Thanks.

Pat

##
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account will not be distributed unless that account is also subscribed.
##

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	MLC Scripting in Pinnacle
Fecha:	jueves, 28 de diciembre de 2006 21:30:46
Archivos adjuntos:	

Is it possible to add and mlc block to a beam via a script and then set the individual leaf positions for that mlc shape? I am trying to recreate port fields that were taken on IMRT fields using the IMPAC RV system. IMPAC generates a port field from the IMRT fields using the max extent of the leaves for the treated shape (how to get this shape and its leaf positions is a totally different problem to solve which I'm currently working on). Once I have the leaf positions for this shape I would like to create a beam in pinnacle and set an mlc block with the obtained leaf positions without setting each leaf position one by one in the mlc editor. Any help would be greatly appreciated.

Thanks,
-Mike

De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Samba
Fecha:	jueves, 28 de diciembre de 2006 21:58:47
Archivos adjuntos:	

Ah, the ugly myth of FDA approval. Samba is not a medical device and does not require FDA approval. It is certainly NOT true that any changes you make to your Pinnacle system require FDA approval. You own the product, and the FDA does not regulate what you do with it. They do regulate what Philips can sell. Your purchase and support agreement might say something like "if customer makes any unauthorized changes or add any unauthorized software that voids your support agreement", but such clauses are not required by FDA regulations. They are there for business reasons, perhaps justifiable, but not because of the FDA.

That said, Philips SHOULD make Pinnacle more secure, not by forbidding you to make changes or add software but by giving some attention to basic security requirements and not just absolving themselves of responsibility. We built such requirements into our purchase contract and Philips have worked with us very cooperatively. The FDA issued an advisory two years ago saying that indeed it is the vendor's responsibility to provide secure systems, install relevant security patches etc. and that in most cases, doing so does NOT require 510K recertification.

If there is a clinical need for samba, take responsibility and make it secure and use it. If not needed, don't do it. Use some other system for research and fun.

Ira Kalet

forest.gary@marshfieldclinic.org wrote:
> "I hear it is on almost all Unix systems..."
>
> I think the reality is: It is available on almost all Unix systems
>
> Yes it is available for Solaris, go to www.samba.org for more information.
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> Gary Forest
> Radiation Oncology
> Marshfield Clinic
> forest.gary@marshfieldclinic.org
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> ------Original Message------
> From: "Pat Meek" <patmeek@hotmail.com>
> Date: Tue Dec 26, 2006 -- 04:49:05 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Samba
>
> Hello all,
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> I was wondering if Samba was installed on our Solaris OS? I hear it is on
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> Thanks.
>
> Pat
>
> _____
> Get live scores and news about your team: Add the Live.com Football Page
> www.live.com/?addtemplate=football&icid=T001MSN30A0701
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##

--
Ira J. Kalet, Ph.D.
Professor, Radiation Oncology
Professor, Medical Education and Biomedical Informatics
Adjunct Professor, Computer Science and Engineering
Adjunct Professor, Biological Structure
Director, Security and Networking, UW Medicine IT Services

office: 206 598-4107
FAX: 206 598-3786
email: ikalet@u.washington.edu
www: http://www.radonc.washington.edu/faculty/ira/

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Samba
Fecha:	jueves, 28 de diciembre de 2006 23:19:27
Archivos adjuntos:	

Listers,

I am guessing that Pat is trying to achieve some integration with Windows, either a server or client. I would agree not to install Samba, but instead install services for Unix on the Windows server and connect via NFS.

With NFS it can be a pain to map users, if the Windows environment is complex, and it is advisable to use character mapping. If you don't want NFS on your Windows machine, buy a Linux box, connect from Pinnacle to that using NFS, and install Samba on the Linux box. In any case, the only change on the Pinnacle side is to configure the NFS mounting, which is a small isolated user system modification. Philips is capable of working with your IS people on that.

When I first got my hands on the Pinnacle system, I wanted to install a lot of stuff to make it more useful. I've come full circle since, and try to do as little as possible because I don't want to take ownership of a broken system.

I would also add that if the vendor wants a rigid hardware specification, and a complex software implementation, then they should shoulder a greater responsibility for both security and integration issues.

Sean

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Pat Meek
Sent: Tuesday, December 26, 2006 16:28
To: pinnacle-users@explode.unsw.edu.au
Subject: Samba

Hello all,

I was wondering if Samba was installed on our Solaris OS? I hear it is on almost all Unix systems, but I can not seem to find it.

Thanks.

Pat

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##

De:	Coughlan Simon
A:	Pinnacle Users;
Cc:	
Asunto:	USB drive
Fecha:	viernes, 29 de diciembre de 2006 2:26:58
Archivos adjuntos:	

Hi all

I was wondering if anyone could help with a problem. We have one stand-alone Pinnacle terminal, which is mobile for teaching reasons. On occasion we transfer small files (such as scripts, etc) from/to our networked terminals. Since there is no floppy drive, we are having to burn CD's to transfer kilobytes of data! We noticed that the stand-alone terminal has a USB port and would like to use a flash drive instead. At the moment, using a thumb drive simply kills the terminal and we have to re-boot. Has anyone come across appropriate Unix USB drivers please?

Simon

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: USB drive
Fecha:	viernes, 29 de diciembre de 2006 2:57:46
Archivos adjuntos:	

I have heard that certain usb drives will work out of the box, but not sure
if that is truth or if it is.....which drives actually do work.

>From: "Coughlan Simon" <simon.coughlan@dhhs.tas.gov.au>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: "Pinnacle Users" <pinnacle-users@explode.unsw.edu.au>
>Subject: USB drive
>Date: Fri, 29 Dec 2006 12:10:46 +1100
>
>Hi all
>
>I was wondering if anyone could help with a problem. We have one
>stand-alone Pinnacle terminal, which is mobile for teaching reasons. On
>occasion we transfer small files (such as scripts, etc) from/to our
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>CD's to transfer kilobytes of data! We noticed that the stand-alone
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>
>Simon

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##

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Samba
Fecha:	viernes, 29 de diciembre de 2006 14:44:23
Archivos adjuntos:	

Hello All,

That translation table on the PC for the NFS is absolutely critical. In fact, if you do not use it, the data is useless unless you do a lot of work to prepare it for use back on the Unix box.

For example, we use colons (:) in filenames for time stamps, which is not compatible with Windows. We also use multiple dots in filenames.

A translation table is required to convert that colon to something that Windows can swallow, and spit back up in case the data is needed.

We at Philips wish everyone a very happy and healthy holiday season, and look forward to an exciting 2007. I have some exciting support tools that are coming out shortly, including software updates via the web so that you don't have to wait for upgrade kits to be shipped to you. I know that a lot of people have been waiting patiently for 8.0d, and I hope that this will be the last time that you will have to wait for something that you want today.

Best Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Director, Product Support Engineering
marc.mlyn@philips.com
Fax: 408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Support Website: http://incenter.medical.philips.com
Customer Service News: http://apps1.medical.philips.com
SMS Phone Message - http://www.vtext.com/users/mmlyn

To "pinnacle-users@explode.unsw.edu.au" <pinnacle-users@explode.unsw.edu.au>

cc

Subject RE: Samba

Classification

Sean Frigo <sfrigo@turvillebay.com>

Sent by: owner-pinnacle-users@explode.unsw.edu.au

12/28/2006 05:04 PM

Please respond to pinnacle-users@explode.unsw.edu.au

Listers,

I am guessing that Pat is trying to achieve some integration with Windows, either a server or client. I would agree not to install Samba, but instead install services for Unix on the Windows server and connect via NFS.

With NFS it can be a pain to map users, if the Windows environment is complex, and it is advisable to use character mapping. If you don't want
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Sent: Tuesday, December 26, 2006 16:28

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Thanks.

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##

De:	Tallhamer, Mike
A:	MEDPHYS; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle compensator optimization
Fecha:	lunes, 08 de enero de 2007 19:23:05
Archivos adjuntos:	

We are currently using the .decimal package in conjunction with our Pinnacle ADAC TPSs for a compensator IMRT program at one of our sites. We have run into some issues with a few compensators and are trying to determine the cause. We have been able to determine that the tolerances within the fabrication process are not the issue. In an effort to try and find out where within the process these two compensators are beginning to differ from the TPS's predicted values we are interested in first finding out how the Pinnacle ADAC systems actually apply or use the minimum transmission values with in the optimization of the fluence grid. It appears from our measurements that the low dose regions within the field that are surrounded by higher dose regions are the issue. These regions of dose are higher than expected when using 15MV photons but when the fields are reoptimized using 6MV photons we do not seem to see this issue. We have verified that these min. transmission values are correct for the corresponding energies and have not been able to get a clear answer as to how these values are used within the optimization. I have not been able to determine if the minimum transmission values are used directly (considered in regards to the weighting of the grid values) in the optimization of the fluence or if it is only used in a blanket fashion across the board to determine from the grid values the amount of physical material required to produce the desired grid value. If it is the latter then I would assume that ..decimal is using this value after the optimization to determine the compensator geometry (however I can not find where this value is ever considered in their exported files). If it is the prior case then I am again unclear where this value is used and in what fashion in the Pinnacle optimization.

As an aside…We have been told that the spectral changes in the beam as a result of the compensator material is in fact considered in the optimization. This is something I would also be curious to know about (how it is accomplished) if there is anyone out there that could shed some light on that as well.

Any thoughts or insights would be greatly appreciated.

-Mike

De:	John Anderson
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Autocontouring Scripting
Fecha:	martes, 09 de enero de 2007 17:02:50
Archivos adjuntos:	

I have another scripting question for those who might be less scripting-challenged:

How would you go about creating an autocontour ROI for a particular slice? I've figured out how one can adjust the autocontour thresholds, but I'm clueless as to what command actually creates the contour. Any help would be greatly appreciated.

Thanks,
John Anderson

De:	Campbell, Jeffrey L
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle compensator optimization
Fecha:	martes, 09 de enero de 2007 17:49:01
Archivos adjuntos:	

Mike,

I have very little experience with compensator use. However, the little work I have done has shown that the Wedge/Compensator Scatter Factor in your beam model will greatly influence the accuracy of Pinnacles compensator output. In fact, one group that I have worked with has determined that they must model a fabricated wedge made from the identical material as the compensator to determine the appropriate Wedge/Compensator Scatter Factor for this particular compensator material. Once this is determined, one can either copy the factor to the open model (which is the usual model for a beam with compensators) or you can create a new machine just for compensator use which has the correct Wedge/Compensator Scatter Factor. If you try adjusting the Wedge/ Compensator Scatter Factor you will notice that it takes a very little change in the value to produce big changes in the transmission of the compensator.

As far as the spectral changes go, I'm not sure if any differential hardening of the beam occurs. In other words, does the grid only act as a transmission filter or does Pinnacle actually adjust the relative weighting of the spectral energies?

I hope this helps some. Let me know if you have any questions.

Regards,

Jeff

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
Sent: Monday, January 08, 2007 12:03 PM
To: MEDPHYS; pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle compensator optimization

We are currently using the .decimal package in conjunction with our Pinnacle ADAC TPSs for a compensator IMRT program at one of our sites. We have run into some issues with a few compensators and are trying to determine the

cause. We have been able to determine that the tolerances within the fabrication process are not the issue. In an effort to try and find out where within the process these two compensators are beginning to differ from the TPS's predicted values we are interested in first finding out how the Pinnacle ADAC systems actually apply or use the minimum transmission values with in the optimization of the fluence grid. It appears from our measurements that the low dose regions within the field that are surrounded by higher dose regions are the issue. These regions of dose are higher than expected when using 15MV photons but when the fields are reoptimized using 6MV photons we do not seem to see this issue. We have verified that these min. transmission values are correct for the corresponding energies and have not been able to get a clear answer as to how these values are used within the optimization. I have not been able to determine if the minimum transmission values are used directly (considered in regards to the weighting of the grid values) in the optimization of the fluence or if it is only used in a blanket fashion across the board to determine from the grid values the amount of physical material required to produce the desired grid value. If it is the latter then I would assume that ..decimal is using this value after the optimization to determine the compensator geometry (however I can not find where this value is ever considered in their exported files). If it is the prior case then I am again unclear where this value is used and in what fashion in the Pinnacle optimization.

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Any thoughts or insights would be greatly appreciated.

-Mike

De:	Carsten Brink
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Backup
Fecha:	jueves, 11 de enero de 2007 15:53:52
Archivos adjuntos:	

Dear all,

All the current patient data is in our institution placed on a linux station mounted to the Pinnacle server. The Linux station is using Raid 0-1 to decrease risk of loss of data. The data are backup to DVD when the patient treatment is finished.

I would like to make a copy of the data to another Raid system each night or weekend. This would be very simple by using cp together with cron. However, I expect that someone is using more advanced scripts or programs for this purpose. If this is so I would be happy to receive any information about how they had configured their systems and that script or program they are using.

We have a lot of research data stored on the raid system as well. These data is not change regularly thus an incremental backup seems favourable instead of using a lot of time copying files which is not actually changed.

Thanks in advance,

Carsten

==========

Carsten Brink, Ph.D.
Stedfortræder for cheffysiker/Assistant Head of Laboratory of Radiation Physics
Radiofysisk laboratorium / Laboratory of Radiation Physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

##########

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##

De:	Gallamore, Mike
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Backup
Fecha:	jueves, 11 de enero de 2007 16:10:31
Archivos adjuntos:	

I'm working on a script to do incremental backup as well. Pinnacle supplies a packup script. I'm modifying it to go into the institution folders and grab the patient name, plan, and a date stamp, rather than a generic pinnacle supplied number. A problem we've been having is that when you do a database rebuild in pinnacle it changes the date stamp on the backup file. You no longer have a way of determining the actual modification date of that copy of the plan. I think the solution is to actually grab stuff from the /InstitutionXXX/Mount_Y/PatientZ/patient file to get the string with the date that pinnacle shows when you click on a plan.

We are going to switch to a daily backup. On the storage client side as the data comes over, I'd run a diff command to check if the file was modified, if so keep it in the main storage, otherwise discard it. We use Varis/Aria for treatment delivery. The second stage of the process is going to be to do a monthly query of Varis to see if treatment started and if so with which copy of the plan, then we can burn to DVD/continue to store the delivered plan and delete the rest.

-----Original Message-----
From: Carsten Brink [mailto:carsten.brink@ouh.fyns-amt.dk]
Sent: Thursday, January 11, 2007 4:06 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Backup

Dear all,

All the current patient data is in our institution placed on a linux station mounted to the Pinnacle server. The Linux station is using Raid 0-1 to decrease risk of loss of data. The data are backup to DVD when the patient treatment is finished.

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Radiofysisk laboratorium / Laboratory of Radiation Physics
Odense Universitetshospital / Odense University Hospital
DK-5000 Odense C
Denmark
Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Backup
Fecha:	jueves, 11 de enero de 2007 18:38:00
Archivos adjuntos:	

Carsten - I suggest using rsync instead of just the cp command. It's quite a bit more flexible than the cp command.

Depending on your available space, you can have three crontab entrie for your rsyncs, one for nightly backup, one for weekly backup, and one for monthly backup so you can have at least a month's worth of data backed up. Or if you don't have much space, just one entry for the frequency of your choice.

You have to add the package to Solaris and there are two library dependencies that you also have to pkgadd. You can get it all here at http://www.sunfreeware.com/programlistsparc8.html

---

Steve Thompson, M.S., DABR
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
ph 209-572-7237
fax 209-526-5280
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Carsten Brink
Sent: Thursday, January 11, 2007 1:06 AM
To: pinnacle-users@explode.unsw.edu.au
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Radiofysisk laboratorium / Laboratory of Radiation Physics Odense Universitetshospital / Odense University Hospital DK-5000 Odense C Denmark Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

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De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Backup
Fecha:	jueves, 11 de enero de 2007 18:51:28
Archivos adjuntos:	

As a note to this, you don't have to add anything to the Pinnacle station if your data lives on a disk that is also mounted by another box (like a linux box). Just put rsync on the linux box!

Steve Thompson, M.S., DABR
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
ph 209-572-7237
fax 209-526-5280
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Thompson, Stephen K
Sent: Thursday, January 11, 2007 9:23 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Backup

Carsten - I suggest using rsync instead of just the cp command. It's quite a bit more flexible than the cp command.

Depending on your available space, you can have three crontab entrie for your rsyncs, one for nightly backup, one for weekly backup, and one for monthly backup so you can have at least a month's worth of data backed up. Or if you don't have much space, just one entry for the frequency of your choice.

You have to add the package to Solaris and there are two library dependencies that you also have to pkgadd. You can get it all here at http://www.sunfreeware.com/

programlistsparc8.html

Steve Thompson, M.S., DABR
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
ph 209-572-7237
fax 209-526-5280
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Carsten Brink
Sent: Thursday, January 11, 2007 1:06 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Backup

Dear all,

All the current patient data is in our institution placed on a linux station mounted to the Pinnacle server. The Linux station is using Raid 0-1 to decrease risk of loss of data. The data are backup to DVD when the patient treatment is finished.

I would like to make a copy of the data to another Raid system each night or weekend. This would be very simple by using cp together with cron. However, I expect that someone is using more advanced scripts or programs for this purpose. If this is so I would be happy to receive any information about how they had configured their systems and that script or program they are using.

We have a lot of research data stored on the raid system as well. These data is not change regularly thus an incremental backup seems favourable instead of using a lot of time copying files which is not actually changed.

Thanks in advance,

Carsten

==========
Carsten Brink, Ph.D.
Stedfortræder for cheffysiker/Assistant Head of Laboratory of Radiation Physics
Radiofysisk laboratorium / Laboratory of Radiation Physics Odense

Universitetshospital / Odense University Hospital DK-5000 Odense C Denmark Phone (+45) 65 41 29 84 / (+45) 65 41 29 77
e-mail: carsten.brink@ouh.fyns-amt.dk

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message unsubscribe pinnacle-users <e-mail address> to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
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Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	tian chen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	checksum program
Fecha:	jueves, 11 de enero de 2007 20:53:22
Archivos adjuntos:	

Dear friends,
We just have a new Pinnacle RTP system installed. We need a **checksum** program to periodically (such as: monthly) check treatment planning system to see if it works properly.
ADAC has such a kind of module built in the system that is only used when installation and users have no access to it. I am wondering if any body out there has experience with that and has own script to dear with it.
Thanks in advance

Tian

De:	Rose, Stuart
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: checksum program
Fecha:	jueves, 11 de enero de 2007 21:04:25
Archivos adjuntos:	

Solaris contains its own checksum (CRC) program called "cksum". Do a "man cksum" for more details.

Take Care,
Stuart
-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** tian chen
Sent: Thursday, January 11, 2007 2:39 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: checksum program

Dear friends,
We just have a new Pinnacle RTP system installed. We need a **checksum** program to periodically (such as: monthly) check treatment planning system to see if it works properly.
ADAC has such a kind of module built in the system that is only used when installation and users have no access to it. I am wondering if any body out there has experience with that and has own script to dear with it.
Thanks in advance

Tian

De:	Gallamore, Mike
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: checksum program
Fecha:	jueves, 11 de enero de 2007 21:25:15
Archivos adjuntos:	

Oh, my bad I was thinking of RTP Exchange with we use to get data over to to Varis. So I was thinking windows/Solaris transfer integrity was what you were looking to ensure.

-----Original Message-----
From: Rose, Stuart [mailto:rose@rmp.uhn.on.ca]
Sent: Thursday, January 11, 2007 2:57 PM
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: checksum program

Solaris contains its own checksum (CRC) program called "cksum". Do a "man cksum" for more details.

Take Care,
Stuart
-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** tian chen
Sent: Thursday, January 11, 2007 2:39 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: checksum program

Dear friends,
We just have a new Pinnacle RTP system installed. We need a **checksum** program to periodically (such as: monthly) check treatment planning system to see if it works properly.
ADAC has such a kind of module built in the system that is only used when installation and users have no access to it. I am wondering if any body out there has experience with that and has own script to dear with it.
Thanks in advance

Tian

Check out the all-new Yahoo! Mail beta - Fire up a more powerful email and get things done faster.

De:	Gallamore, Mike
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: checksum program
Fecha:	jueves, 11 de enero de 2007 21:27:11
Archivos adjuntos:	

MD5 is a freely available. Depending on the implementation you could get different check sums I think. PHP supports it. The command is
string **md5_file** (string filename [, bool raw_output])
http://ca.php.net/manual/en/function.md5-file.php
php is free and runs both on win and solaris so should be portable. I'd suggest testing with known good files, to make sure your checksums match, to check for implementation differences. I've seen programs that will generate checksums, but the ones I saw didn't have versions for both OS's.

> -----Original Message-----
> **From:** tian chen [mailto:peilichen_2000@yahoo.com]
> **Sent:** Thursday, January 11, 2007 2:39 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** checksum program
>
> Dear friends,
> We just have a new Pinnacle RTP system installed. We need a **checksum** program to periodically (such as: monthly) check treatment planning system to see if it works properly.
> ADAC has such a kind of module built in the system that is only used when installation and users have no access to it. I am wondering if any body out there has experience with that and has own script to dear with it.
> Thanks in advance
>
> Tian

De:	Metzger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: checksum program
Fecha:	viernes, 12 de enero de 2007 8:57:26
Archivos adjuntos:	metzger.vcf

---

hallo tian

for german speaking users (detailed explanation in german) we got a sample script to compare a cd with all our physics data with physics data on hard-disc. The script runs every day as cron job and works fine. If we change physics data we have to burn a new cd.

Martin

tian chen schrieb:

> Dear friends,
> We just have a new Pinnacle RTP system installed. We need a
> *checksum* program to periodically (such as: monthly) check treatment
> planning system to see if it works properly.
> ADAC has such a kind of module built in the system that is only used
> when installation and users have no access to it. I am wondering if
> any body out there has experience with that and has own script to dear
> with it.
> Thanks in advance
>
> Tian
>
> ---
> Check out the all-new Yahoo! Mail beta
> <http://us.rd.yahoo.com/evt=43257/*http://advision.webevents.yahoo.com/mailbeta>
> - Fire up a more powerful email and get things done faster.

De:	Tercier Pierre-Alain
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: checksum program
Fecha:	viernes, 12 de enero de 2007 10:34:43
Archivos adjuntos:	

Hello,

Is it possible to have the link to implement it.
Ich kann sehr gut deutsch Lesen! ;-)

Thanks
and maybe I make a translation!

--
Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital cantonal de Fribourg fax: +41 26 4267665
CH-1708 Fribourg

> -----Message d'origine-----
> De : owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] De la part
> de Metzger
> Envoyé : vendredi, 12. janvier 2007 08:49
> À : pinnacle-users@explode.unsw.edu.au
> Objet : Re: checksum program
>
> hallo tian
>
> for german speaking users (detailed explanation in german) we got a
> sample script to compare a cd with all our physics data with physics
> data on hard-disc. The script runs every day as cron job and
> works fine.
> If we change physics data we have to burn a new cd.
>
> Martin
>

> tian chen schrieb:
>
> > Dear friends,
> > We just have a new Pinnacle RTP system installed. We need a
> > *checksum* program to periodically (such as: monthly) check
> treatment
> > planning system to see if it works properly.
> > ADAC has such a kind of module built in the system that is
> only used
> > when installation and users have no access to it. I am wondering if
> > any body out there has experience with that and has own
> script to dear
> > with it.
> > Thanks in advance
> >
> > Tian
> >
> >
> ---
> ---
> > Check out the all-new Yahoo! Mail beta
> >
> <http://us.rd.yahoo.com/evt=43257/*http://advision.webevents.y
ahoo.com/mailbeta>
> > - Fire up a more powerful email and get things done faster.
>
>
>
> --
> **********
> **********
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> * der E-Mail in Verbindung zu setzen.

> *
> * *
> * Vielen Dank für Ihre Unterstützung. *
> **********
> **********
>
>

De:	Tercier Pierre-Alain
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Density override
Fecha:	viernes, 12 de enero de 2007 12:38:08
Archivos adjuntos:	

Is there a possibility to see the contour (designed by hand)
with an "override density" inside on the sagital and coronal
view.

I create some contours and I override the density
then I look at it to see it in the view density overide. It's
ok. But the contours appear only in transverse and 3D view.

I try to make a new mesh from this contour but I get a message:

Mesh display cannot be used when density is being overriden for
the ROI.

Oops!

any help welcome!

Bye
Pat

--
Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital cantonal de Fribourg fax: +41 26 4267665
CH-1708 Fribourg

members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: checksum program
Fecha:	viernes, 12 de enero de 2007 13:43:44
Archivos adjuntos:	e.vdieren.vcf

Dear Tian,

I've written a script "dailycheck" which daily checks physics data integrity (CRC)
and disk space (both import dir and patient dir). It warns the administrator when
something is wrong (quite mode) or reports status of the two items (verbose
mode). You may need some Unix knowledge to install it on your system, but it works. Only problem is that archiving also modifies the checksum of the
physics directory, so you will get some false alarms.

sincerely
Erik

Metzger schreef:

> hallo tian
>
> for german speaking users (detailed explanation in german) we got a sample script to compare a cd with all our physics data with physics data on hard-disc. The script runs every day as cron job and works fine. If we change physics data we have to burn a new cd.
>
> Martin
>
> tian chen schrieb:
>
> > Dear friends,
> > We just have a new Pinnacle RTP system installed. We need a *checksum* program to periodically (such as: monthly) check treatment planning system to see if it works properly.
> > ADAC has such a kind of module built in the system that is only used when installation and users have no access to

it. I am wondering if any body out there has experience with that and has own script to dear with it.
Thanks in advance

Tian

Check out the all-new Yahoo! Mail beta <http://us.rd.yahoo.com/evt=43257/*http://advision.webevents.yahoo.com/mailbeta> - Fire up a more powerful email and get things done faster.

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	effect of beam fitting in IMRT
Fecha:	lunes, 15 de enero de 2007 14:27:06
Archivos adjuntos:	e.vdieren.vcf

Hi,

For conventional beams and planning, I'm used to being able to change
machine name or version to evaluate the effect of improved modelling
or the use of a nearly identical machine on doses slices, DVHs, doseplanes.
I found that useful (to a limited extent) for virtual wedge modelling and for protocols in which a backup machine is used during maintainance
of the original machine.

However, for IMRT, once I change the machine or even machine version,
all control points and MLC settings are deleted, and I am not able to compare machines and models for a plan.

The only way I found to keep the IMRT plan is to create a new model
and, directly after starting Pinnacle, specify <use old version (Yes)> or
<use new version (No)>. However, this applies to alle trials, so I still
can't see what I want to see: the effect of a change in beam fitting.

Can anyone tell me how to preserve all settings of the IMRT plan AND
change machine name or machine version for one trial only?

sincerely
Erik van Dieren
Haga Hospital

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De:	Gopalakrishnan, Mahesh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: effect of beam fitting in IMRT
Fecha:	lunes, 15 de enero de 2007 17:46:05
Archivos adjuntos:	

You could go into the patient data base and change the text files of that particular patient to reflect the new machine. In this way the MLC leaves should not get deleted; you should be able to recalculate and compare.
Mahesh

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** e.vdieren
> **Sent:** Monday, January 15, 2007 7:07 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** effect of beam fitting in IMRT

Hi,

For conventional beams and planning, I'm used to being able to change
machine name or version to evaluate the effect of improved modelling or the use of a nearly identical machine on doses slices, DVHs, doseplanes.
I found that useful (to a limited extent) for virtual wedge modelling and for protocols in which a backup machine is used during maintainance
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The only way I found to keep the IMRT plan is to create a new model and, directly after starting Pinnacle, specify <use old version (Yes)> or
<use new version (No)>. However, this applies to alle trials, so I still can't see what I want to see: the effect of a change in beam fitting.

Can anyone tell me how to preserve all settings of the IMRT plan AND change machine name or machine version for one trial only?

sincerely
Erik van Dieren
Haga Hospital

notify the sender of the delivery error by e-mail.

De:	K A Giam
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Popperma@mail.rah.sa.gov.au;
Asunto:	Pinnacle Stereotactic Software
Fecha:	miércoles, 17 de enero de 2007 3:52:22
Archivos adjuntos:	

Hi,
We are evaluating the pinnacle stereotactic software.
Question?
: Are you a department using pinnacle stereo software?
: We would like to hear from any department who has evaluated
other stereo software as well as pinnacle.

Thank in advance,

Giam
Radiation Oncology
Royal Adelaide Hospital
K.A.Giam
Radiation Therapy Clinical Coordinator
Radiation Oncology Department
(08) 8222 5925 Mob: 0438 300 951
or (08) 8222 4000 pager 1996

De:	Tercier Pierre-Alain
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Scale printer ouput to 1.00
Fecha:	miércoles, 17 de enero de 2007 11:14:43
Archivos adjuntos:	

Hello,

We have the problem here that from the main Pinnacle server when we choose
Print Window with these options:
* specifiy a window by the ID number
* Resize image by zoom factor
* zoom factor=1

we get a correct scale=1.0

And now the problem is we do not have the same on the reflection X / Window PC connected
to Pinnacle scale is something like 1.005 (measured on the paper).

On a Linux machine, connected to Pinnacle, the scale is 1.004 (measured on the paper).

Any idea!

Thanks to all!

--
Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital cantonal de Fribourg fax: +41 26 4267665
CH-1708 Fribourg

De:	Scherer, Dr. Josef
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Scale printer ouput to 1.00
Fecha:	miércoles, 17 de enero de 2007 11:39:57
Archivos adjuntos:	

Hello,

a different question, how do you succeed in printing on the refelction X / Window PC?

bye,

Dr. Josef Scherer
Lt. Medizinphysiker
Krankenhaus d. Barmherzigen Brüder
Prüfeningerstrasse 86
93049 Regensburg

(0941/369-92467
* 0941/369-2485

> -----Ursprüngliche Nachricht-----
> **Von:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**Im Auftrag von** Tercier Pierre-Alain
> **Gesendet:** Mittwoch, 17. Januar 2007 11:04
> **An:** pinnacle-users@explode.unsw.edu.au
> **Betreff:** Scale printer ouput to 1.00
>
> Hello,
>
> We have the problem here that from the main Pinnacle server when we choose
> Print Window with these options:
> * specifiy a window by the ID number
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> * zoom factor=1

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Any idea!

Thanks to all!

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Service de Radio-oncologie tel: +41 26 4267681
Hôpital cantonal de Fribourg fax: +41 26 4267665
CH-1708 Fribourg

De:	Tercier Pierre-Alain
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Scale printer ouput to 1.00
Fecha:	miércoles, 17 de enero de 2007 12:12:31
Archivos adjuntos:	

Hello,

I have the Reflection X software installed by Philips, we start Pinnacle open a Patient/planning and
we select the Print Window with these options:
* specifiy a window by the ID number
* Resize image by zoom factor
* zoom factor=1

The same as on the Pinnacle server itself (Reflection X is a way to export the keyboard, mouse
and screen from Pinnacle server to Microsoft Window operating system from there we
work exactly the same as on Pinnacle itself)

from linux I use a command like

X -fbbpp 32 -query ip_from_pinnacle :1.0

And I get a second X window system connected with Pinnacle
the first is 0.0 and the second is 1.0. I can switch from Linux screen to Pinnacle wih
ALT+CTRL+F7 goes to linux screen
ALT+CTRL+F8 goes to Pinnacle screen (Linux just ask Pinnacle for what to display the
same as Reflection X does for Microsoft Windows).

Excuse my crude english!

But still remain my scale problem. ;-)

Thanks to all

Pat

--
Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital cantonal de Fribourg fax: +41 26 4267665
CH-1708 Fribourg

De : owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **De la part de** Scherer, Dr. Josef
Envoyé : mercredi, 17. janvier 2007 11:23
À : pinnacle-users@explode.unsw.edu.au
Objet : AW: Scale printer ouput to 1.00

Hello,

a different question, how do you succeed in printing on the refelction X / Window PC?

bye,

Dr. Josef Scherer
Lt. Medizinphysiker
Krankenhaus d. Barmherzigen Brüder
Prüfeningerstrasse 86
93049 Regensburg

(0941/369-92467
* 0941/369-2485

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**Im Auftrag von** Tercier Pierre-Alain
Gesendet: Mittwoch, 17. Januar 2007 11:04
An: pinnacle-users@explode.unsw.edu.au
Betreff: Scale printer ouput to 1.00

Hello,

We have the problem here that from the main Pinnacle server when we choose
Print Window with these options:
* specifiy a window by the ID number
* Resize image by zoom factor
* zoom factor=1

we get a correct scale=1.0

And now the problem is we do not have the same on the reflection X / Window PC connected
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Any idea!

Thanks to all!

--
Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital cantonal de Fribourg fax: +41 26 4267665
CH-1708 Fribourg

De:	JGarrett@mbhs.org
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	dicom export to file
Fecha:	miércoles, 17 de enero de 2007 23:18:56
Archivos adjuntos:	

When I export a plan via DICOMRT to the local computer - not IMPAC - where is this file saved and what is the file name format? Is there a standard method Pinnacle uses or is it user configurable? I'll also look at the release notes to see if it is in there. Thanks for your help in advance.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Craig Dersley
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: dicom export to file
Fecha:	miércoles, 17 de enero de 2007 23:30:05
Archivos adjuntos:	

I believe its stored in the /autoDataSets/DICOM directory

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of
JGarrett@mbhs.org
Sent: 18 January 2007 08:56
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: dicom export to file

When I export a plan via DICOMRT to the local computer - not IMPAC - where is this file saved and what is the file name format? Is there a standard method Pinnacle uses or is it user configurable? I'll also look at the release notes to see if it is in there. Thanks for your help in advance.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

distributed unless that account is also subscribed.
##

--
I am using the free version of SPAMfighter for private users.
It has removed 17 spam emails to date.
Paying users do not have this message in their emails.
Get the free SPAMfighter here: http://www.spamfighter.com

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	guishan fu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	••• dicom export to file
Fecha:	jueves, 18 de enero de 2007 5:16:27
Archivos adjuntos:	

It is stored in the /autoDataSets/DICOM directory with then name xxx.1.img. You can find it with the command "ls -lt | head" immediately after you run the export command.

JGarrett@mbhs.org ***•••***

> When I export a plan via DICOMRT to the local computer - not IMPAC - where is this file saved and what is the file name format? Is there a standard method Pinnacle uses or is it user configurable? I'll also look at the release notes to see if it is in there. Thanks for your help in advance.
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> Fax: 601-960-3317
>
>

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: dicom export to file
Fecha:	jueves, 18 de enero de 2007 15:25:08
Archivos adjuntos:	

OK. So I found the file, a .img file. What software do you usually use to open this file?

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Charles A. Pelizzari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: dicom export to file
Fecha:	jueves, 18 de enero de 2007 16:10:22
Archivos adjuntos:	

Your .img file is a DICOM file of some sort, an image or a plan or a structure set depending on what you exported. Pinnacle has a simple DICOM file sanity checker called DICOMList that you can use to dump the contents. It may already be in your path, otherwise you can find it at

/usr/local/adacnew/DICOMStatic/bin/-sparc/DICOMList

Depending what you want to do with the contents, you will probably need other programs, though a suitably clever shell script could possibly reformat the output of DICOMList into something useful.

-cp

>OK. So I found the file, a .img file. What software do you usually use to
>open this file?
>
>Jeffrey A. Garrett, MS, DABR
>Chief Physicist
>Mississippi Baptist Medical Center
>1225 North State Street
>Jackson, MS 39202

--

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

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account will not be distributed unless that account is also subscribed.
##

De:	Mooi Tin Khaw
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle Stereotactic Software
Fecha:	jueves, 18 de enero de 2007 20:01:30
Archivos adjuntos:	

Hi Giam
Sorry can't help.A consultant from here was asking about the software too.
Regards,
Mooi Tin Khaw
-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of K A Giam
Sent: Wednesday, 17 January 2007 16:29
To: pinnacle-users@explode.unsw.edu.au
Cc: Popperma@mail.rah.sa.gov.au
Subject: Pinnacle Stereotactic Software

Hi,
We are evaluating the pinnacle stereotactic software.
Question?
: Are you a department using pinnacle stereo software?
: We would like to hear from any department who has evaluated
other stereo software as well as pinnacle.

Thank in advance,

Giam
Radiation Oncology
Royal Adelaide Hospital
K.A.Giam
Radiation Therapy Clinical Coordinator
Radiation Oncology Department
(08) 8222 5925 Mob: 0438 300 951
or (08) 8222 4000 pager 1996

the message unsubscribe pinnacle-users <e-mail address> to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
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##

De:	Alberto Pérez Rozos
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle Spanish users
Fecha:	sábado, 20 de enero de 2007 17:45:04
Archivos adjuntos:	

To the Pinnacle spanish users,

Are you finding problems in order to firm a maintenance program?
Are you happy with the technical assistance and comercial assistance?

(of course, open to all people)

Thanks,

Alberto Perez

De:	Sharpe, Michael
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Pinnacle Stereotactic Software
Fecha:	miércoles, 24 de enero de 2007 1:28:49
Archivos adjuntos:	

G'Day from Canada,

Our site has used Radionics, but has been transitioning to Pinnacle. Many will know that Pinnacle has supported stereo frames and cones for years.

This is and interesting and timely question, especially when one throws IGRT technologies into the mix. Our approach is, by and large, to separate the immobilization and localization questions. Our fractionated cases (SRT) and larger volumes requiring IMRT and mini-MLC have gone to Pinnacle. In our current practice, there is still room for frames and cones. Pinnacle is certainly up to the task, but for historical reasons we continue to rely on radionics (Who likes change for the sake of change?).
Our CNS group would like to see some enhanced features (mainly changes to SRST/SRT cone algorithms or visualization in Pinnacle to spead up orientaiton of beams/arcs.

If you are in a similar situation, please consider sharing your requirements with local Philips offices, and the list.

Mike

> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf
> Of K A Giam
> Sent: Tuesday, January 16, 2007 10:29 PM
> To: pinnacle-users@explode.unsw.edu.au
> Cc: Popperma@mail.rah.sa.gov.au
> Subject: Pinnacle Stereotactic Software
>
> Hi,
> We are evaluating the pinnacle stereotactic software.
> Question?
> : Are you a department using pinnacle stereo software?

> : We would like to hear from any department who has evaluated
> other stereo software as well as pinnacle.
>
> Thank in advance,
>
> Giam
> Radiation Oncology
> Royal Adelaide Hospital
> K.A.Giam
> Radiation Therapy Clinical Coordinator
> Radiation Oncology Department
> (08) 8222 5925 Mob: 0438 300 951
> or (08) 8222 4000 pager 1996
>
>
>

account will not be distributed unless that account is also subscribed.
##

De:	Shawn Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Daylight Savings Time patches for Solaris 8
Fecha:	miércoles, 24 de enero de 2007 16:27:40
Archivos adjuntos:	

Hello everyone,

I have placed a call in to Philips to find out if they are going to make patches available to cover the daylight savings time changes in Australia and North America. Apparently there is a patch set available for Solaris 8 with the upgrade to Pinnacle 8. Having checked the patches that are included the ones indicated on the SUN site are NOT included.

http://sunsolve.sun.com/search/document.do?assetkey=1-26-102775-1

Has anyone heard other news from Philips about this ? Apparently they are getting calls from users but have not publically indicated a plan yet.

Thanks

==========
Shawn Fraser B.C.Sc.(Hon) Shawn.fraser@cancercare.mb.ca
Systems / Database Administrator
CancerCare Manitoba
4030 - 675 McDermot Ave. Work:
Winnipeg, MB, R3E 0V9
==========

De: Gallamore, Mike

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Daylight Savings Time patches for Solaris 8

Fecha: miércoles, 24 de enero de 2007 16:44:10

Archivos adjuntos:

---

hmmm, your upgrading to Pinn 8 but not Solaris 10... What's a few k between friends :) Just joking, although you might find the upgrade worth while. Sol 10 supports among other things, linux code in native mode. So if you find an open source program you like, it will run on your Pinnacle stations. We are currently at Pinn 7.4f but running on Sol 9 systems. I intend to go to Sol 10 if we continue to use Pinnacle at our site.

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Shawn Fraser
> **Sent:** Wednesday, January 24, 2007 10:09 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Daylight Savings Time patches for Solaris 8
>
> Hello everyone,
>
> I have placed a call in to Philips to find out if they are going to make patches available to cover the daylight savings time changes in Australia and North America. Apparently there is a patch set available for Solaris 8 with the upgrade to Pinnacle 8. Having checked the patches that are included the ones indicated on the SUN site are NOT included.
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> http://sunsolve.sun.com/search/document.do?assetkey=1-26-102775-1
>
> Has anyone heard other news from Philips about this ? Apparently they are getting calls from users but have not publically indicated a plan yet.
>
> Thanks

==========
Shawn Fraser B.C.Sc.(Hon) Shawn.fraser@cancercare.mb.ca
Systems / Database Administrator
CancerCare Manitoba
4030 - 675 McDermot Ave. Work:
Winnipeg, MB, R3E 0V9
==========

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Daylight Savings Time patches for Solaris 8
Fecha:	miércoles, 24 de enero de 2007 16:51:47
Archivos adjuntos:	

Shawn,
I called Philips several weeks ago about the patch, but they did not know anything at that time. He told me that they would get back with me. So far, I have heard nothing back from them. I was going to contact them again this week.

Kim

Kim P. Knight, R.T. (R)(T), A.R.R.T., CMD
Certified Medical Dosimetrist
Christus St. Frances Cabrini Cancer Center
3330 Masonic Drive
Alexandria, LA 71301
Email: kim.knight@christushealth.org
Phone: 318.448.6937 / Fax: 318.483.4097

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Shawn Fraser
Sent: Wednesday, January 24, 2007 9:09 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Daylight Savings Time patches for Solaris 8

Hello everyone,

I have placed a call in to Philips to find out if they are going to make patches available to cover the daylight savings time changes in Australia and North America. Apparently there is a patch set available for Solaris 8 with the upgrade to Pinnacle 8. Having checked the patches that are included the ones indicated on the SUN site are NOT included.

http://sunsolve.sun.com/search/document.do?assetkey=1-26-102775-1

Has anyone heard other news from Philips about this ? Apparently they are getting calls from users but have not publically indicated a plan yet.

Thanks

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Shawn Fraser B.C.Sc.(Hon) Shawn.fraser@cancercare.mb.ca
Systems / Database Administrator
CancerCare Manitoba
4030 - 675 McDermot Ave. Work:
Winnipeg, MB, R3E 0V9
==========

De:	Camille GUILLERMINET (Ms.)
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	volume of an isodose
Fecha:	jueves, 25 de enero de 2007 9:00:30
Archivos adjuntos:	

Hi,

I would like to calculate the volume of an isodose calculated. Does someone know how to make it?

Thanks and regards,
Camille Guillerminet

RadioPhysicist
Oncology Service

_____

FV **Hospital** - ***Your Local International Hospital***

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06 Nguyen Luong Bang Street,
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Fax : (+84.8) 411 3442
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Email : c.guillerminet@fvhospital.com
Website : www.fvhospital.com

B•nh vi•n FV - ***B•nh vi•n Pháp c•a ng•••i Vi•t***

De:	Krieger_T@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: volume of an isodose
Fecha:	jueves, 25 de enero de 2007 10:19:45
Archivos adjuntos:	

Hi Camille,

try this: create a ROI which covers at least the whole isodose volume. Then go to the DVH and in the "dose Axis display", click on "specify Max Dose" and enter the interesting value. Now in the ROI statistics window you see the value "%>Max". You can calculate the isodose volume as following:

ROI-Volume*("%>Max"/100)

Best Regards
Thomas

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Camille GUILLERMINET (Ms.)
Gesendet: Donnerstag, 25. Januar 2007 08:43
An: pinnacle-users@explode.unsw.edu.au
Betreff: volume of an isodose

Hi,

I would like to calculate the volume of an isodose calculated. Does someone know how to make it?

Thanks and regards,
Camille Guillerminet

RadioPhysicist
Oncology Service

---

06 Nguyen Luong Bang Street,
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Website : www.fvhospital.com

B•nh vi•n FV ***- B•nh vi•n Pháp c•a ng•••i Vi•t***

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: volume of an isodose
Fecha:	jueves, 25 de enero de 2007 16:07:24
Archivos adjuntos:	

Create a contour of the patient's body. In plan evaluation, look at the tabular dvh for the body. You can change the bin size to any dose increment you like.

Bryan

>>> "Camille GUILLERMINET (Ms.) " <c.guillerminet@fvhospital.com> 1/25/2007 1:43 AM >>>
Hi,

I would like to calculate the volume of an isodose calculated. Does someone know how to make it?

Thanks and regards,
Camille Guillerminet

RadioPhysicist

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Email : c.guillerminet <mailto:your-email@fvhospital.com> @ <mailto:your-email@fvhospital.com> fvhospital.com <mailto:your-email@fvhospital.com>

Website : www.fvhospital.com <http://www.fvhospital.com/>
B•nh vi•n FV - B•nh vi•n Pháp c•a ng•••i Vi•t

De:	Campbell, Jeffrey L
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: volume of an isodose
Fecha:	jueves, 25 de enero de 2007 16:30:30
Archivos adjuntos:	

Version 8.0 has a new tool which will allows you to create an ROI from an isodose volume. Then you can just look at the ROI statistics to find its volume. If you don't have 8.0d then you'll have to use the old fashioned way of contouring isodose volumes which is very simple also, just takes a few mouse clicks. I can be more specific if you need help. Hope this helps.

Regards,

Jeff

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Camille GUILLERMINET (Ms.)
Sent: Thursday, January 25, 2007 1:43 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: volume of an isodose

Hi,

I would like to calculate the volume of an isodose calculated. Does someone know how to make it?

Thanks and regards,
Camille Guillerminet

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Website : www.fvhospital.com

B•nh vi•n FV ***- B•nh vi•n Pháp c•a ng•••i Vi•t***

De:	KumarNN@Healthall.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: volume of an isodose
Fecha:	jueves, 25 de enero de 2007 16:30:46
Archivos adjuntos:	

Actually, older versions of ADAC allow auto-contouring of isodose volumes as well. We used to do it in 6.2b. Camille, check the manual for a quick tutorial.

Nitin

Nitin Kumar
Medical Physicist
The Barrett Cancer Center
Dept. of Radiation Oncology
234 Goodman Ave.
Cincinnati, OH 45219
Tel: (513) 584-0061
email: kumarnn@healthall.com

>>> "Campbell, Jeffrey L" <Jeffrey.Campbell@integris-health.com> 1/25/2007 10:07 AM >>>
Version 8.0 has a new tool which will allows you to create an ROI from an isodose volume. Then you can just look at the ROI statistics to find its volume. If you don't have 8.0d then you'll have to use the old fashioned way of contouring isodose volumes which is very simple also, just takes a few mouse clicks. I can be more specific if you need help. Hope this helps.

Regards,

Jeff

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Camille GUILLERMINET (Ms.)
Sent: Thursday, January 25, 2007 1:43 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: volume of an isodose

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Camille Guillerminet

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Oncology Service

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Website : www.fvhospital.com

B?nh vi?n FV - ***B?nh vi?n Php c?a nguo`i Vi?t***

De:	Lederer, Ernst
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: volume of an isodose
Fecha:	jueves, 25 de enero de 2007 16:34:46
Archivos adjuntos:	

Thomas,

Would it not also work to press the "Recompute Volume Button" after you have created the ROI form the Isodose?

Ernst

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Krieger_T@klinik.uni-wuerzburg.de
> **Sent:** 2007-Jan-25 04:05
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** AW: volume of an isodose
>
> Hi Camille,
>
> try this: create a ROI which covers at least the whole isodose volume. Then go to the DVH and in the "dose Axis display", click on "specify Max Dose" and enter the interesting value. Now in the ROI statistics window you see the value "%>Max". You can calculate the isodose volume as following:
>
> ROI-Volume*("%>Max"/100)
>
> Best Regards
> Thomas
>
> ---
>
> **Von:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Camille GUILLERMINET (Ms.)
> **Gesendet:** Donnerstag, 25. Januar 2007 08:43
> **An:** pinnacle-users@explode.unsw.edu.au

Betreff: volume of an isodose

Hi,

I would like to calculate the volume of an isodose calculated. Does someone know how to make it?

Thanks and regards,
Camille Guillerminet

RadioPhysicist
Oncology Service

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Email : c.guillerminet@fvhospital.com
Website : www.fvhospital.com

B•nh vi•n FV ***- B•nh vi•n Pháp c•a ng•••i Vi•t***

****

De:	Alain Duval
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: volume of an isodose
Fecha:	jueves, 25 de enero de 2007 18:54:04
Archivos adjuntos:	Signature.jpg

Bonjour Camille,

Tu passes dans le dataset de dose
Tu fais un contour automatique sur ce dataset de l'isodose qui t'interesse
Tu la transformes en ROI
Tu as accès au volume de ce ROI

Bien amicalement

Alain Duval

Camille GUILLERMINET (Ms.) a écrit :

> Hi,
>
> I would like to calculate the volume of an isodose calculated.
> Does someone know how to make it?
>
> Thanks and regards,
> Camille Guillerminet
>
> ***RadioPhysicist***
> ***Oncology Service***
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> _____
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Email : c.guillerminet@fvhospital.com
Website : www.fvhospital.com

B•nh vi•n FV ***- B•nh vi•n Pháp c•a ng•••i Vi•t***

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Alain Duval
Radio physicien
Centre de radiothérapie Evreux
58, Bd Pasteur – 27000 Evreux
Email1. : alainpduval@free.fr
Email2. : alain.duval@free.fr
GSM. : 06 26 05 73 07
Fax. : 08 21 18 78 55
Site Web : http://www.oncologie-service.com

De:	Camille GUILLERMINET (Ms.)
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: volume of an isodose
Fecha:	viernes, 26 de enero de 2007 6:47:11
Archivos adjuntos:	

Hi,

Thank you for all the answers. I use the manual ROI method and DVH and it work well, since I did not find the autocontouring button on my 6.2b pinnacle.

Cheers,
Camille

RadioPhysicist
Oncology Service

_____

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Website : www.fvhospital.com

B•nh vi•n FV ***- B•nh vi•n Pháp c•a ng•••i Vi•t***

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Krieger_T@klinik.uni-wuerzburg.de
Sent: 2007-Jan-25 04:05
To: pinnacle-users@explode.unsw.edu.au

Subject: AW: volume of an isodose

Hi Camille,

try this: create a ROI which covers at least the whole isodose volume. Then go to the DVH and in the "dose Axis display", click on "specify Max Dose" and enter the interesting value. Now in the ROI statistics window you see the value "%>Max". You can calculate the isodose volume as following:

ROI-Volume*("%>Max"/100)

Best Regards
Thomas

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Camille GUILLERMINET (Ms.)
Gesendet: Donnerstag, 25. Januar 2007 08:43
An: pinnacle-users@explode.unsw.edu.au
Betreff: volume of an isodose

Hi,

I would like to calculate the volume of an isodose calculated. Does someone know how to make it?

Thanks and regards,
Camille Guillerminet

RadioPhysicist
Oncology Service

FV **Hospital** - ***Your Local International Hospital***

Far East Medical Vietnam Limited.
06 Nguyen Luong Bang Street,
Tan Phu Ward, District 7,
Ho Chi Minh City , Vietnam.
Tel : (+84.8) 411 3333 **ext**. 1235
Fax : (+84.8) 411 3442
Mobile : (+84.9) / 02 96 13 94
Email : c.guillerminet@fvhospital.com
Website : www.fvhospital.com

****

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Information from Philips
Fecha:	lunes, 29 de enero de 2007 20:23:08
Archivos adjuntos:	

Hello All,

I wanted to post some information regarding several topics, FYI:

1) We are aware of the Daylight Savings Time issues, and we are almost finished our testing of a Sun OS patch that will be made available through customer service. Once it is released you will be able to contact your local customer support to have the patch uploaded and installed.

2) As many of you know, Pinnacle 8.0d P1 has been delayed due to stock issues. We are supposed to have kits in stock shortly, and will begin shipping out the P1 patch to any sites that have already received 8.0d. In addition, we will be making this available on InCenter, so that you can actually download the software and create CDs for your own use.

3) Based on the above comment about software downloading, it is important for everyone with a software support contract or warranty to make sure that they have a valid InCenter account. InCenter is our customer website, and we have all of our user documents located here. We transferred over all of the accounts from our old website to this new one, and you should have received an email with the required information.

If you have not already received an account name or password for InCenter, please send an email to coop_helpdesk@philips.com requesting that an account be established for you. Be sure to include your site name, your name and address, as well as your phone number and your server site code.

In the future we hope to roll out the ability for everyone to download our software revisions and modules. We are working internally to make sure that we are covering the needs of our customers on a global basis. When this is fully ready, you will be notified by Philips. Since this will be done through InCenter for sure, it is important to get those accounts straightened out, now.

The general 8.0d P1 software kit (not just the patch) will also be available in February, and we will begin shipments as soon as we have stock.

Best Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Director, Product Support Engineering
marc.mlyn@philips.com
Fax: +1-408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Support Website: http://incenter.medical.philips.com

De:	bobstanton@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Modeling informatrion for Siemens KD
Fecha:	lunes, 29 de enero de 2007 20:58:17
Archivos adjuntos:	

Dear Listers,

Do any of you have "misc" data for modeling a Mevatron KD (SN 1768, from around 1987)? In particular, the Primary collimation angle, Source to flattener bottom distance, and Source to bottom of top/bottom and left/right jaw distances? You can send this precious data to me of list if you like.

Thanks in advance.

Bob Stanton

De:	Simpson, Geoffrey
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	CPU usage
Fecha:	martes, 30 de enero de 2007 16:21:12
Archivos adjuntos:	

Our Planning Rads are struggling with Pinnacle in that the system is slowly grinding to a halt. I have just been asked what command I can use to examine CPU usage; can anyone help me with this request please? If memory serves me correctly this was same question was circulated the mailbase a few months ago.

Many Thanks
Mark Simpson
Prinicipal Physicist
Royal Free Hospital
Hampstead
UK

De:	SAVVAS MORRIS
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: CPU usage
Fecha:	martes, 30 de enero de 2007 16:29:15
Archivos adjuntos:	

Simpson, Geoffrey wrote:

> Our Planning Rads are struggling with Pinnacle in that the system is slowly grinding to a halt. I have just been asked what command I can use to examine CPU usage; can anyone help me with this request please? If memory serves me correctly this was same question was circulated the mailbase a few months ago.
>
> Many Thanks
> Mark Simpson
> Prinicipal Physicist
> Royal Free Hospital
> Hampstead
> UK

Open an Xterm window and type "top" at the prompt this will show you everything you need to know.
Most likely your CPU will be running at 99.9%. Notice than when you only have one plan up, the second CPU (if you have one)
stays idle because the application cannot use both CPUs.

Good luck,

Savvas Morris

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: CPU usage
Fecha:	martes, 30 de enero de 2007 16:34:01
Archivos adjuntos:	

Use "top", Mark.

You will see the CPU usage by each process.

If the system is grinding to a halt, it is more likely that the RAM is being used up. You will see the total memory and the free memory in the upper left corner.

Hit "q" to exit from the program.

It is a good thing that you can open up multiple patients, but we don't provide much warning to you if you are going to exceed the local resources. Please also check our Speed Application note which is available on InCenter. This may help you to identify other things in the application that might slow you down.

Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Director, Product Support Engineering
marc.mlyn@philips.com
Office: +1-631-828-2137
Fax: +1-408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Support Website: http://incenter.medical.philips.com

To pinnacle-users@explode.unsw.edu.au

cc

Subject CPU usage

Classification

"Simpson, Geoffrey" <Geoffrey.Simpson@royalfree.nhs.uk>

Sent by: owner-pinnacle-users@explode.unsw.edu.au

01/30/2007 09:55 AM

Please respond to pinnacle-users@explode.unsw.edu.au

Our Planning Rads are struggling with Pinnacle in that the system is slowly grinding to a halt. I have just been asked what command I can use to examine CPU usage; can anyone help me with this request please? If memory serves me correctly this was same question was circulated the mailbase a few months ago.

Many Thanks

Mark Simpson

Prinicipal Physicist

Royal Free Hospital

Hampstead

UK

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: CPU usage
Fecha:	martes, 30 de enero de 2007 16:55:14
Archivos adjuntos:	

A lot of unixes have a command top, unfortunately Solaris isn't one of them. cpustat, and cputrack help you track a single process usage, if you have access to the terminal you can click on the 4th tab from the right and click on find process, which pretty much is a copy of the command line tool top. Process cpu and memory usage will show there. A thing I've noticed on our systems is the hdd and cpu monitor on the system tray sometimes freeze, if you click on the perfomance utility above these icons, it tends to restart the process and the performance utility will start showing accurate values again. Hope this helps.

Something you'll what to keep an eye on too is the percentage of space used on your server. once it gets around 80% or so performance will suffer, if it gets full your system will halt and will require a lot of IS work to fix ~8hrs depending on the size of your system. We had this happen we were lucky we had space elsewhere on our SAN, we had to copy the data off the server LUN, format the LUN to have more disks assigned to it, and copy the data back, not fun. Two things related to this:
1) if you have a lot of patients in one institution(several hundred) the institution file gets large and performance drags, we break our system into an institution per oncologist per year. This seems to work for our patient load.
2) the system needs free space to act as swap(virtual memory) for the server that's why you can't use all your hdd space

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Simpson, Geoffrey
> **Sent:** Tuesday, January 30, 2007 9:55 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** CPU usage
>
> Our Planning Rads are struggling with Pinnacle in that the system is slowly grinding to a halt. I have just been asked what command I can use to examine CPU usage; can anyone help me with this

request please? If memory serves me correctly this was same question was circulated the mailbase a few months ago.

Many Thanks
Mark Simpson
Prinicipal Physicist
Royal Free Hospital
Hampstead
UK

De:	Bob Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Scripting help
Fecha:	martes, 30 de enero de 2007 17:53:23
Archivos adjuntos:	

I'm try to use the IF.THEN.ELSE syntax to cause an action such as display a message. I've created this simple test script and it's not working. It doesn't display the "Equal" message but does display the "End" message. What's wrong? How would I do this with or floats.

```
Store.StringAt.FirstValue = "8.0";

Store.StringAt.SecondValue = "8.0";

IF.FirstValue.STRINGEQUALTO.SecondValue.THEN.WarningMessage =
"Equal";

WarningMessage = "End"
```

Bob

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Scripting help
Fecha:	martes, 30 de enero de 2007 18:08:06
Archivos adjuntos:	

A common thing with string comparison functions in programming languages is that often an if(a = b) will evaluate the pointers to the strings not the strings itself. I'm not sure if this is whats happening here. Is there a FirstValue.value method, or a value(FirstValue) function or something?

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Bob Smith
> **Sent:** Tuesday, January 30, 2007 11:35 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Scripting help
>
> I'm try to use the IF.THEN.ELSE syntax to cause an action such as display a message. I've created this simple test script and it's not working. It doesn't display the "Equal" message but does display the "End" message. What's wrong? How would I do this with or floats.
>
> Store.StringAt.FirstValue = "8.0";
>
> Store.StringAt.SecondValue = "8.0";
>
> IF.FirstValue.STRINGEQUALTO.SecondValue.THEN.
> WarningMessage = "Equal";
>
> WarningMessage = "End"
>
> Bob

De:	Lederer, Ernst
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Scripting help
Fecha:	martes, 30 de enero de 2007 18:45:43
Archivos adjuntos:	

Bob,

Try

IF.Store.At.FirstValue.STRINGEQUALTO.StoreAt.SecondValue.THEN

Ernst

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Bob Smith
> **Sent:** 2007-Jan-30 11:35
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Scripting help
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> Store.StringAt.SecondValue = "8.0";
>
> IF.FirstValue.STRINGEQUALTO.SecondValue.THEN.
> WarningMessage = "Equal";
>
> WarningMessage = "End"
>
> Bob

****

De:	Bob Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Scripting help
Fecha:	martes, 30 de enero de 2007 18:54:52
Archivos adjuntos:	

Ernst:

I've tried that and it doesn't work. I assume the StoreAt.SecondValue should be Store.At.SecondValue.

Bob

~~~~~~

Robert M. Smith, MS
Director of Physics
bsmith@prapa.com
www.rocnj.com
732-303-5292

Princeton Radiation Oncology Center
CentraState Medical Center
St Mary Medical Center
Hunterdon Medical Center

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Lederer, Ernst
Sent: Tuesday, January 30, 2007 12:33 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Scripting help

Bob,

Try

IF.Store.At.FirstValue.STRINGEQUALTO.StoreAt.SecondValue.THEN

Ernst

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-
~~~~~~

users@explode.unsw.edu.au]**On Behalf Of** Bob Smith
Sent: 2007-Jan-30 11:35
To: pinnacle-users@explode.unsw.edu.au
Subject: Scripting help

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Store.StringAt.SecondValue = "8.0";

IF.FirstValue.STRINGEQUALTO.SecondValue.THEN.WarningMessage = "Equal";

WarningMessage = "End"
```

Bob

De:	Barrett Marc
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Scripting help
Fecha:	martes, 30 de enero de 2007 19:26:12
Archivos adjuntos:	

Bob,

Try:

IF.Store.At.FirstValue.STRINGEQUALTO.Store.At.SecondValue.THEN.WarningMessage = "Equal";ELSE.WarningMessage = "End"

Marc

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bob Smith
Sent: Tuesday, January 30, 2007 11:40 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Scripting help

Ernst:

I've tried that and it doesn't work. I assume the StoreAt.SecondValue should be Store.At.SecondValue.

Bob

~~~~~~

Robert M. Smith, MS
Director of Physics
bsmith@prapa.com
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Princeton Radiation Oncology Center
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Sent: Tuesday, January 30, 2007 12:33 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Scripting help

Bob,

Try

IF.Store.At.FirstValue.STRINGEQUALTO.StoreAt.SecondValue.THEN

Ernst

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Bob Smith
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>
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>
> Bob

De:	Lederer, Ernst
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Scripting help
Fecha:	martes, 30 de enero de 2007 20:06:23
Archivos adjuntos:	

IF.Store.At.FirstValue.Value.STRINGEQUALTO.Store.At.SecondValue.Value.THEN WarningMessage = "Equal";

Sorry I missed the second Value. - This will give you the desired result

Ernst

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Bob Smith
Sent: 2007-Jan-30 12:40
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Scripting help

Ernst:

I've tried that and it doesn't work. I assume the StoreAt.SecondValue should be Store.At.SecondValue.

Bob

~~~~~~

Robert M. Smith, MS
Director of Physics
bsmith@prapa.com
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732-303-5292

Princeton Radiation Oncology Center
CentraState Medical Center
St Mary Medical Center
Hunterdon Medical Center

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Sent: Tuesday, January 30, 2007 12:33 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Scripting help
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Ernst

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WarningMessage = "End"

Bob

De:	Craig Dersley
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Weird problem with deleting patients in pinnacle
Fecha:	miércoles, 31 de enero de 2007 1:44:59
Archivos adjuntos:	att508bb.gif att508bc.gif

I have a customer who had tried a simple process of deleteing a higlighted patient in pinnacle. When the patient was highlighted a dotted line appeared around the patients name, its almost like its in a specific deletion mode, but was not repeatable.

It appeared that the key enabling one to highlight more than one patient had been selected (which it had NOT) This resulted in the patients between the dotted line and the highlighted patient being deleted.

The following are made UP names. Example

E.g.1. Elen WALKER 060621
Then usually I select delete and all is good.
However when I tried to do this on Monday the black line was also surrounded by a dash.
E.g.2.

What occurred next was even odder. When I clicked off Elen WALKER and onto John SMITH (all made up names only) the black highlighted bit moved to John SMITH but the dotted line stayed on Elen WALKER.
E.g.3. John SMITH 060621
Eric SMYTH
Bill TIN
James TYNE
Elen WALKER 060222

A dollar for your thoughts!!!!!!!!!!!!!!!!

Craig

De:	Matthew Williams
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Weird problem with deleting patients in pinnacle
Fecha:	miércoles, 31 de enero de 2007 2:11:34
Archivos adjuntos:	att508bb.gif att508bc.gif

---

caps lock

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Craig Dersley
Sent: Wednesday, 31 January 2007 11:26 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Weird problem with deleting patients in pinnacle

I have a customer who had tried a simple process of deleteing a higlighted patient in pinnacle. When the patient was highlighted a dotted line appeared around the patients name, its almost like its in a specific deletion mode, but was not repeatable.

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E.g.3. John SMITH 060621
Eric SMYTH
Bill TIN

James TYNE
Elen WALKER 060222

A dollar for your thoughts!!!!!!!!!!!!!!!!!

Craig

De:	Sean White
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: export of DVH
Fecha:	miércoles, 31 de enero de 2007 5:17:11
Archivos adjuntos:	

Hi Bjørne,

My name is Sean White. I am a physicist from Sydney Australia.

I was just searching through my old emails for some information on Pinnacle scripts to export DVH data and noticed your email (attached).

Would it be possible for you to send me a copy of your script which exports DVH data from a Pinnacle plan.

I know its a lot to ask, but it could be a great help to myself and our department.

I look forward to your reply.

Best Regards

Sean White
Senior Medical Physicist Ph: +612 47341401
Nepean Cancer Care Centre Fax: +612 47343570
PO BOX 63 whites@wahs.nsw.gov.au
Penrith NSW 2751

>>> b.riis@strahlentherapie-hl.de 30/08/2005 10:57 pm >>>
Am 30 Aug 2005 um 6:48 hat Maria Cristina Pressello geschrieben:

> I need to export DVH from Pinnacle.
> I can use a script that export single organ DHVs in
> single ascii file without any specific information (i.
> e. name of the organ or of the patients). Running
> another script I can export the list of DVHs for that
> patient. It is time wasting collect all information
> after export and surely the probability to make
> mistakes is high.
> Is there a more powerful and easier way to perform

> this task?
> thank you to eveybody
>
> Maria Cristina Pressello
> Medical Physics Laboratory
> Istituto Regina Elena
> Rome Italy
>
>
>

Hello,
first please excuse my poor english.

I use a combination of shell and Pinnacle Scripts to generate my own DVH output.

I use a script who:
1 export selected DVH Volumes
2 run a ShellScript to generate a Pinnacle Script
3 run the just generated Pinnacle Script to exort the DVH Data
4 open OpenOffice on the SUN to display the collected Data

Maybe not the smartest but a usefull way.

I can mail the scripts on demand .

Bjørne

Radiologische Gemeinschaftspraxis
Blettenberg, Ollrogge, Brandenburg, Steidle Katic

De:	Lidia Strigari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	export dose grid ASCII
Fecha:	miércoles, 31 de enero de 2007 10:02:14
Archivos adjuntos:	

Hello listers,

I have a fairly elementary question for you scripting gurus…
I calculated dose grid in a slice and using the following script I exported two files (*.img and *.header), which can be correctly imported in RIT program.

```
TrialList .Current .DoseGrid .SaveVolumeData = Store.At.
MySaveFile.String;
```

Can you suggest to me how I can export the dose grid into Ascii format to import it into another program (a older version of Mapcheck)?
Thank you in advance

Lidia Strigari
Laboratory of Medical Physics
National Cancer Centre Regina Elena Rome (Italy)

De:	Emiliano Spezi
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: export dose grid ASCII
Fecha:	miércoles, 31 de enero de 2007 14:46:15
Archivos adjuntos:	

Dear Lidia,

We use the functionality already built-in in Pinnacle.
Planar dose can be exported to ascii file through the Plan Eval Window.
Just select Utilities -> Planar dose.
Then you can define a plane where you want the dose to be calculated.
You can then choose to export the matrix in binary or ascii format.
We do this routinely to export our IMRT verification dose maps.
We use PTW's verisoft. Your software should be able to read the RTP ascii from P3.

Hope this helps.
Ciao,

Emiliano

==========
Emiliano Spezi, PhD
Servizio di Fisica Sanitaria
Azienda Ospedaliero-Universitaria di Bologna
Policlinico S.Orsola Malpighi
Via Massarenti 9, 40138 Bologna, Italia
Voice: +39 051 636 3575 (ext: 3131) - Fax: +39 051 636 3571
==========

Lidia Strigari wrote:

> Hello listers,
>
> I have a fairly elementary question for you scripting gurus…
>
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Thank you in advance

Lidia Strigari
Laboratory of Medical Physics
National Cancer Centre Regina Elena Rome (Italy)

De:	Jennifer Buskerud
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Weird problem with deleting patients in pinnacle
Fecha:	miércoles, 31 de enero de 2007 14:48:40
Archivos adjuntos:	ATT00034.gif ATT00037.gif

I believe it may be that Num Lock key. We had the same issue.
Jen

Craig Dersley <cdersley@insight.com.au> wrote:

> I have a customer who had tried a simple process of deleteing a higlighted patient in pinnacle. When the patient was highlighted a dotted line appeared around the patients name, its almost like its in a specific deletion mode, but was not repeatable.
>
> It appeared that the key enabling one to highlight more than one patient had been selected (which it had NOT) This resulted in the patients between the dotted line and the highlighted patient being deleted.
>
> **The following are made UP names.** Example
>
> E.g.1. Elen WALKER 060621
> Then usually I select delete and all is good.
> However when I tried to do this on Monday the black line was also surrounded by a dash.
> E.g.2.
>
> What occurred next was even odder. When I clicked off Elen WALKER and onto John SMITH (all made up names only) the black highlighted bit moved to John SMITH but the dotted line stayed on Elen WALKER.
> E.g.3. John SMITH 060621
> Eric SMYTH
> Bill TIN
> James TYNE

Elen WALKER 060222

A dollar for your thoughts!!!!!!!!!!!!!!!!

Craig

De:	Kevin Stead
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	P3PC Issues
Fecha:	miércoles, 31 de enero de 2007 16:27:06
Archivos adjuntos:	

We are using P3PC and it was working ok until the license dropped due to staff connecting to multiple ADACS from P3PC not the licensed ADAC that it was supposed to connect to. Since then and a service call to Philips, P3PC is not working the same. The Solaris Launch Pad below no longer shows up when you connect via P3PC only the Pinnacle Launch Pad shows up. I have been waiting for 3 weeks from Philips to answer the question why and the only response I have received was "we are working on it" Any suggestions from the list would be greatly appreciated.

De:	Bob Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Scripting help
Fecha:	miércoles, 31 de enero de 2007 16:30:07
Archivos adjuntos:	

Ernst:

It worked. Putting the .Value parameter after the FirstValue and SecondValue parameters id the trick. Thanks.

Bob

~~~~~~

Robert M. Smith, MS
Director of Physics
bsmith@prapa.com
www.rocnj.com
732-303-5292

Princeton Radiation Oncology Center
CentraState Medical Center
St Mary Medical Center
Hunterdon Medical Center

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Lederer, Ernst
Sent: Tuesday, January 30, 2007 1:50 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Scripting help

IF.Store.At.FirstValue.Value.STRINGEQUALTO.Store.At.SecondValue.Value.THEN
WarningMessage = "Equal";

Sorry I missed the second Value. - This will give you the desired result

Ernst

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Bob Smith
> **Sent:** 2007-Jan-30 12:40
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Scripting help
>
> Ernst:
~~~~~~

I've tried that and it doesn't work. I assume the StoreAt.SecondValue should be Store.At.SecondValue.

Bob

~~~~~~

Robert M. Smith, MS
Director of Physics
bsmith@prapa.com
www.rocnj.com
732-303-5292

Princeton Radiation Oncology Center
CentraState Medical Center
St Mary Medical Center
Hunterdon Medical Center

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Lederer, Ernst
Sent: Tuesday, January 30, 2007 12:33 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Scripting help

Bob,

Try

IF.Store.At.FirstValue.STRINGEQUALTO.StoreAt.SecondValue.THEN

Ernst

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Bob Smith
> **Sent:** 2007-Jan-30 11:35
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Scripting help
>
> I'm try to use the IF.THEN.ELSE syntax to cause an action such as display a message. I've created this simple test script and it's not working. It doesn't display the "Equal" message but does display the "End" message. What's wrong? How would I do this with or floats.
>
> Store.StringAt.FirstValue = "8.0";
>
> Store.StringAt.SecondValue = "8.0";
>
> IF.FirstValue.STRINGEQUALTO.SecondValue.THEN.WarningMessage = "Equal";
~~~~~~

WarningMessage = "End"

Bob

De:	Alberto Pérez Rozos
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RV: export dose grid ASCII
Fecha:	miércoles, 31 de enero de 2007 18:18:13
Archivos adjuntos:	

That is what I am using to study the planar dose. (Utilities -> Planar Dose)

But, are there a way to convert the binary dose files (.img) to ascii dose files? and inversely, if I have a ascii dose matrix, Can I convert it to pinnacle binary dose format?

Thanks,

Alberto Perez
Medical Physicist
Hospital Virgen de la Victoria (Malaga, Spain)

De: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **En nombre de** Emiliano Spezi
Enviado el: miércoles, 31 de enero de 2007 14:31
Para: pinnacle-users@explode.unsw.edu.au
Asunto: Re: export dose grid ASCII

Dear Lidia,

We use the functionality already built-in in Pinnacle.
Planar dose can be exported to ascii file through the Plan Eval Window.
Just select Utilities -> Planar dose.
Then you can define a plane where you want the dose to be calculated.
You can then choose to export the matrix in binary or ascii format.
We do this routinely to export our IMRT verification dose maps.
We use PTW's verisoft. Your software should be able to read the RTP ascii from P3.

Hope this helps.
Ciao,

Emiliano

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Emiliano Spezi, PhD
Servizio di Fisica Sanitaria
Azienda Ospedaliero-Universitaria di Bologna
Policlinico S.Orsola Malpighi
Via Massarenti 9, 40138 Bologna, Italia
Voice: +39 051 636 3575 (ext: 3131) - Fax: +39 051 636 3571
==========

Lidia Strigari wrote:

> Hello listers,
>
> I have a fairly elementary question for you scripting gurus…
> I calculated dose grid in a slice and using the following script I exported two files (*.img and *.header), which can be correctly imported in RIT program.
>
> ```
> TrialList .Current .DoseGrid .SaveVolumeData = Store.At.
> MySaveFile.String;
> ```
>
> Can you suggest to me how I can export the dose grid into Ascii format to import it into another program (a older version of Mapcheck)?
> Thank you in advance
> Lidia Strigari
> Laboratory of Medical Physics
> National Cancer Centre Regina Elena Rome (Italy)

De:	Bob Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Question for scripting gurus
Fecha:	miércoles, 31 de enero de 2007 18:56:12
Archivos adjuntos:	

Ernst:

One last question…

How do I force an exit out of a script?

Bob

~~~~~~

Robert M. Smith, MS
Director of Physics
bsmith@prapa.com
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Hunterdon Medical Center

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Lederer, Ernst
Sent: Tuesday, October 31, 2006 12:16 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Question for scripting gurus

Hi,

I try to automate the skin contour. For that purpose I would like to get rid of already entered SKIN contours if they are entered.

the following line woks fine if used in a single line script

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IF .RoiList .ContainsObject .SKIN .THEN .RoiList .SKIN .Destroy  = "";
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However, if this is used as part of a more elaborate script like:
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```
// before we do anything we look if SKIN or External ROI 1 exist and delete them
// +
//RoiList .DestroyAllChildren = "";
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IF .RoiList .ContainsObject .SKIN .THEN .RoiList .SKIN .Destroy  = "";
//IF .RoiList .ContainsObject .External ROI 1 .THEN .RoiList .External Roi 1 .Destroy  =
"Delete Selected ROI";
//
// -
// create the SKIN
// +
TrialList .Current .ShowPatAirThreshold = "Display as ROI";
RoiList .Current = "External ROI 1";
RoiList .Current .Name = "SKIN";
RoiList .Current .Color = "skin";

// -
// clean the the SKIN
// +

RoiList .Current = {
CurveMinArea = "3.0";
Clean = "Rescan";
CleanAndDelete = "Delete Curves";
};
```

it does not work.

Please can somebody shed light onto this?

Many Thanks in advance

Ernst

Ernst Lederer RT., C.M.D.
Dosimetrist, Treatment Planning Team

Regional Cancer Centre of the
Hopital Regional Sudbury Regional Hospital
41 Ramsey Lake Road
Sudbury, Ontario P3E 5J1
Tel: (705) 522-6237 Ext. 2158
Fax.: (705) 523-7329

e-mail: _elederer@hrsrh.on.ca

De: Gallamore, Mike

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: export dose grid ASCII

Fecha: miércoles, 31 de enero de 2007 19:10:23

Archivos adjuntos:

I'm pretty sure our physics assistants use Matlab to open the .img files(they definately do it for dicom files, and if I remember correctly the .img files are pinnacles properitary implementation of dicom), the metadata and data areas are available there and can be saved as ascii. Matlab is pricey though if you don't already have it ~3k US per computer for the base and image toolkit.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Alberto Pérez Rozos
Sent: Wednesday, January 31, 2007 12:05 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RV: export dose grid ASCII

That is what I am using to study the planar dose. (Utilities -> Planar Dose)

But, are there a way to convert the binary dose files (.img) to ascii dose files? and inversely, if I have a ascii dose matrix, Can I convert it to pinnacle binary dose format?

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De: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **En nombre de** Emiliano Spezi
Enviado el: miércoles, 31 de enero de 2007 14:31
Para: pinnacle-users@explode.unsw.edu.au
Asunto: Re: export dose grid ASCII

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```

Hope this helps.
Ciao,

Emiliano

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> Thank you in advance
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> Lidia Strigari
>
> Laboratory of Medical Physics
>
> National Cancer Centre Regina Elena Rome (Italy)

De: Gallamore, Mike

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: export dose grid ASCII

Fecha: miércoles, 31 de enero de 2007 19:29:36

Archivos adjuntos:

Sorry my bad, .img aren't dicom, they export the images as dicom, then use Matlab.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Gallamore, Mike
Sent: Wednesday, January 31, 2007 12:54 PM
To: pinnacle-users@explode.unsw.edu.au
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>
> Lidia Strigari
>
> Laboratory of Medical Physics
>
> National Cancer Centre Regina Elena Rome (Italy)

De: Lederer, Ernst

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Question for scripting gurus

Fecha: miércoles, 31 de enero de 2007 19:45:06

Archivos adjuntos:

Bob,

to my knowledge there is none. That does not mean that one does not exist. However, why don't you try the following construct:

IF condition THEN run a script
// -
// to have some output
// +
IF !condition THEN WarningMessage
// -
// end of script
// +

Ernst

if anyone on this list knows how to STOP THE CURRENT BATCH QUEUE AND DROP THE REMAINDER OF THE CURRENT BATCH QUEUE please share it with the rest of us.

Thanks

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Bob Smith
> **Sent:** 2007-Jan-31 12:40
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Question for scripting gurus
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> Ernst:
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> ~~~~~~
> Robert M. Smith, MS
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>
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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Lederer, Ernst
Sent: Tuesday, October 31, 2006 12:16 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Question for scripting gurus

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// clean the the SKIN
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RoiList .Current = {
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Please can somebody shed light onto this?

Many Thanks in advance

Ernst

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Dosimetrist, Treatment Planning Team

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Sudbury, Ontario P3E 5J1
Tel: (705) 522-6237 Ext. 2158
Fax.: (705) 523-7329
e-mail: elederer@hrsrh.on.ca

De:	Charles A. Pelizzari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: export dose grid ASCII
Fecha:	miércoles, 31 de enero de 2007 20:04:18
Archivos adjuntos:	

---

actually the .img files are just a binary stream of floating point values, not a dicom file. there is a separate header file that has the information one would normally get from a dicom header.

the program below will read in the floating values from stdin and dump them out. if you redirect the output into a file, it may give you what you want. the number of values per line in the output is controlled by a command line argument, e.g. "dumpdose 12 < mydosefile.img" gives 12 per line.

cheers

-cp

```
#include <stdio.h>

int main(int argc, char **argv)
{
  float *fbuf;
  int i, nfloats, nread;

  nfloats = 8;
  if (argc > 1) nfloats = atoi(argv[1]);

  fbuf = (float *) malloc(nfloats * sizeof(float));
  while (1)
  {
    nread = fread(fbuf, sizeof(float), nfloats,
stdin);
    if (feof(stdin)) break;
    for (i = 0; i < nfloats; i++)printf("%f ", fbuf
[i]); printf("\n");
  }
  if (nread > 0) for (i = 0; i < nread; i++)printf("%
```

```
f ", fbuf[i]); printf("\n");
}
```

At 12:54 PM -0500 1/31/07, Gallamore, Mike wrote:

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> > **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Alberto Pérez Rozos
> > **Sent:** Wednesday, January 31, 2007 12:05 PM
> > **To:** pinnacle-users@explode.unsw.edu.au
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> > Alberto Perez
> >
> > Medical Physicist

Hospital Virgen de la Victoria (Malaga, Spain)

- -

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De: Ostapiak Orest

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: export dose grid ASCII

Fecha: miércoles, 31 de enero de 2007 20:36:36

Archivos adjuntos:

I've found that ImageJ is a good free substitute for MatLab for many of the simple things I do.
You can use it to import a Pinnacle dose grid and convert it to an ASCII image file. You will need to read the . header file to know how to set the image import parameters with 32-bit Real Image Type and no Little-Endian Byte Order.

Good Luck.
Orest.

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Gallamore, Mike
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> >
> > ---
> >
> > **De:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **En nombre de** Emiliano Spezi
> > **Enviado el:** miércoles, 31 de enero de 2007 14:31
> > **Para:** pinnacle-users@explode.unsw.edu.au
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De:	Craig Dersley
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: P3PC Issues
Fecha:	miércoles, 31 de enero de 2007 23:01:15
Archivos adjuntos:	

Can you logon to pinnacle using xdmcp direct client from within reflectionsX. This should work.

Goto xdmcp dir template and enter the ip address of the host you want to connect to and hit connect

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Kevin Stead
Sent: 01 February 2007 02:20
To: pinnacle-users@explode.unsw.edu.au
Subject: P3PC Issues

We are using P3PC and it was working ok until the license dropped due to staff connecting to multiple ADACS from P3PC not the licensed ADAC that it was supposed to connect to. Since then and a service call to Philips, P3PC is not working the same. The Solaris Launch Pad below no longer shows up when you connect via P3PC only the Pinnacle Launch Pad shows up. I have been waiting for 3 weeks from Philips to answer the question why and the only response I have received was "we are working on it" Any suggestions from the list would be greatly appreciated.

--
I am using the free version of SPAMfighter for private users.
It has removed 31 spam emails to date.
Paying users do not have this message in their emails.
Get the free SPAMfighter here: http://www.spamfighter.com

De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Version 8.0d
Fecha:	lunes, 05 de febrero de 2007 17:04:40
Archivos adjuntos:	

Hi there,

We've had some time with version 8 now and I wanted to get some idea how other users are taking the transition. I should start by saying that overall the transition has been good; the bolus, MBS, plan locking are really nice tools. There are a few issues that have creeped up from time to time which, unfortunately, can be duplicated only with specific patient data sets, or not repeatable at all. Here is a list of either inconveniences or bugs that we've encountered:

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- If you want to see fields on the patient surface while using a 3D rendering the field display shows up inconsistently, despite fixing the 2 and 3D viewing displays options.

Any one else seeing odd behaviour or other strangeness that we should be aware of?

Thanks,

Parminder S. Basran, Ph.D., MCCPM
Dept. of Medical Physics, Sunnybrook Health Sciences Centre
Dept. Radiation Oncology, University of Toronto
TG-217, 2075 Bayview Avenue
Toronto ON M4N 3M5
t: 416.480.6100 ext:1087
f: 416.480.6801
parminder. basran @ sunnybrook. ca
"You monkey! A curse be upon your mustache!" - Iraqi representative to the Kuwaiti Foriegn Minister at a pre-war Arab League meeting

---

De:	Sean White
A:	pinnacle-users@explode.unsw.edu.au; cdersley@insight.com.au;
Cc:	
Asunto:	RE: dicom export to file
Fecha:	lunes, 05 de febrero de 2007 22:44:11
Archivos adjuntos:	

I believe the default setup is to have the DICOM directory as a hidden folder. You may want to change the display properties to display hidden files and folders.

Regards

Sean White
Senior Medical Physicist Ph: +612 47341401
Nepean Cancer Care Centre Fax: +612 47343570
PO BOX 63 whites@wahs.nsw.gov.au
Penrith NSW 2751

>>> cdersley@insight.com.au 18/01/2007 9:10 am >>>
I believe its stored in the /autoDataSets/DICOM directory

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of
JGarrett@mbhs.org
Sent: 18 January 2007 08:56
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: dicom export to file

When I export a plan via DICOMRT to the local computer - not IMPAC - where
is this file saved and what is the file name format? Is there a standard
method Pinnacle uses or is it user configurable? I'll also look at the
release notes to see if it is in there. Thanks for your help in advance.

Jeffrey A. Garrett, MS, DABR

Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

De:	Charest, Nicolas
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Version 8.0d
Fecha:	lunes, 05 de febrero de 2007 22:45:18
Archivos adjuntos:	

Hi all,

We have been having problems with increased number of crashes with no particular reason behind them. Worst is the fact that we are not able to recover the last auto-save plan and have to start back at the last manually saved plan.

This has been our biggest problem.

Yours,

Nicolas Charest
Medical physicist,
FAHC
Burlington, VT

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Parminder S. Basran
> **Sent:** Monday, February 05, 2007 10:52 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Version 8.0d
>
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>
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parminder. basran @ sunnybrook. ca

"You monkey! A curse be upon your mustache!" - Iraqi representative to the Kuwaiti Foriegn Minister at a pre-war Arab League meeting

---

De:	Sheila Cioffa
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	ADAC modeling
Fecha:	martes, 06 de febrero de 2007 1:28:01
Archivos adjuntos:	

I am modeling for v7.6 currently, and see some common problems for both 6x and 18x:

Out of field, low dose region, drops dramatically to zero outside of the penumbra for large field sizes, especially at depths 10cm, 20cm. I've increased the phantom size to 80cm width with only a slight improvement, so I don't think that is the problem.

The largest field size for wedges, also asymmetric, are the worst fit. PDD high 1% at depths <20cm, high 1.3% >20cm.

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18x: Worse at dmax, toe high, heel low (3-7%)

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6x: 15x40 low both heel and toe (4%)

20x40 high both sides (2%0

30x40 high both sides

I know that the largest field sizes, especially for the wedges, are the least clinically relevant. I was just interested if anyone had a solution to this problem.

Sheila M. Cioffa, M.S.

Chief Medical Physicist

Lynn Regional Cancer Center - West Campus

Boca Raton Community Hospital

561-883-7525

De:	Eason, Guy
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: export dose grid ASCII
Fecha:	martes, 06 de febrero de 2007 16:05:32
Archivos adjuntos:	

When you select a Planar dose and save as ascii if I am not mistaken saves as three files, a header file, .img file and then a file without any extension. How can these then be brought into mapcheck?
When I try to bring in a dose file it will not read it within mapcheck and the only file that should be brought in to mapcheck is the file without any extension. What am I doing wrong. Have set to save file in ASCII mode and transfer ftp in binary mode and it still will not read the files.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Emiliano Spezi
Sent: Wednesday, January 31, 2007 8:31 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: export dose grid ASCII

Dear Lidia,

We use the functionality already built-in in Pinnacle.
Planar dose can be exported to ascii file through the Plan Eval Window.
Just select Utilities -> Planar dose.
Then you can define a plane where you want the dose to be calculated.
You can then choose to export the matrix in binary or ascii format.
We do this routinely to export our IMRT verification dose maps.
We use PTW's verisoft. Your software should be able to read the RTP ascii from P3.

Hope this helps.
Ciao,

Emiliano

==========
Emiliano Spezi, PhD
Servizio di Fisica Sanitaria
Azienda Ospedaliero-Universitaria di Bologna
Policlinico S.Orsola Malpighi
Via Massarenti 9, 40138 Bologna, Italia

Voice: +39 051 636 3575 (ext: 3131) - Fax: +39 051 636 3571
==========

Lidia Strigari wrote:
Hello listers,

I have a fairly elementary question for you scripting gurus…
I calculated dose grid in a slice and using the following script I exported two files (*.img and *.header), which can be correctly imported in RIT program.

```
TrialList .Current .DoseGrid .SaveVolumeData = Store.At.
MySaveFile.String;
```

Can you suggest to me how I can export the dose grid into Ascii format to import it into another program (a older version of Mapcheck)?
Thank you in advance

Lidia Strigari
Laboratory of Medical Physics
National Cancer Centre Regina Elena Rome (Italy)

De:	Shikuan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: export dose grid ASCII
Fecha:	martes, 06 de febrero de 2007 18:48:32
Archivos adjuntos:	

For RIT program, export the planar dose in binary format. Then read the .header file into RIT.

For MapCHECK, export the planar dose in ASCII format. Then read the txt file (file without extension) into MapCHECK.

Shikuan She

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Eason, Guy
Sent: Tuesday, February 06, 2007 6:47 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: export dose grid ASCII

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To: pinnacle-users@explode.unsw.edu.au
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Laboratory of Medical Physics
National Cancer Centre Regina Elena Rome (Italy)

subscribed.
##

Disclaimer:
The HIPAA Final Privacy Rule requires covered entities to safeguard certain Protected Health Information (PHI) related to a person's healthcare. Information being faxed to you may include PHI after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain PHI in a safe and secure manner. You may not re-disclose without additional patient consent or as required by law. Unauthorized re-disclosure or failure to safeguard PHI could subject you to penalties described in federal (HIPAA) and state law. If you the reader of this message are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, please notify us immediately and destroy the related message.

De:	Rami Abu-Aita
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ADAC modeling
Fecha:	martes, 06 de febrero de 2007 19:02:34
Archivos adjuntos:	

Hi Sheila,

We ran into similar issues when we upgraded our pinnacle to v7.4f:

As for the out of field dose, It turned out that the primary fluence is limited to 50x50 field size.
So , it is probably a good idea to keep your data limited to that field size. Anything larger than
the 50x50 will not include the primary fluence dose component and will only include some scattered
radiation and that's where you start seeing this abnormal behavior. You're right increasing the
phantom size will not improve the results.

As for the wedged fields, all I can think of is using a better resolution (more computation time)
and normalizing the profiles before comparison.

Goodluck.

Rami

Rami R. Abu-Aita, MS
Clinical Medical Physicist
Department of Radiation Oncology
UW Cancer Center - Aspirus Wausau Hospital
215 N. 28th Ave, Wausau, WI 54401 Ph. (715) 847-2942

From: Sheila Cioffa [mailto:SCioffa@lrccw.com]

Sent: Monday, February 05, 2007 6:17 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: ADAC modeling

I am modeling for v7.6 currently, and see some common problems for both 6x and 18x:

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Chief Medical Physicist

Lynn Regional Cancer Center - West Campus

Boca Raton Community Hospital

561-883-7525

De:	Kevin Stead
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Version 8.0d
Fecha:	martes, 06 de febrero de 2007 0:28:53
Archivos adjuntos:	

What has Philips told you the problem is Nicolas? We are having some similar issues

"Patience accomplishes its object, while hurry speeds to its ruin."

Kevin Stead
Project Development Analyst
Clinical Systems Administrator
Department of Radiation Oncology

Information & Communication Services
Application Programming & Project Management Group
UC Davis Health System

4501 X Street 0128
Sacramento, CA 95817
916-734-7765
916-703-5069 - FAX
916-762-2979 - PGR
9167622979@myairmail.com - Text Pager
kevin.stead@ucdmc.ucdavis.edu

"Charest,

Nicolas"
<Nicolas.Charest@ To
vtmednet.org> <pinnacle-users@explode.unsw.edu.au
Sent by: >
owner-pinnacle-us cc
ers@explode.unsw.
edu.au Subject
RE: Version 8.0d

02/05/2007 01:33
PM

Please respond to
pinnacle-users@ex
plode.unsw.edu.au

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Yours,

Nicolas Charest
Medical physicist,
FAHC
Burlington, VT

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of
Parminder S. Basran
Sent: Monday, February 05, 2007 10:52 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Version 8.0d

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Thanks,

Parminder S. Basran, Ph.D., MCCPM

Dept. of Medical Physics, Sunnybrook Health Sciences Centre

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parminder. basran @ sunnybrook. ca

"You monkey! A curse be upon your mustache!" - Iraqi representative
to the Kuwaiti Foriegn Minister at a pre-war Arab League meeting

##

De:	Marisa A Sheehan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Dicom DRR transfer to Coherence 2.0
Fecha:	miércoles, 07 de febrero de 2007 17:58:33
Archivos adjuntos:	

Is there experience amongst the list with:

Pinnacle Dicom parameters which restrict/permit the use and flexiblity of image objects within Coherence 2.0 Therapist environment

There is a GREAT deal of challenge involved with the coordination of the basic Dicom parameters: Last Name, First Name, Date of Birth, Gender, Medical Record Number

Leading/Trailing zero's, capitalization variation(Mac, Mc), middle initial exclusion/inclusion, hyphenation, date/time formats (dash versus slash versus colon), character set definitions, many others not yet discovered by this user

specific questions regarding the DRR transfer from Pinnacle 7.4 to Coherence 2.0:

Is this a Dicom transfer? Which parameters are included in the header for the DRR object? Is the beam information stamped upon the image by Pinnacle a Dicom obstacle? Why does the transfer to Coherence previous versions include the date of birth, but not Coherence 2.0?

any response will be appreciated, thanks in advance,

Marisa Sheehan, Dosimetrist
Joe Meadows, Physicist
St. Mary's Health Care
Grand Rapids, Mi
sheehama@trinity-health.org
meadowsj@trinity-health.org

unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Eason, Guy
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: export dose grid ASCII
Fecha:	miércoles, 07 de febrero de 2007 22:10:06
Archivos adjuntos:	

We finally got it going correctly are downloading updated software for the mapcheck. The system did not allow us to select pinnacle as the import module but with the fix it added in the correct modules.

Thanks for everyones reply.

Guy Eason

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Shikuan
Sent: Tuesday, February 06, 2007 12:45 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: export dose grid ASCII

For RIT program, export the planar dose in binary format. Then read the .header file into RIT.

For MapCHECK, export the planar dose in ASCII format. Then read the txt file (file without extension) into MapCHECK.

Shikuan She

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-

users@explode.unsw.edu.au] **On Behalf Of** Emiliano Spezi
Sent: Wednesday, January 31, 2007 8:31 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: export dose grid ASCII

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Hope this helps.
Ciao,

Emiliano

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Emiliano Spezi, PhD
Servizio di Fisica Sanitaria
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Policlinico S.Orsola Malpighi
Via Massarenti 9, 40138 Bologna, Italia
Voice: +39 051 636 3575 (ext: 3131) - Fax: +39 051 636 3571
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Lidia Strigari
Laboratory of Medical Physics
National Cancer Centre Regina Elena Rome (Italy)

De:	Cynthia Seier
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	CT-Sims
Fecha:	miércoles, 07 de febrero de 2007 23:14:05
Archivos adjuntos:	

Hi fellow dosimetrists & physicists:
We are considering purchasing a refurbished CT-sim to replace our old conventional simulator. At the present time we are free standing and drive to the hospital each time we need to mark and CT our patients. What companies do you know of out there that sell refurbished CT-sims? We have contacted a couple of them but want to know if there are others. Also for those of you who have purchased refurbished CT-sims, is Picker-Marconi the only one that is: single slice, BIG bore? We feel we need to purchase a BIG bore scanner for our department to accommodate those bigger folks and certain treatment aids. Do the majority of you have BIG bore scanners whether you purchased refurbished or new? Are they single or multi slice and what brand do you have? We are limited on the dollars we can spend so want to make the best decision. Do any of you know of any companies that would remove and purchase the conventional simulator besides the CT companies? We would appreciate any feedback or suggestions.

Thank you very much!
Cindy Seier, CMD
Avera Sacred Heart Hospital
Yankton, South Dakota
(605)668-8856
additional e-mail: cindyseier@hotmail.com

---

message.

De:	William Wedding
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: CT-Sims
Fecha:	jueves, 08 de febrero de 2007 0:27:16
Archivos adjuntos:	

Cindy,
Recommend you contact Atlas Medical, Rick Stockton, President at rstockton@atlasmedtec.com. 909-923-7887. Fax: 347-823-2571. They have a whole host of CT scanners and very significant experience with Pinnacle and the corresponding connections. We have worked with Rick at multiple sites for a number of years with no problems.

Bill Wedding
813-477-4368

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Cynthia Seier
Sent: Wednesday, February 07, 2007 5:00 PM
To: pinnacle-users@explode.unsw.edu.au; pinnacle-users@explode.unsw.edu.au
Subject: CT-Sims

Hi fellow dosimetrists & physicists:
We are considering purchasing a refurbished CT-sim to replace our old conventional simulator. At the present time we are free standing and drive to the hospital each time we need to mark and CT our patients. What companies do you know of out there that sell refurbished CT-sims? We have contacted a couple of them but want to know if there are others. Also for those of you who have purchased refurbished CT-sims, is Picker-Marconi the only one that is: single slice, BIG bore? We feel we need to purchase a BIG bore scanner for our department to accommodate those bigger folks and certain treatment aids. Do the majority of you have BIG bore scanners whether you purchased refurbished or new? Are they single or multi slice and what brand do you have? We are limited on the dollars we can spend so want to make the best decision. Do any of you know of any companies that would remove and purchase the conventional simulator besides the CT companies? We would appreciate any feedback or suggestions.

Thank you very much!
Cindy Seier, CMD
Avera Sacred Heart Hospital
Yankton, South Dakota
(605)668-8856
additional e-mail: cindyseier@hotmail.com

De:	shzjy_list
A:	pinnacle-users@explode.unsw.edu.;
Cc:	
Asunto:	About using a script to get the patient"s Medical record number?
Fecha:	jueves, 08 de febrero de 2007 13:21:49
Archivos adjuntos:	

Hello

Is any one know how to get a patient's medical record number in a script?

---

shzjy_list
2007-02-08

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: About using a script to get the patient"s Medical recordnumber?
Fecha:	jueves, 08 de febrero de 2007 14:46:40
Archivos adjuntos:	

Have a look at the plan.PlanInfo file in the Plan_ directory. You'll be able to query the MRN and anything else in that file thusly:
Store.StringAt.MyString = PlanInfo.MedicalRecordNumber;

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> shzjy_list@126.com 2/8/2007 2:32 AM >>>
Hello
Is any one know how to get a patient's medical record number in a script?

shzjy_list
2007-02-08

De:	Lee Zarger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: CT-Sims
Fecha:	jueves, 08 de febrero de 2007 15:16:29
Archivos adjuntos:	

Also contact GE they have had a big bore out for a few years so may have some used ones coming in.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Cynthia Seier
Sent: Wednesday, February 07, 2007 5:00 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: CT-Sims

Hi fellow dosimetrists & physicists:
We are considering purchasing a refurbished CT-sim to replace our old conventional simulator. At the present time we are free standing and drive to the hospital each time we need to mark and CT our patients. What companies do you know of out there that sell refurbished CT-sims? We have contacted a couple of them but want to know if there are others. Also for those of you who have purchased refurbished CT-sims, is Picker-Marconi the only one that is: single slice, BIG bore? We feel we need to purchase a BIG bore scanner for our department to accommodate those bigger folks and certain treatment aids. Do the majority of you have BIG bore scanners whether you purchased refurbished or new? Are they single or multi slice and what brand do you have? We are limited on the dollars we can spend so want to make the best decision. Do any of you know of any companies that would remove and purchase the conventional simulator besides the CT companies? We would appreciate any feedback or suggestions.

Thank you very much!
Cindy Seier, CMD
Avera Sacred Heart Hospital
Yankton, South Dakota
(605)668-8856
additional e-mail: cindyseier@hotmail.com

De:	Lederer, Ernst
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: About using a script to get the patient''s Medical record number?
Fecha:	jueves, 08 de febrero de 2007 15:31:11
Archivos adjuntos:	

```
Try
// -
// just in case it has been used before
// +
Store.FreeAt.TmpMRN = "";
// -
// get the MNR
// +
Store.StringAt.TmpMNR = PlanInfo.MedicalRecordNumber;
// -
// let's check it out
//
WarningMessage = TmpMRN;
// -
// end of script
// +
```

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** shzjy_list
Sent: 2007-Feb-08 06:36
To: pinnacle-users@explode.unsw.edu.
Subject: About using a script to get the patient's Medical record number?

Hello
Is any one know how to get a patient's medical record number in a script?

---

shzjy_list

2007-02-08

****

De:	John Duhon
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: CT-Sims
Fecha:	jueves, 08 de febrero de 2007 16:15:15
Archivos adjuntos:	

Cindy,
Also try TRG at 949-622-0022. Ask for John Marquez.

John Duhon

From: Cynthia Seier [mailto:CSeier@shhservices.com]
Sent: Wednesday, February 07, 2007 4:00 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: CT-Sims

Hi fellow dosimetrists & physicists:
We are considering purchasing a refurbished CT-sim to replace our old conventional simulator. At the present time we are free standing and drive to the hospital each time we need to mark and CT our patients. What companies do you know of out there that sell refurbished CT-sims? We have contacted a couple of them but want to know if there are others. Also for those of you who have purchased refurbished CT-sims, is Picker-Marconi the only one that is: single slice, BIG bore? We feel we need to purchase a BIG bore scanner for our department to accommodate those bigger folks and certain treatment aids. Do the majority of you have BIG bore scanners whether you purchased refurbished or new? Are they single or multi slice and what brand do you have? We are limited on the dollars we can spend so want to make the best decision. Do any of you know of any companies that would remove and purchase the conventional simulator besides the CT companies? We would appreciate any feedback or suggestions.

Thank you very much!
Cindy Seier, CMD
Avera Sacred Heart Hospital
Yankton, South Dakota
(605)668-8856
additional e-mail: cindyseier@hotmail.com

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: CT-Sims
Fecha:	jueves, 08 de febrero de 2007 16:47:35
Archivos adjuntos:	

Philips, too.

Kim P. Knight, R.T. (R)(T), A.R.R.T., CMD
Certified Medical Dosimetrist
Christus St. Frances Cabrini Cancer Center
3330 Masonic Drive
Alexandria, LA 71301
Email: kim.knight@christushealth.org
Phone: 318.448.6937 / Fax: 318.483.4097

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Lee Zarger
Sent: Thursday, February 08, 2007 7:33 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: CT-Sims

Also contact GE they have had a big bore out for a few years so may have some used ones coming in.

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Cynthia Seier
> **Sent:** Wednesday, February 07, 2007 5:00 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** CT-Sims
>
> Hi fellow dosimetrists & physicists:
> We are considering purchasing a refurbished CT-sim to replace our old conventional simulator. At the present time we are free standing and

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Thank you very much!
Cindy Seier, CMD
Avera Sacred Heart Hospital
Yankton, South Dakota
(605)668-8856
additional e-mail: cindyseier@hotmail.com

De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: CT-Sims
Fecha:	jueves, 08 de febrero de 2007 20:38:44
Archivos adjuntos:	image002.jpg

Cindy,

We have purchased 2 CT's from Eclipse Medical Imaging and have had positive experiences both times. What I don't know is whether or not they have Big Bore scanners. I believe Philips is the best place to get a used Big Bore and they will only be able to find a single slice that is used. The Big Bore will be about twice as much as a conventional dual slice, but the large opening can be a real advantage when going away from conventional Sim altogether. The majority of users still have regular sized bores and it seems to work fine in most instances.

The contact info I have for Eclipse Medical Imaging is:

Robert Costa
707-469-1320
rcosta@emimaging.com

Regards,

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager

Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Cynthia Seier

Sent: Wednesday, February 07, 2007 5:00 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: CT-Sims

Hi fellow dosimetrists & physicists:
We are considering purchasing a refurbished CT-sim to replace our old conventional simulator. At the present time we are free standing and drive to the hospital each time we need to mark and CT our patients. What companies do you know of out there that sell refurbished CT-sims? We have contacted a couple of them but want to know if there are others. Also for those of you who have purchased refurbished CT-sims, is Picker-Marconi the only one that is: single slice, BIG bore? We feel we need to purchase a BIG bore scanner for our department to accommodate those bigger folks and certain treatment aids. Do the majority of you have BIG bore scanners whether you purchased refurbished or new? Are they single or multi slice and what brand do you have? We are limited on the dollars we can spend so want to make the best decision. Do any of you know of any companies that would remove and purchase the conventional simulator besides the CT companies? We would appreciate any feedback or suggestions.

Thank you very much!
Cindy Seier, CMD
Avera Sacred Heart Hospital
Yankton, South Dakota
(605)668-8856
additional e-mail: cindyseier@hotmail.com

De:	Ed McPadden
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Backup and storage
Fecha:	viernes, 09 de febrero de 2007 16:46:20
Archivos adjuntos:	Blank Bkgrd.gif

What are folks doing to ease the tedious back up via CD's with the Philips p3rtp? We have three sites (3 servers 2 clients), TIA - Ed

Ed McPadden BS CMD RTT

Chief Medical Dosimetrist

Austin Cancer Centers

emcpadden@austincancercenters.com

De:	KumarNN@Healthall.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Backup and storage
Fecha:	viernes, 09 de febrero de 2007 16:57:46
Archivos adjuntos:	

Get a DVD writer. Quicker than a CD, and we don't have the problems that we used to with tape getting corrupted.

Nitin Kumar
Medical Physicist
The Barrett Cancer Center
Dept. of Radiation Oncology
234 Goodman Ave.
Cincinnati, OH 45219
Tel: (513) 584-0061
email: kumarnn@healthall.com

>>> "Ed McPadden" <emcpadden@austincancercenters.com> 2/9/2007 10:31 AM >>>

What are folks doing to ease the tedious back up via CD's with the Philips p3rtp? We have three sites (3 servers 2 clients), TIA - Ed

Ed McPadden BS CMD RTT

Chief Medical Dosimetrist

Austin Cancer Centers

emcpadden@austincancercenters.com

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Backup and storage
Fecha:	viernes, 09 de febrero de 2007 17:06:32
Archivos adjuntos:	Blank Bkgrd.gif

We are a single site with 25 clients 1 server on 7.4 soon to go to 8.0. We've purchased a new SAN to have room for Pinnacle data and our OIS(Varis, soon to be ARIA). It's scalable up to 130TB (government mandates 10 year storage of data). We are planning on keeping RAID 5 arrays, keeping a redundant mirror of the RAID so I guess it is RAID5+0. Then incremental tape backup nightly. We're going to create a new institution each year for each physician and are hoping that won't slow Pinnacle down, if it does we'll have to start moving the data to a different mount point in the SAN. What I don't like is currently we don't have a fail-over server so we'd be toast for a couple days while we brought a new one in and configured it if our server went up in flames. It does have redundant harddrives, power supply, and network card, but if the motherboard exploded, ouch.

Also we burn to DVD's rather than CD's that saves 7:1 space.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Ed McPadden
Sent: Friday, February 09, 2007 10:32 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Backup and storage

> What are folks doing to ease the tedious back up via CD's with the Philips p3rtp? We have three sites (3 servers 2 clients), TIA - Ed
>
> *Ed McPadden BS CMD RTT*
>
> Chief Medical Dosimetrist
>
> Austin Cancer Centers
>
> emcpadden@austincancercenters.com

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Backup and storage
Fecha:	viernes, 09 de febrero de 2007 17:22:04
Archivos adjuntos:	

We use a Kron Job that backs the Primary Patient folders up to DLT tape nightly. Copies the current state of the folders using UNIX TAR. This job runs at 0200 M-F and takes about 1 hour to complete. 30+GB of data.

We archive patients to a TAR file after treatment and use FTP to copy those off to a windows PC for DVD creation and storage.

I spend 10 minutes a day verifying that the backup file was created on the tape.
I create TAR files once a week for finishes and then burn them to DVD as I have time.

Restore from the DVD is way faster than a tape.

Covers daily changes M-F and creates an archive of finished patients.

Greg

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com
No trees were killed in the creation of this message.
However, Billions of electrons were terribly inconvenienced.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** KumarNN@Healthall.com

Sent: Friday, February 09, 2007 9:53 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Backup and storage

Get a DVD writer. Quicker than a CD, and we don't have the problems that we used to with tape getting corrupted.

Nitin Kumar
Medical Physicist
The Barrett Cancer Center
Dept. of Radiation Oncology
234 Goodman Ave.
Cincinnati, OH 45219
Tel: (513) 584-0061
email: kumarnn@healthall.com

>>> "Ed McPadden" <emcpadden@austincancercenters.com> 2/9/2007 10:31 AM >>>

What are folks doing to ease the tedious back up via CD's with the Philips p3rtp? We have three sites (3 servers 2 clients), TIA - Ed

Ed McPadden BS CMD RTT

Chief Medical Dosimetrist

Austin Cancer Centers

emcpadden@austincancercenters.com

De:	Alberto Pérez Rozos
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Backup and storage
Fecha:	viernes, 09 de febrero de 2007 17:36:22
Archivos adjuntos:	

I am interested in the Kron Job to DLT tape, can you share with us more details?

Thanks,

Alberto Pérez
Medical Physicist
H. Virgen de la Victoria. Málaga. Spain

De: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **En nombre de** Groess, Greg J
Enviado el: viernes, 09 de febrero de 2007 17:17
Para: pinnacle-users@explode.unsw.edu.au
Asunto: RE: Backup and storage

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Gregory Groess
Information Systems Support

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612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com
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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** KumarNN@Healthall.com
Sent: Friday, February 09, 2007 9:53 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Backup and storage

Get a DVD writer. Quicker than a CD, and we don't have the problems that we used to with tape getting corrupted.

Nitin Kumar
Medical Physicist
The Barrett Cancer Center
Dept. of Radiation Oncology
234 Goodman Ave.
Cincinnati, OH 45219
Tel: (513) 584-0061
email: kumarnn@healthall.com

>>> "Ed McPadden" <emcpadden@austincancercenters.com> 2/9/2007 10:31 AM >>>

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Ed McPadden BS CMD RTT

Chief Medical Dosimetrist

Austin Cancer Centers

emcpadden@austincancercenters.com

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Backup and storage
Fecha:	sábado, 10 de febrero de 2007 2:31:07
Archivos adjuntos:	

I have a backupdatatotape.sh file that I call from the crontab file.

You need to modify the SU crontab file to add the entry.

I run the script m-f at 0200 hours local.

It copies the contents of \PrimaryPatientData\NewPatients\ *.* to the tape drive and over writes any data on the tape. I have 5 tapes I rotate.

All subfolders and files are copied as they exist at the time of the backup. I will send the file to anyone interested in it. It must be an executable file on the \p3rtp\home directory.

Greg

Gregory Groess
Information Systems Support
Radiation Oncology
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800 28th St.
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612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com
No trees were killed in the creation of this message.

However, Billions of electrons were terribly inconvenienced.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Alberto Pérez Rozos
Sent: Friday, February 09, 2007 10:23 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Backup and storage

I am interested in the Kron Job to DLT tape, can you share with us more details?

Thanks,

Alberto Pérez
Medical Physicist
H. Virgen de la Victoria. Málaga. Spain

De: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **En nombre de** Groess, Greg J
Enviado el: viernes, 09 de febrero de 2007 17:17
Para: pinnacle-users@explode.unsw.edu.au
Asunto: RE: Backup and storage

We use a Kron Job that backs the Primary Patient folders up to DLT tape nightly. Copies the current state of the folders using UNIX TAR. This job runs at 0200 M-F and takes about 1 hour to complete. 30+GB of data.

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612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com
No trees were killed in the creation of this message.
However, Billions of electrons were terribly inconvenienced.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** KumarNN@Healthall.com
Sent: Friday, February 09, 2007 9:53 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Backup and storage

Get a DVD writer. Quicker than a CD, and we don't have the problems that we used to with tape getting corrupted.

Nitin Kumar
Medical Physicist
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Cincinnati, OH 45219
Tel: (513) 584-0061
email: kumarnn@healthall.com

>>> "Ed McPadden" <emcpadden@austincancercenters.com> 2/9/2007 10:31 AM >>>

What are folks doing to ease the tedious back up via CD's with the Philips p3rtp? We have three sites (3 servers 2 clients), TIA - Ed

Ed McPadden BS CMD RTT

Chief Medical Dosimetrist

Austin Cancer Centers

emcpadden@austincancercenters.com

De:	Craig Dersley
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: V8
Fecha:	lunes, 12 de febrero de 2007 9:23:51
Archivos adjuntos:	

Hello,

As engineers too we are finding that some customers have experienced this phnomena. Have you had aresponse from philips yet ???

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of John Shakeshaft
Sent: 25 October 2006 18:22
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: V8

We had version 8.0d installed last week, together with Solaris patches. We are still using version 7.6c clinically with LaunchPad 8.

It would appear that this combination has made the system a lot less stable. We are getting multiple system crashes daily across the network of 6 workstations - 4 planning and 2 AcQSim. (The dialogue which states that this is a programming error and only gives the option to exit the system.) Sometimes these crashes occur in a desktop that is not displayed and then completely lock the database for everybody. This is very irritating. Previously we only had the occasional system crash (?<1 per week).

Starting to test version 8, I have noted that there appear to be some changes in DICOM import. I have attempted to import an RTPLAN which works fine in version 7.6c. However Pinnacle rejects it in version 8.0d as the beam energy is non-zero!

I have reported both of these issues (yesterday) to Philips and I am awaiting a response.

We are very much looking forward to using Model-Based Segmentation though.

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY
UK

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Ozard, Siobhan
Sent: 24 October 2006 17:24
To: pinnacle-users@explode.unsw.edu.au
Subject: V8

Hi Everyone,

We are about to upgrade to V8.0d and I am interested in any pointers or noteworthy items regarding the upgrade from those centers who have already made this transition.
I'm also interested in the pros and cons of plan locking & also plan locking process (who locks, at what stage of planning process is plan locked).

Thanks,
Siobhan

Siobhan Ozard, Ph.D., MCCPM
Department of Medical Physics
Windsor Regional Cancer Centre
2220 Kildare Rd.
Windsor, ON
CANADA
N8W 2X3

Siobhan_Ozard@wrh.on.ca
Phone: (519) 253-3191 xtn 58718
Fax: (519) 255-8679
Pager: (519) 251-6401

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Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
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##

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##

De:	Kevin Stead
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Backup and storage
Fecha:	viernes, 09 de febrero de 2007 16:52:41
Archivos adjuntos:	

We are utilizing a LINUX box for a unix file output of backups and the same box for archiving. We then are putting the patient archive files into our RTADMS (Radiation Therapy Archive Data Management System) which is an Evercore clustered front end and a Pillar SAN backend. The Evercore system is able to read each patients .tar file and store it in our SAN.
The whole file/plan can then be sent via DICOM or the file can be moved from our Archive on the SAN back to Pinnacle if need be.

"Patience accomplishes its object, while hurry speeds to its ruin."

Kevin Stead
Project Development Analyst
Clinical Systems Administrator
Department of Radiation Oncology

Information & Communication Services
Application Programming & Project Management Group
UC Davis Health System

4501 X Street 0128
Sacramento, CA 95817
916-734-7765
916-703-5069 - FAX
916-762-2979 - PGR
9167622979@myairmail.com - Text Pager
kevin.stead@ucdmc.ucdavis.edu

"Ed McPadden"
<emcpadden@austin
cancercenters.com
>
Sent by:
owner-pinnacle-us
ers@explode.unsw.
edu.au

To
<pinnacle-users@explode.unsw.edu.au
>

cc

Subject
Backup and storage

02/09/2007 07:39
AM

Please respond to
pinnacle-users@ex
plode.unsw.edu.au

What are folks doing to ease the tedious back up via CD's with the Philips p3rtp? We have three sites (3 servers 2 clients), TIA - Ed

Ed McPadden BS CMD RTT

Chief Medical Dosimetrist

Austin Cancer Centers

emcpadden@austincancercenters.com

De:	Farhad Kader
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Accessing Pinnacle Through the Internet
Fecha:	lunes, 12 de febrero de 2007 13:07:54
Archivos adjuntos:	

We are getting ready to set up for remote accessing the planning system through P3PC and the internet. Would those of you that already are doing this share your experience with us? Things like configuration/platform and third party components as well as dos and don’ts

Thanks,

Farhad

De:	Andreas Liebhold
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	overide air density in rectum?
Fecha:	lunes, 12 de febrero de 2007 15:07:31
Archivos adjuntos:	

---

hello everybody,
Though this might have been already a topic in this mailinglist I would like to know how you handle rectums which show a lot of air in the rectum on the CT scan. Do you override the air with the density of water or do you disregard this situation? If you should override the density at which level will you take action?
Thanks,

Andreas

Dipl.-Ing. Andreas Liebhold
Medizinphysiker
Zentralklinikum Augsburg

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: overide air density in rectum?
Fecha:	lunes, 12 de febrero de 2007 15:54:12
Archivos adjuntos:	

After looking over thousands (oi) of repeat prostate CT scans, I'd say that "a lot of air" is unlikely to be reproducible. Our clinical protocol at my old place of employ was to replan every patient based on multiple CTs - i.e. to respond to the variations or lack thereof. At my new place, we have a Tomo unit, and after the docs got uncomfortable enough with the amount of variation they saw in rectal filling, esp gas, they agreed to start all pelvic patients on a daily Gas-X a week before sim, to carry through Tx. The variation has dropped considerably since (that's a qualitative observation).

In our clinic, if I get a look at a planning scan with a lot of gas, I advise re-scanning the patient, because pushing forward amounts to a high likelihood that we've accepted a significant systematic bias in both the prostate/SV and rectal position. Changing air to water in the dataset won't help that.

Dave

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> a.liebhold@gmx.de 2/12/2007 9:01 AM >>>
hello everybody,
Though this might have been already a topic in this mailinglist I would like to know how you handle rectums which show a lot of air in the rectum on the CT scan. Do you override the air with the density of water or do you disregard this situation? If you should override the density at which level will you take action?
Thanks,

Andreas

Dipl.-Ing. Andreas Liebhold
Medizinphysiker
Zentralklinikum Augsburg

--

--
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Jetzt GMX ProMail testen: www.gmx.net/de/go/mailfooter/promail-out

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account will not be distributed unless that account is also subscribed.
##

De:	Paul King
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: overide air density in rectum?
Fecha:	lunes, 12 de febrero de 2007 16:47:30
Archivos adjuntos:	

Assume that you have a significant air-bubble in the CT'd rectum (burrito-artifact) which cannot be removed by re-scan and you over-ride this air with water density. Suppose you then place the posterior block edge such that you barely cover the PTV with a desired minimum-coverage isodose line. This puts the block-edge in the gas-bubble.

When the patient comes in for treatment, that gas-bubble has long-since been expelled, the prostate has shifted posterior by about the bubble-width, and the block edge is now inside the PTV. If the bubble was wider than your expansion, the block-edge will be in the prostate.

If, instead, you disregard the bubble (no over-ride) then the loss-of-scatter in the bubble will make it more difficult for you to cover the PTV with the desired dose line forcing you to push the block edge to about the posterior edge of the bubble. This will made your rectum DVH a little worse, which is unfortunate. But, when the gas bubble is expelled, the new prostate position will still be inside the treated volume.

Without a density over-ride, patients who present with more rectal gas at the time of CT will tend to have a larger treated volume than those who do not. Maybe this is a good thing.

- Paul

without prejudice to my ongoing rights and privileges. You further represent that you have the authority to release me from any BOGUS AGREEMENTS on behalf of your employer.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Andreas Liebhold
Sent: Monday, February 12, 2007 8:02 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: overide air density in rectum?

hello everybody,
Though this might have been already a topic in this mailinglist I would like to know how you handle rectums which show a lot of air in the rectum on the CT scan. Do you override the air with the density of water or do you disregard this situation? If you should override the density at which level will you take action?
Thanks,

Andreas

Dipl.-Ing. Andreas Liebhold
Medizinphysiker
Zentralklinikum Augsburg

--

--
"Feel free" - 5 GB Mailbox, 50 FreeSMS/Monat ...
Jetzt GMX ProMail testen: www.gmx.net/de/go/mailfooter/promail-out

sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Martin Fraser
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: overide air density in rectum?
Fecha:	lunes, 12 de febrero de 2007 17:28:28
Archivos adjuntos:	

I ignore (patient's) gas in the case of prostate, from a targeting standpoint.
I assume that we're talking about IMRT cases and for those the only thing I'm concerned about is the shape of the gland. In my experience when I've rescanned a patient for large Rectal volume (whatever the cause) I find the position may change but the shape is generally unperturbed (I refer to the concern that the rectal pressure has flattened or distorted the gland).

Since I use seed localization daily (we would not treat any IMRT site without daily localization of some form) I know that my target is right on and I sleep well.

The Seminal Vesicles are another matter and their position is considerably influenced by rectal filling - AND not verified by daily imaging - For cases with S/V as part of the CTV, the Gas-X protocol might indeed make good sense.

Martin

At 10:44 AM 2/12/2007, you wrote:
>Assume that you have a significant air-bubble in the CT'd rectum
>(burrito-artifact) which cannot be removed by re-scan and you over-ride this
>air with water density. Suppose you then place the posterior block edge such
>that you barely cover the PTV with a desired minimum-coverage isodose line.
>This puts the block-edge in the gas-bubble.
>
>When the patient comes in for treatment, that gas-bubble has long-since been
>expelled, the prostate has shifted posterior by about the bubble-width, and
>the block edge is now inside the PTV. If the bubble was wider than your
>expansion, the block-edge will be in the prostate.
>
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>loss-of-scatter in the bubble will make it more difficult for you to cover
>the PTV with the desired dose line forcing you to push the block edge to
>about the posterior edge of the bubble. This will made your rectum DVH a
>little worse, which is unfortunate. But, when the gas bubble is expelled,

>the new prostate position will still be inside the treated volume.
>
>Without a density over-ride, patients who present with more rectal gas at
>the time of CT will tend to have a larger treated volume than those who do
>not. Maybe this is a good thing.
>
> - Paul

De: Bradford, Carla

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Accessing Pinnacle Through the Internet

Fecha: lunes, 12 de febrero de 2007 20:31:12

Archivos adjuntos:

On a similar note, we are looking into the purchase of either an additional IMRT license for one of our workstations or using P3PC instead for IMRT planning. Philips tells me the only requirement is at least 16GB of RAM on the server. I'm curious if anyone is using P3PC for IMRT planning? I'm sure it's a slower alternative but is it too slow leading to much frustration? For those who are doing this, what would you recommend?

Thanks,
Carla

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Lasher, Donette E.
> **Sent:** Monday, February 12, 2007 10:03 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Accessing Pinnacle Through the Internet
>
> Sorry Everyone-
> I hit "reply" on the wrong email. Please disregard my last message.
> Donette
>
> ---
>
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Farhad Kader
> **Sent:** Monday, February 12, 2007 6:46 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Accessing Pinnacle Through the Internet
>
> We are getting ready to set up for remote accessing the planning system through P3PC and the internet. Would those of you that already are doing this share your experience with us? Things like configuration/platform and third party components as well as dos and don'ts
>
> Thanks,

Farhad

De:	Will Christia
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: CT-Sims
Fecha:	lunes, 12 de febrero de 2007 20:44:23
Archivos adjuntos:	

Cindy,
I have to agree with Bill. We bought 2 CT's from Atlas and have a service contract with them. The service has been outstanding so far. Also, good choice on the Big Bore. At least once a month, we get a patient that would be better scanned in a large bore.

Will Christian
Medical Physicist
Satilla Regional Cancer Treatment Center

William Wedding <trpcbill@aol.com> wrote:

> Cindy,
> Recommend you contact Atlas Medical, Rick Stockton, President at rstockton@atlasmedtec.com. 909-923-7887. Fax: 347-823-2571.
> They have a whole host of CT scanners and very significant experience with Pinnacle and the corresponding connections. We have worked with Rick at multiple sites for a number of years with no problems.
>
> Bill Wedding
> 813-477-4368
>
> ---
>
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Cynthia Seier
> **Sent:** Wednesday, February 07, 2007 5:00 PM
> **To:** pinnacle-users@explode.unsw.edu.au; pinnacle-users@explode.unsw.edu.au
> **Subject:** CT-Sims
>
> Hi fellow dosimetrists & physicists:
> We are considering purchasing a refurbished CT-sim to replace our old conventional simulator. At the present time we are free standing and

drive to the hospital each time we need to mark and CT our patients. What companies do you know of out there that sell refurbished CT-sims? We have contacted a couple of them but want to know if there are others. Also for those of you who have purchased refurbished CT-sims, is Picker-Marconi the only one that is: single slice, BIG bore? We feel we need to purchase a BIG bore scanner for our department to accommodate those bigger folks and certain treatment aids. Do the majority of you have BIG bore scanners whether you purchased refurbished or new? Are they single or multi slice and what brand do you have? We are limited on the dollars we can spend so want to make the best decision. Do any of you know of any companies that would remove and purchase the conventional simulator besides the CT companies? We would appreciate any feedback or suggestions.
Thank you very much!
Cindy Seier, CMD
Avera Sacred Heart Hospital
Yankton, South Dakota
(605)668-8856
additional e-mail: cindyseier@hotmail.com

De:	Kent Krugh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Accessing Pinnacle Through the Internet
Fecha:	lunes, 12 de febrero de 2007 20:50:13
Archivos adjuntos:	

We are using P3PC (on a local network in same building) for IMRT planning, and aside from the different looking and manipulation of the various windows you may open, there seems to be no slow-down to the IMRT planning and calculation process. On our remote locations, the issue is bandwidth...the more the merrier. Still do-able, but with lag time.

Kent Krugh
Cincinnati

At 02:14 PM 2/12/2007, you wrote:

> On a similar note, we are looking into the purchase of either an additional IMRT license for one of our workstations or using P3PC instead for IMRT planning. Philips tells me the only requirement is at least 16GB of RAM on the server. I'm curious if anyone is using P3PC for IMRT planning? I'm sure it's a slower alternative but is it too slow leading to much frustration? For those who are doing this, what would you recommend?
>
> Thanks,
> Carla
>
> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Lasher, Donette E.
> **Sent:** Monday, February 12, 2007 10:03 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Accessing Pinnacle Through the Internet
>
> Sorry Everyone-
> I hit "reply" on the wrong email. Please disregard my last

message.
Donette

From: owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Farhad Kader
Sent: Monday, February 12, 2007 6:46 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Accessing Pinnacle Through the Internet

We are getting ready to set up for remote accessing the planning system through P3PC and the internet. Would those of you that already are doing this share your experience with us? Things like configuration/platform and third party components as well as dos and don'ts

Thanks,

Farhad

De:	Patel, Hemangini
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Accessing Pinnacle Through the Internet
Fecha:	lunes, 12 de febrero de 2007 20:50:41
Archivos adjuntos:	

Carla-

We are currently using P3PC, and while we haven't used it for IMRT planning but rather IMRT qa plans, I don't think it's a slower alternative.
From my understanding (and you can double check w/Philips) when you use P3PC, you are actually dialing into the workstation and using the workstation's CPU. It wouldn't be any faster or slower than the workstation w/a license. Your only limitation would be the RAM on server.

Also, it's probably cheaper to buy the RAM than the license.

Hem

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bradford, Carla
> **Sent:** Monday, February 12, 2007 11:14 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Accessing Pinnacle Through the Internet
>
> On a similar note, we are looking into the purchase of either an additional IMRT license for one of our workstations or using P3PC instead for IMRT planning. Philips tells me the only requirement is at least 16GB of RAM on the server. I'm curious if anyone is using P3PC for IMRT planning? I'm sure it's a slower alternative but is it too slow leading to much frustration? For those who are doing this, what would you recommend?
>
> Thanks,
> Carla
>
> > -----Original Message-----
> > **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Lasher, Donette E.
> > **Sent:** Monday, February 12, 2007 10:03 AM

To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Accessing Pinnacle Through the Internet

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Donette

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Farhad Kader
Sent: Monday, February 12, 2007 6:46 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Accessing Pinnacle Through the Internet

We are getting ready to set up for remote accessing the planning system through P3PC and the internet. Would those of you that already are doing this share your experience with us? Things like configuration/platform and third party components as well as dos and don'ts

Thanks,

Farhad

---

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De:	Martijn van het Loo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: V8
Fecha:	martes, 13 de febrero de 2007 9:36:16
Archivos adjuntos:	

Hello All,

We had version 8.0d installed, together with Solaris patches.
We are still using version 7.6c clinically with LaunchPad 8.0g.
Beside the extra crashes and the DB locks there's an other phenomena to be aware of. An error occurs if in a plan for which the beams already have been calculated the couch removal position is changed.
When the table top position has been adjusted using the mouse, then that position as displayed on the screen by the line accordingly. The system signals that a change was made and that beam recalculation is necessary and asks the user whether to proceed. In the patient setup window though, the couch top Y coordinate remains unchanged. The system does not signal that a change was made and that affected beams have to be recalculated.
Using version 8.0d the couch removal is working as expected again.

Martijn van het Loo
Arnhems Radiotherapeutisch Instituut
Wagnerlaan 47
6815 AD Arnhem
The Netherlands
M.vanhetLoo@arnhemrti.nl

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Craig Dersley
Sent: maandag 12 februari 2007 9:12
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: V8

Hello,

As engineers too we are finding that some customers have experienced this
phnomena. Have you had aresponse from philips yet ???

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of John Shakeshaft
Sent: 25 October 2006 18:22
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: V8

We had version 8.0d installed last week, together with Solaris patches. We are still using version 7.6c clinically with LaunchPad 8.

It would appear that this combination has made the system a lot less stable.
We are getting multiple system crashes daily across the network of 6 workstations - 4 planning and 2 AcQSim. (The dialogue which states that this
is a programming error and only gives the option to exit the system.) Sometimes these crashes occur in a desktop that is not displayed
and then completely lock the database for everybody. This is very irritating. Previously we only had the occasional system crash (?<1 per week).

Starting to test version 8, I have noted that there appear to be some changes in DICOM import. I have attempted to import an RTPLAN which works
fine in version 7.6c. However Pinnacle rejects it in version 8.0d as the beam energy is non-zero!

I have reported both of these issues (yesterday) to Philips and I am awaiting a response.

We are very much looking forward to using Model-Based Segmentation though.

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY

UK

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Ozard, Siobhan
Sent: 24 October 2006 17:24
To: pinnacle-users@explode.unsw.edu.au
Subject: V8

Hi Everyone,

We are about to upgrade to V8.0d and I am interested in any pointers or noteworthy items regarding the upgrade from those centers who have already
made this transition.
I'm also interested in the pros and cons of plan locking & also plan locking
process (who locks, at what stage of planning process is plan locked).

Thanks,
Siobhan

Siobhan Ozard, Ph.D., MCCPM
Department of Medical Physics
Windsor Regional Cancer Centre
2220 Kildare Rd.
Windsor, ON
CANADA
N8W 2X3

Siobhan_Ozard@wrh.on.ca
Phone: (519) 253-3191 xtn 58718
Fax: (519) 255-8679
Pager: (519) 251-6401

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##

--
I am using the free version of SPAMfighter for private users.
It has removed 41 spam emails to date.
Paying users do not have this message in their emails.
Get the free SPAMfighter here: http://www.spamfighter.com

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##

De: bobstanton@aol.com
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: Re: Gung hei phat choi !
Fecha: miércoles, 14 de febrero de 2007 19:20:28
Archivos adjuntos:

I don't think I know you.

-----Original Message-----
From: DeirdreH@adhb.govt.nz
To: pinnacle-users@explode.unsw.edu.au
Sent: Wed, 14 Feb 2007 4:34 AM
Subject: Gung hei phat choi !

Hi Mooi Tin,
Sorry I keep missing a good time to call you at work and I dont have your home phone number because I lost it with my mobile. Can you send it to me. Are you still doing something for Chinese New Year? Fionnuala have her Chung Sam ready!

Cheers,
Deirdre

Deirdre Hutton
Radiotherapy Physicist

Oncology Dept
Auckland City Hospital
Grafton Rd
Auckland
New Zealand

TEL: +64 9 3074949 ext 6210

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Mooi Tin Khaw
Sent: Fri 19/01/2007 07:52
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle Stereotactic Software

Hi Giam
Sorry can't help.A consultant from here was asking about the software too.
Regards,
Mooi Tin Khaw
-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
On Behalf Of K A Giam
Sent: Wednesday, 17 January 2007 16:29
To: pinnacle-users@explode.unsw.edu.au
Cc: Popperma@mail.rah.sa.gov.au
Subject: Pinnacle Stereotactic Software

Hi,
We are evaluating the pinnacle stereotactic software.
Question?
: Are you a department using pinnacle stereo software?
: We would like to hear from any department who has evaluated

other stereo software as well as pinnacle.

Thank in advance,

Giam
Radiation Oncology
Royal Adelaide Hospital
K.A.Giam
Radiation Therapy Clinical Coordinator
Radiation Oncology Department
(08) 8222 5925 Mob: 0438 300 951
or (08) 8222 4000 pager 1996

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##

De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: About using a script to get the patient"s Medical record number?
Fecha:	jueves, 15 de febrero de 2007 7:35:32
Archivos adjuntos:	

Bj?rne schrieb:
> shzjy_list schrieb:
>> Hello
>> Is any one know how to get a patient's medical record number in a
>> script?
>

sorry
PlanInfo.MedicalRecordNumber;
is the correct object

>
> See all entries with
> PlanInfo.Save = "/home/p3rtp/PlanInfo.txt" ;
>
> best regards
> Bj?rne
>
>> ----------
>> shzjy_list
>> 2007-02-08
>
>
>
>

> account will not be distributed unless that account is also subscribed.
>
##

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##

De:	Andreas Liebhold
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: RE: overide air density in rectum?
Fecha:	jueves, 15 de febrero de 2007 17:38:51
Archivos adjuntos:	

Thanks Martin, thanks Paul for sharing your experiences. Your information helped already a lot.
I was especially thinking about cases on which maybe not a daily target volume localisation might be performed.
So far nobody seems to override the density of rectal gas filling...
Has anyone additional hints or ideas?

Andreas

-------- Original-Nachricht --------
Datum: Mon, 12 Feb 2007 11:07:54 -0500
Von: Martin Fraser <mwfraser@comcast.net>
An: pinnacle-users@explode.unsw.edu.au
CC:
Betreff: RE: overide air density in rectum?

> I ignore (patient's) gas in the case of prostate, from a targeting
> standpoint.
> I assume that we're talking about IMRT cases and for those the only thing
> I'm concerned about is the shape of the gland. In my experience when I've
> rescanned a patient for large Rectal volume (whatever the cause) I find the
> position may change but the shape is generally unperturbed (I refer to the
> concern that the rectal pressure has flattened or distorted the gland).
>
> Since I use seed localization daily (we would not treat any IMRT site
> without daily localization of some form) I know that my target is right on and
> I sleep well.
>
> The Seminal Vesicles are another matter and their position is considerably
> influenced by rectal filling - AND not verified by daily imaging - For
> cases with S/V as part of the CTV, the Gas-X protocol might indeed make good
> sense.

>
> Martin
>
>
> At 10:44 AM 2/12/2007, you wrote:
> >Assume that you have a significant air-bubble in the CT'd rectum
> >(burrito-artifact) which cannot be removed by re-scan and you over-ride
> this
> >air with water density. Suppose you then place the posterior block edge
> such
> >that you barely cover the PTV with a desired minimum-coverage isodose
> line.
> >This puts the block-edge in the gas-bubble.
> >
> >When the patient comes in for treatment, that gas-bubble has long-since
> been
> >expelled, the prostate has shifted posterior by about the bubble-width,
> and
> >the block edge is now inside the PTV. If the bubble was wider than your
> >expansion, the block-edge will be in the prostate.
> >
> >If, instead, you disregard the bubble (no over-ride) then the
> >loss-of-scatter in the bubble will make it more difficult for you to
> cover
> >the PTV with the desired dose line forcing you to push the block edge to
> >about the posterior edge of the bubble. This will made your rectum DVH a
> >little worse, which is unfortunate. But, when the gas bubble is expelled,
> >the new prostate position will still be inside the treated volume.
> >
> >Without a density over-ride, patients who present with more rectal gas at
> >the time of CT will tend to have a larger treated volume than those who
> do
> >not. Maybe this is a good thing.
> >
> > - Paul
>
>
>
>

>

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> members, the list has been configured so that messages can only be
> sent from a subscribed account. Messages sent from a users secondary
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>
##

--
"Feel free" - 5 GB Mailbox, 50 FreeSMS/Monat ...
Jetzt GMX ProMail testen: www.gmx.net/de/go/mailfooter/promail-out

##
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##

De:	Martijn van het Loo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: V8
Fecha:	jueves, 15 de febrero de 2007 17:39:31
Archivos adjuntos:	

Hello All,

We had version 8.0d installed, together with Solaris patches.
We are still using version 7.6c clinically with LaunchPad 8.0g.
Beside the extra crashes and the DB locks there's an other phenomena to be aware of. An error occurs if in a plan for which the beams already have been calculated the couch removal position is changed.
When the table top position has been adjusted using the mouse, then that position as displayed on the screen by the line accordingly. The system signals that a change was made and that beam recalculation is necessary and asks the user whether to proceed. In the patient setup window though, the couch top Y coordinate remains unchanged. The system does not signal that a change was made and that affected beams have to be recalculated.
Using version 8.0d the couch removal is working as expected again.

Martijn van het Loo
Arnhems Radiotherapeutisch Instituut
Wagnerlaan 47
6815 AD Arnhem
The Netherlands
M.vanhetLoo@arnhemrti.nl

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Craig Dersley
Sent: maandag 12 februari 2007 9:12
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: V8

Hello,

As engineers too we are finding that some customers have experienced this
phnomena. Have you had aresponse from philips yet ???

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of John Shakeshaft
Sent: 25 October 2006 18:22
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: V8

We had version 8.0d installed last week, together with Solaris patches. We are still using version 7.6c clinically with LaunchPad 8.

It would appear that this combination has made the system a lot less stable.
We are getting multiple system crashes daily across the network of 6 workstations - 4 planning and 2 AcQSim. (The dialogue which states that this
is a programming error and only gives the option to exit the system.) Sometimes these crashes occur in a desktop that is not displayed
and then completely lock the database for everybody. This is very irritating. Previously we only had the occasional system crash (?<1 per week).

Starting to test version 8, I have noted that there appear to be some changes in DICOM import. I have attempted to import an RTPLAN which works
fine in version 7.6c. However Pinnacle rejects it in version 8.0d as the beam energy is non-zero!

I have reported both of these issues (yesterday) to Philips and I am awaiting a response.

We are very much looking forward to using Model-Based Segmentation though.

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY

UK

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Ozard, Siobhan
Sent: 24 October 2006 17:24
To: pinnacle-users@explode.unsw.edu.au
Subject: V8

Hi Everyone,

We are about to upgrade to V8.0d and I am interested in any pointers or noteworthy items regarding the upgrade from those centers who have already
made this transition.
I'm also interested in the pros and cons of plan locking & also plan locking
process (who locks, at what stage of planning process is plan locked).

Thanks,
Siobhan

Siobhan Ozard, Ph.D., MCCPM
Department of Medical Physics
Windsor Regional Cancer Centre
2220 Kildare Rd.
Windsor, ON
CANADA
N8W 2X3

Siobhan_Ozard@wrh.on.ca
Phone: (519) 253-3191 xtn 58718
Fax: (519) 255-8679
Pager: (519) 251-6401

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--
I am using the free version of SPAMfighter for private users.
It has removed 41 spam emails to date.
Paying users do not have this message in their emails.
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##

De:	Lasher, Donette E.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Accessing Pinnacle Through the Internet
Fecha:	jueves, 15 de febrero de 2007 17:55:26
Archivos adjuntos:	

Sorry Everyone-
I hit "reply" on the wrong email. Please disregard my last message.
Donette

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Farhad Kader
Sent: Monday, February 12, 2007 6:46 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Accessing Pinnacle Through the Internet

We are getting ready to set up for remote accessing the planning system through P3PC and the internet. Would those of you that already are doing this share your experience with us? Things like configuration/platform and third party components as well as dos and don'ts

Thanks,

Farhad

De:	Farhad Kader
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Accessing Pinnacle Through the Internet
Fecha:	jueves, 15 de febrero de 2007 17:55:31
Archivos adjuntos:	

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Thanks,

Farhad

De:	Lasher, Donette E.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Accessing Pinnacle Through the Internet
Fecha:	jueves, 15 de febrero de 2007 18:04:11
Archivos adjuntos:	

Hi-
He is coming today at 5:30 to do it.
Thanks!
Donette

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Farhad Kader
Sent: Monday, February 12, 2007 6:46 AM
To: pinnacle-users@explode.unsw.edu.au
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Thanks,

Farhad

De:	Will Christia
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: CT-Sims
Fecha:	jueves, 15 de febrero de 2007 18:05:10
Archivos adjuntos:	

Cindy,
I have to agree with Bill. We bought 2 CT's from Atlas and have a service contract with them. The service has been outstanding so far. Also, good choice on the Big Bore. At least once a month, we get a patient that would be better scanned in a large bore.

Will Christian
Medical Physicist
Satilla Regional Cancer Treatment Center

William Wedding <trpcbill@aol.com> wrote:

> Cindy,
> Recommend you contact Atlas Medical, Rick Stockton, President at rstockton@atlasmedtec.com. 909-923-7887. Fax: 347-823-2571.
> They have a whole host of CT scanners and very significant experience with Pinnacle and the corresponding connections. We have worked with Rick at multiple sites for a number of years with no problems.
>
> Bill Wedding
> 813-477-4368
>
> ---
>
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Cynthia Seier
> **Sent:** Wednesday, February 07, 2007 5:00 PM
> **To:** pinnacle-users@explode.unsw.edu.au; pinnacle-users@explode.unsw.edu.au
> **Subject:** CT-Sims
>
> Hi fellow dosimetrists & physicists:
> We are considering purchasing a refurbished CT-sim to replace our old conventional simulator. At the present time we are free standing and

drive to the hospital each time we need to mark and CT our patients. What companies do you know of out there that sell refurbished CT-sims? We have contacted a couple of them but want to know if there are others. Also for those of you who have purchased refurbished CT-sims, is Picker-Marconi the only one that is: single slice, BIG bore? We feel we need to purchase a BIG bore scanner for our department to accommodate those bigger folks and certain treatment aids. Do the majority of you have BIG bore scanners whether you purchased refurbished or new? Are they single or multi slice and what brand do you have? We are limited on the dollars we can spend so want to make the best decision. Do any of you know of any companies that would remove and purchase the conventional simulator besides the CT companies? We would appreciate any feedback or suggestions.
Thank you very much!
Cindy Seier, CMD
Avera Sacred Heart Hospital
Yankton, South Dakota
(605)668-8856
additional e-mail: cindyseier@hotmail.com

De:	Patel, Hemangini
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Accessing Pinnacle Through the Internet
Fecha:	jueves, 15 de febrero de 2007 18:05:11
Archivos adjuntos:	

Carla-

We are currently using P3PC, and while we haven't used it for IMRT planning but rather IMRT qa plans, I don't think it's a slower alternative.
From my understanding (and you can double check w/Philips) when you use P3PC, you are actually dialing into the workstation and using the workstation's CPU. It wouldn't be any faster or slower than the workstation w/a license. Your only limitation would be the RAM on server.

Also, it's probably cheaper to buy the RAM than the license.

Hem

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bradford, Carla
> **Sent:** Monday, February 12, 2007 11:14 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Accessing Pinnacle Through the Internet
>
> On a similar note, we are looking into the purchase of either an additional IMRT license for one of our workstations or using P3PC instead for IMRT planning. Philips tells me the only requirement is at least 16GB of RAM on the server. I'm curious if anyone is using P3PC for IMRT planning? I'm sure it's a slower alternative but is it too slow leading to much frustration? For those who are doing this, what would you recommend?
>
> Thanks,
> Carla
>
> > -----Original Message-----
> > **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Lasher, Donette E.
> > **Sent:** Monday, February 12, 2007 10:03 AM

To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Accessing Pinnacle Through the Internet

Sorry Everyone-
I hit "reply" on the wrong email. Please disregard my last message.
Donette

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Farhad Kader
Sent: Monday, February 12, 2007 6:46 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Accessing Pinnacle Through the Internet

We are getting ready to set up for remote accessing the planning system through P3PC and the internet. Would those of you that already are doing this share your experience with us? Things like configuration/platform and third party components as well as dos and don'ts

Thanks,

Farhad

---

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De:	Marisa A Sheehan
A:	pinnacle-users@explode.unsw.edu.au; willchristiansrctc@yahoo.com;
Cc:	
Asunto:	RE: CT-Sims
Fecha:	jueves, 15 de febrero de 2007 18:43:30
Archivos adjuntos:	

The utility of FOV greater than 480mm is (not limited to):

Arms Akimbo
Frog Leg Pelvis
Breast tilt boards - not just for breasts, but also superior venacava syndrome
Legs positioned apart for sarcoma
arm as a target (mets, sarcoma, hetertopic, what-have-you)
Heads in extremely kyphotic patients

:o)
marisa

De:	Farhad Kader
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Accessing Pinnacle Through the Internet
Fecha:	jueves, 15 de febrero de 2007 21:52:11
Archivos adjuntos:	

We are getting ready to set up for remote accessing the planning system through P3PC and the internet. Would those of you that already are doing this share your experience with us? Things like configuration/platform and third party components as well as dos and don’ts

Thanks,

Farhad

De:	Melissa Rains
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	PET window leveling
Fecha:	viernes, 16 de febrero de 2007 0:23:40
Archivos adjuntos:	

Hello Users!!

need a little bit of help from those of you that are experienced with PET scanning and window leveling these scans.

Our current set up includes an offsite siemens PET scanner which when imported into pinnacle results in a black screen. The PET tech advises me no to adjust the window level, as it will distort the data. but this unfortunately is impossible as we cant veiw it.

The FDG preset is a window of 46, with a level of 0(Raw values). but this creates an extremely white window.

The best values I have found for visualisation are 836 on the window, with -82 for the level.
however altering these values can make the tumour appear larger or smaller.

Any suggestions on what to use, or how to determine the best values without corrupting the data would be very helpful

Thanks
Melissa Rains

Melissa Rains
Senior Radiation Therapist
Nepean Cancer Care Centre
PO Box 63
Penrith, 2751
Sydney, NSW, Australia

Ph. +61247343500
Fax. +61247343570

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: PET window leveling
Fecha:	viernes, 16 de febrero de 2007 1:15:41
Archivos adjuntos:	

What we do is try to find a node or identifiable feature on the PET and CT. Then we adjust the window a level on the PET until the feature is about the same size as on the CT. Questionable but the best we can do.

Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Melissa Rains
Sent: Thursday, February 15, 2007 4:07 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: PET window leveling

Hello Users!!

need a little bit of help from those of you that are experienced with PET scanning and window leveling these scans.

Our current set up includes an offsite siemens PET scanner which when imported into pinnacle results in a black screen. The PET tech advises me no to adjust the window level, as it will distort the data. but this unfortunately is impossible as we cant veiw it.

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however altering these values can make the tumour appear larger or smaller.

Any suggestions on what to use, or how to determine the best values without corrupting the data would be very helpful

Thanks
Melissa Rains

Melissa Rains
Senior Radiation Therapist
Nepean Cancer Care Centre
PO Box 63
Penrith, 2751
Sydney, NSW, Australia

Ph. +61247343500
Fax. +61247343570

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De:	Lasher, Donette E.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Accessing Pinnacle Through the Internet
Fecha:	viernes, 16 de febrero de 2007 8:46:33
Archivos adjuntos:	

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Donette

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Farhad Kader
Sent: Monday, February 12, 2007 6:46 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Accessing Pinnacle Through the Internet

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Thanks,

Farhad

De:	Andreas Liebhold
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	overide air density in rectum?
Fecha:	viernes, 16 de febrero de 2007 8:51:24
Archivos adjuntos:	

---

hello everybody,
Though this might have been already a topic in this mailinglist I would like to know how you handle rectums which show a lot of air in the rectum on the CT scan. Do you override the air with the density of water or do you disregard this situation? If you should override the density at which level will you take action?
Thanks,

Andreas

Dipl.-Ing. Andreas Liebhold
Medizinphysiker
Zentralklinikum Augsburg

De:	Lasher, Donette E.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Accessing Pinnacle Through the Internet
Fecha:	viernes, 16 de febrero de 2007 8:57:57
Archivos adjuntos:	

Hi-
He is coming today at 5:30 to do it.
Thanks!
Donette

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Farhad Kader
Sent: Monday, February 12, 2007 6:46 AM
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Thanks,

Farhad

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: overide air density in rectum?
Fecha:	viernes, 16 de febrero de 2007 9:10:04
Archivos adjuntos:	

After looking over thousands (oi) of repeat prostate CT scans, I'd say that "a lot of air" is unlikely to be reproducible. Our clinical protocol at my old place of employ was to replan every patient based on multiple CTs - i.e. to respond to the variations or lack thereof. At my new place, we have a Tomo unit, and after the docs got uncomfortable enough with the amount of variation they saw in rectal filling, esp gas, they agreed to start all pelvic patients on a daily Gas-X a week before sim, to carry through Tx. The variation has dropped considerably since (that's a qualitative observation).

In our clinic, if I get a look at a planning scan with a lot of gas, I advise re-scanning the patient, because pushing forward amounts to a high likelihood that we've accepted a significant systematic bias in both the prostate/SV and rectal position. Changing air to water in the dataset won't help that.

Dave

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> a.liebhold@gmx.de 2/12/2007 9:01 AM >>>
hello everybody,
Though this might have been already a topic in this mailinglist I would like to know how you handle rectums which show a lot of air in the rectum on the CT scan. Do you override the air with the density of water or do you disregard this situation? If you should override the density at which level will you take action?
Thanks,

Andreas

Dipl.-Ing. Andreas Liebhold
Medizinphysiker
Zentralklinikum Augsburg

--

--
"Feel free" - 5 GB Mailbox, 50 FreeSMS/Monat ...
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to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: overide air density in rectum?
Fecha:	viernes, 16 de febrero de 2007 9:25:38
Archivos adjuntos:	

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Andreas

Dipl.-Ing. Andreas Liebhold
Medizinphysiker
Zentralklinikum Augsburg

--

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Jetzt GMX ProMail testen: www.gmx.net/de/go/mailfooter/promail-out

to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Gnanaprakasam (GP) Vadivelu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Mediastinum IMRT
Fecha:	viernes, 16 de febrero de 2007 13:32:29
Archivos adjuntos:	

We have a patient with mediastinum mass to be given IMRT boost. If i expand the CTV with margin to create the PTV, it extends to both right and left lung. Do you trim the PTV which encompasses air in the lungs or do you override PTV density to 1 and do the planning or just do the planning with out any modifications?.
Any suggestions would be greatly appreciated.
Thanks in advance
GP

De:	kidphysics@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Mediastinum IMRT
Fecha:	viernes, 16 de febrero de 2007 15:29:09
Archivos adjuntos:	

>We have a patient with mediastinum mass to be given IMRT boost.

This is a very interesting case that can have many interpretations and solutions depending on your facility. My comments are these:

>Do you trim the PTV?

Think for a second as to why we create a PTV. The PTV includes the anticipated motion of the target CTV. If you trim your PTV you are defeating the purpose of creating the PTV.

>or do you override PTV density to 1 and do the planning or just do the planning with out any modifications?.
If you have air with it's low density (approximately 0.3) as part of your target area for IMRT planning, the computer model will calculate an intensity mapping such that there will be a greatly increased intensity at the air density relative to the intensity to the rest of the field. Is this correct? I don't believe so. If you go back to the original premise of the PTV, this expansion of the CTV into the PTV represents solid tissue due to target motion. It does not represent an area of air adjacent to a static target which is well defined in space (as would be the case for a phantom). Therefore if no modification is done, this would result in an area of inflated radiation intensity in the intensity modulation. To over come this, I assign the PTV a density of 1, which in version 8.0d is easily done without greying out the CT information. In addition, I add a 5mm ring around the PTV which I also assign a density of 1. (This could easily be performed by&nbs! p;creating a single structure that is the PTV + 5mm - which we call PTV+5mm and assign that the density of 1). This is to allow calculation of the penumbra region of the beamlets in a non-air density. I then perform the IMRT calculation. After the IMRT is complete, I copy the plan and show what the dose mapping would be if the areas assigned a density of 1 were to have its original density. This is done by giving the beams the same monitor units that were calculated. This second plan is done for comparison reasons

only. Also remember changing the contours will invalidate the dose that has been previously calculated. That is why I copy the patient plan before changing the density over-rides.

Hope this helps,

Bob

Robert W. Luthmann, Ph.D.
OakWood Center Radiation Oncology
Mechanicsburg, PA
717-691-3235

De:	Clay Stablein
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Mediastinum IMRT
Fecha:	viernes, 16 de febrero de 2007 20:01:33
Archivos adjuntos:	

>I copy the plan and show what the dose mapping would be if the areas assigned a density of 1 were to have its original density. This is done by giving the beams the same monitor units that were calculated. This second plan is done for comparison reasons only.
Well, what does the comparison show you??

Clay.
kidphysics@aol.com wrote:

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>
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Hope this helps,

Bob

Robert W. Luthmann, Ph.D.
OakWood Center Radiation Oncology
Mechanicsburg, PA
717-691-3235

De:	kidphysics@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Mediastinum IMRT
Fecha:	viernes, 16 de febrero de 2007 22:34:54
Archivos adjuntos:	

Carl,

>I copy the plan and show what the dose mapping would be if the areas assigned a density of 1 were to have its original density. This is done by giving the beams the same monitor units that were calculated. This second plan is done for comparison reasons only.
>>Well, what does the comparison show you??

I will try to keep this brief. If you are still confused when I am finished, please contact me personally. Any technique that we use for our calculation of dose for a patient is not exact. An "exact" representation of the dose distribution is really not possible. A close approximatation could be derived with a statistical analysis of anatomical displacements with time for that individual patient along with the probabistic representation of the motion due to setup errors. Once a more exact anatomical model is described a monte carlo type model needs to be implemented to account for the step function change in density and the complex modeling of dose equilibrium and buildup that is associated with a mass of density of approximately 1 within an air-like medium. Clinically, within our work environments, this is not possible...we don't have the resources, time, or expertise to do this. As a result, we need to make appropriate approximations in our models to get as ! close to a true dose distribution as possible. The saving grace of all this is that we have an error band in dose distribution within which we can deliver an IMRT treatment and still get a positive clinical outcome. With all this said, let us get back to your question... what does this comparison show. Setting the PTV and ring to a density of 1 will give us a distribution that can be thought of as the best case scenario that will take into account the variables that I have described for accurate modeling. By removing the density over-rides and recalculating the dose, we actually see (within limits) what the dose distribution is to one of the many possible anatomical setups for that patient. If we set up the patient on the table a thousand times and take a CT and plan it each time, you would have one thousand different dose distributions. Therefore the one we calculate is just a

"snapshot" of all these possible dose distributions. However, there is information in t! his that makes it clinically valuable. As you can imagine, the! DVH for the PTV and CTV for the case where the density over-ride is turned off will vary from the case where the density is set to 1. When this information is presented to the physician, he/she has the availability to use this information to alter the plan (e.g. reduce the PTV...a benefit vs risk where the margin for setup error is reduced, but the DVH of each "snapshot" is more optimal) or the physician can choose not to use IMRT, but use a more conventional approach if they feel the variation in dose is not optimal to this treatment.

Hope this answers your question.

Best regards,

Bob

Robert W. Luthmann, Ph.D.
OakWood Center Radiation Oncology
Mechanicsburg, PA
717-691-3235

De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Test your PINNACLE skills & earn 1 free CEU
Fecha:	lunes, 19 de febrero de 2007 22:18:55
Archivos adjuntos:	image002.jpg

TAKE THE PINNACLE CHALLENGE!

Earn 1 FREE CEU for MDCB and ASRT while you match your PINNACLE skills with other dosimetrists and learn advanced planning techniques from a panel of Pinnacle experts.

Radiation Oncology Resources (ROR) announces the second annual Pinnacle Challenge Plan and invites anyone to participate free of charge. Test your own knowledge while we all help each other develop advanced Pinnacle skills. This challenge plan will focus on Head and Neck IMRT planning techniques and includes 1 CEU for MDCB and ASRT. Everyone gets a PDF copy of the winning plan and can attend a 1 hour seminar on advanced techniques for Pinnacle IMRT Planning to earn one credit for MDCB or ASRT.

WINNER GETS FREE EMR LINK TOOL

The winner's facility will receive a free copy of ROR's highly acclaimed EMR Link program. EMR Link automatically compiles patient and plan info into a PDF file and sends it to the patient record in the R&V system. You will get a compiled PDF copy of your own plan as well as the winning plan. (See "Pinnacle Enhancements" at www.roresources.com.)

WHAT TO EXPECT

• Sign up for challenge plan at www.roresources.com
• Plan will be available for download on February 28th, 2007
• You will have until March 14th, 2007 to complete the plan and return to

judging panel
• Plans will be reviewed and winner chosen by a panel of leading Pinnacle users
• Web presentation March 28 at 10am Eastern and March 30 at 2pm Eastern. You can join the presentation call even if you do not submit a plan (simply check "presentation only" when you sign up). The presentation discussion will cover:
- Regions of Interest
- RTOG 0226
- Normal Tissue delineation
- Importance of consistency
- Volume Comparisons
- Scripting Uses and Advantages
- Location of Isocenter
- Utilization of Rings
- Objectives
- Beam Placement
- Plan Evaluation
- Tx. Planning Technique Comparison (limited field, Wide Field, Split Field Comparison)

SIGN UP TODAY!

Let's all share our planning knowledge to increase everyone's understanding of head and neck IMRT planning on Pinnacle. For questions call 866-312-3499 or email info@roresources.com.

Regards,

Victoria LaCerba, MS, CMD, RT(T)
Clinical Services Manager
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713

Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

De:	Hobie Shackford
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: overide air density in rectum?
Fecha:	martes, 20 de febrero de 2007 4:22:45
Archivos adjuntos:	

I just finished analyzing a case involving a Pelvis IMRT followed by an Prostate cone down IMRT. For the Pelvis phase setup is to the bony anatomy. Because the seeds were placed in the prostate before the start of treatment they were in the pelvis setup images. One of the therapists noticed a large displacement of the seeds relative in the pelvis portals compared to the DRR's. I investigated the differences using IMPAC's fusion and found that the seed pattern was rotating up to 20 degrees around the L/R axis.

Going back to the planning CT we observed that there was a large gas bubble involving the colon and rectum wrapped right around the prostate. When the rectum was filled normally again in treatment the prostate would rotate downward in a CW direction on the LLAT. The rotation would vary from day to day but the sim condition was one extreme. The CD plan was revised to increase the dose to post/ sup region (using a new CT).

We looked at the prostate setup of this patient on one of his gassy days using the ISOLOC system. The image transform mode was the default Translation and Rotation mode. The therapists positioned the couch to within our 3 mm tolerance and printed out the ISOLOC report. I took the coordinate information and ploted out the measured and planned seed positions using Excel. The centroid of the seeds was 6.5 mm from the plan centroid. This is due to the fact that we can not rotate the patient about the L/R axis and ISOLOC assumes that both corrections will be done so the couch translations are smaller than if rotation was not included.

By using the Pure Translation mode the centroids are aligned and in this case the treatment position is closer to plan but still bumping the planned posterior margin.

Take home message: watch out for extreme rectum/colon distension in the sim and don't use a 6 degree of

freedom setup program if you can't move the patient in
all directions.

Hobie Shackford
NortMain Radiation Oncology
Providence, RI

--- Martin Fraser <mwfraser@comcast.net> wrote:

> I ignore (patient's) gas in the case of prostate,
> from a targeting standpoint.
> I assume that we're talking about IMRT cases and for
> those the only thing I'm concerned about is the
> shape of the gland. In my experience when I've
> rescanned a patient for large Rectal volume
> (whatever the cause) I find the position may change
> but the shape is generally unperturbed (I refer to
> the concern that the rectal pressure has flattened
> or distorted the gland).
>
> Since I use seed localization daily (we would not
> treat any IMRT site without daily localization of
> some form) I know that my target is right on and I
> sleep well.
>
> The Seminal Vesicles are another matter and their
> position is considerably influenced by rectal
> filling - AND not verified by daily imaging - For
> cases with S/V as part of the CTV, the Gas-X
> protocol might indeed make good sense.
>
> Martin
>

De:	Paul King
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Fluence Map Calculation
Fecha:	martes, 20 de febrero de 2007 18:25:25
Archivos adjuntos:	

I've relatively recently started to use fluence map calculations which are not based on a "copy to phantom" (or fusion over-ride). I'm using Version 7.4f (awaiting update).

I've found that in about one case out of five, if I recalculated the fluence map without changing any of the parameters, the recalculated result will be different than the original result. Sometimes the difference is radical. Sometimes, not.

Is there a known bug, hopefully with workaround, which would create this sort of error?

- Paul King

please contact the sender.
****

De:	Tom Ogunleye
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	COMS Eye Plaque Seed Coordinates
Fecha:	martes, 20 de febrero de 2007 21:12:24
Archivos adjuntos:	

Will anyone who is currently using the COMS eye plaque direct me to where I can find the seed coordinates for the different sizes for implementation in Pinnacle.

Tom Ogunleye Ph.D.
Director of Physics
Austin Cancer Centers
2600 East MLK Blvd
Austin, TX 78702
Phone: (512) 505-5546
Fax: (512) 505-5530

De:	Andreou, Kelly
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Version 8.0d
Fecha:	jueves, 22 de febrero de 2007 15:12:41
Archivos adjuntos:	

For 3D skin rendering:
We saw this happen when we had fields with MLC's.
Fixed this problem by changing the preference: Block crosshatch off with MLC to no.
Hope this helps.
Kelly

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Parminder S. Basran
Sent: Monday, February 05, 2007 10:52 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Version 8.0d

Hi there,

We've had some time with version 8 now and I wanted to get some idea how other users are taking the transition. I should start by saying that overall the transition has been good; the bolus, MBS, plan locking are really nice tools. There are a few issues that have creeped up from time to time which, unfortunately, can be duplicated only with specific patient data sets, or not repeatable at all. Here is a list of either inconveniences or bugs that we've encountered:

- when you copy and oppose a beam, say for a segmented breast plan, we were aware of a bug in 7.6 that sometimes would keep all the segments except that for the open/flash field. The jaws would be correct, but the MLCs would be incorrect. This could be corrected by 'pushing jaws to leaves' for that flash field. But I'm hearing reports from some dosimetrits that *all* the segments get flipped.
- the contouring bug for P3MD, where you have to open the ROI Spreadsheet, is a REAL inconvenience, especially when you create a

contour, go to the next slice and try to copy the last contour to the current slice (which is something many of our radoncs do). With Version8, you have to perform a few extra steps to do just that, which can be a bit taxing with all the windows in P3MD.
- We've seen two patients where dose was computed 'incorrectly' inside an air-equivalent volume. Both were situtations were head and neck cases where two obliques pass through the target and the shell +neckrest+carbon fibre table. Philips support recognized that this could be an issue of 'air leaking into the patient', which has happened in some lung cases, where Pinnacle may be confused as to where the 'outside' of the patient truly is. But we've never seen that before in 7.6.
- some of our dosimetrists/radoncs actually liked 'black' isodoses, which was obtained by selecting greyscale. That is gone from 8.0
- If you want to see fields on the patient surface while using a 3D rendering the field display shows up inconsistently, despite fixing the 2 and 3D viewing displays options.

Any one else seeing odd behaviour or other strangeness that we should be aware of?

Thanks,

Parminder S. Basran, Ph.D., MCCPM
Dept. of Medical Physics, Sunnybrook Health Sciences Centre
Dept. Radiation Oncology, University of Toronto
TG-217, 2075 Bayview Avenue
Toronto ON M4N 3M5
t: 416.480.6100 ext:1087
f: 416.480.6801
parminder. basran @ sunnybrook. ca
"You monkey! A curse be upon your mustache!" - Iraqi representative to the Kuwaiti Foriegn Minister at a pre-war Arab League meeting

---

De:	Lana Kruger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Biology software
Fecha:	jueves, 22 de febrero de 2007 21:06:24
Archivos adjuntos:	

Hello,

I am in the experimental phase of planning with Biology software from Pinnacle and was wondering if anyone has any experience with objectives for H&N IMRT when using this software.

Thanks

Lana

De:	Tercier Pierre-Alain
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: electron commissioning
Fecha:	viernes, 23 de febrero de 2007 9:45:24
Archivos adjuntos:	

Hi,

When is the patch supposed to be installed?
What are the description of the bug?
What is impacted by it?

Sorry for all these questions, but I have no other information and I'm exactly waiting
for commissionning of electrons beams... Hmm and "pretty" interested in all the available
information.

Bye
Pat

--
Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital cantonal de Fribourg fax: +41 26 4267665
CH-1708 Fribourg

> ---
>
> **De :** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **De la part de** Slate, Lawrence--KMC
> **Envoyé :** jeudi, 21. décembre 2006 18:07
> **À :** pinnacle-users@explode.unsw.edu.au
> **Objet :** RE: electron commissioning
>
> hi,
> I received an email two days ago from Sam Painter that they are still working on the patch and hope to have it out soon, but I was told the patch

would be ready by the end of November. I agree with Tim, do not use the electrons for V8.0 clinically.
Thanks
Larry Slate

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Tim Paul
Sent: Monday, December 18, 2006 11:55 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: electron commissioning

Uwe,

We received an official notice from ADAC/Philips that there was a bug in the electron model for 8.0 and we should not commission electrons using this version. We are still using 7.6 for electrons.

I have not yet heard that this was fixed. Has any one heard differently?

You may want to contact them before doing this.

Tim Paul

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Myler Uwe
Sent: Monday, December 18, 2006 10:29 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: electron commissioning

Hi everyone,

I am trying to make progress with commissioning electrons on Pinnacle (V. 8.0d) for Varian EX machines. I now ran into the following problem, which I hope someone else has already found a solution for:

While open cones seem to give almost reasonable doses (when compared to measurements), fields defined by cerrobend cutouts at the end of the cones are way off, if I define the cutouts in the usual block window. I have set the source to block distance to 95 cm (which, as an aside, would make it impossible to commission both photons and electrons under the same Pinnacle machine, since the blocks for

photons and electrons are obviously at very different positions, and as far as I can see, there is only one place to enter the source to block distance for any machine) Now, another weird effect: If I select to display the "block plane" in the plan, it is always displayed at 90 cm from the source, regardless of what value I enter for the source to block distance. So something does not seem right.

On the other hand, if I define my cerrobend block using the contouring tool with density override at the proper (actual) distance from the phantom surface, the dose values seem to be much better.

So, is there something I am overlooking here? Has anyone succeeded in getting good dose values for cerrobend cutouts defined in the block window?

Thanks for any help!
Uwe

Uwe Myler
Juravinski Cancer Centre
Hamilton, Ontario, Canada

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	8.0d P1
Fecha:	viernes, 23 de febrero de 2007 16:02:10
Archivos adjuntos:	

Hello All,

Here is what is going on -

We were waiting for kits from our vendor for some time, and they are apparently in now.

In the interim we piloted a program to test online software downloads through our InCenter website. If you go to InCenter right now, you can download 8.0d P1 (the patch ONLY for 8.0d that resolves this electron problem). This is NOT the full 8.0d package.

Shortly, every site worldwide that received 8.0d previously WILL receive an 8.0d P1 patch in the mail, regardless of whether they downloaded the software through InCenter.

Furthermore, we have received the full 8.0d kits in stock as well, and we will start rolling those out to customers with support contracts and warranties.

If you have any questions, please send them to us at pros.support@philips.com.

Thanks for your patience,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Director, Product Support Engineering
marc.mlyn@philips.com
Fax: +1-408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Support Website: http://incenter.medical.philips.com

To <pinnacle-users@explode.unsw.edu.au>

cc

Subject RE: electron commissioning

Classification

"Tercier Pierre-Alain" <tercierpa@hopcantfr.ch>

Sent by: owner-pinnacle-users@explode.unsw.edu.au

02/23/2007 03:32 AM

Please respond to pinnacle-users@explode.unsw.edu.au

Hi,

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What are the description of the bug?
What is impacted by it?

Sorry for all these questions, but I have no other information and I'm exactly waiting
for commissionning of electrons beams... Hmm and "pretty" interested in all the available
information.

Bye
Pat

--
Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital cantonal de Fribourg fax: +41 26 4267665
CH-1708 Fribourg

De : owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **De la part de** Slate, Lawrence--KMC
Envoyé : jeudi, 21. décembre 2006 18:07
À : pinnacle-users@explode.unsw.edu.au
Objet : RE: electron commissioning

hi,
I received an email two days ago from Sam Painter that they are still working on the patch and hope to have it out soon, but I was told the patch would be ready by the end of November. I agree with Tim, do not use the electrons for V8.0 clinically.
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Larry Slate
-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Tim Paul
Sent: Monday, December 18, 2006 11:55 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: electron commissioning

Uwe,

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I have not yet heard that this was fixed. Has any one heard differently?

You may want to contact them before doing this.

Tim Paul

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Myler Uwe
Sent: Monday, December 18, 2006 10:29 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: electron commissioning

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Thanks for any help!
Uwe

Uwe Myler
Juravinski Cancer Centre
Hamilton, Ontario, Canada

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: electron commissioning
Fecha:	viernes, 23 de febrero de 2007 17:50:31
Archivos adjuntos:	

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Steve T

Steve Thompson, M.S., DABR
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
ph 209-572-7237
fax 209-526-5280
thompssk@sutterhealth.org

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tercier Pierre-Alain
> **Sent:** Friday, February 23, 2007 12:32 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: electron commissioning
>
> Hi,
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> When is the patch supposed to be installed?

What are the description of the bug?
What is impacted by it?

Sorry for all these questions, but I have no other information and I'm exactly waiting
for commissionning of electrons beams... Hmm and "pretty" interested in all the available
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Bye
Pat

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Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital cantonal de Fribourg fax: +41 26 4267665
CH-1708 Fribourg

De : owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **De la part de** Slate, Lawrence--KMC
Envoyé : jeudi, 21. décembre 2006 18:07
À : pinnacle-users@explode.unsw.edu.au
Objet : RE: electron commissioning

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Tim Paul

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Sent: Monday, December 18, 2006 10:29 AM
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Thanks for any help!
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Uwe Myler
Juravinski Cancer Centre
Hamilton, Ontario, Canada

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: electron commissioning
Fecha:	viernes, 23 de febrero de 2007 17:55:06
Archivos adjuntos:	

Hello Steve,

I will find out what is going on with your InCenter account and get it resolved.

The notices should have gone out to all people who received 8.0d - we contact the sites by phone and then emailed them or faxed them the letter.

This notice is indeed posted on InCenter as well.

Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Director, Product Support Engineering
marc.mlyn@philips.com
Fax: +1-408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Support Website: http://incenter.medical.philips.com

To <pinnacle-users@explode.unsw.edu.au>
cc
Subject RE: electron commissioning
Classification

"Thompson, Stephen K" <ThompsSK@sutterhealth.org>

Sent by:
owner-pinnacle-users@explode.unsw.edu.au

02/23/2007 11:29 AM

Please respond to pinnacle-users@explode.unsw.edu.au

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tercier Pierre-Alain
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Hôpital cantonal de Fribourg fax: +41 26 4267665
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De : owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **De la part de** Slate, Lawrence--KMC
Envoyé : jeudi, 21. décembre 2006 18:07
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Sent: Monday, December 18, 2006 10:29 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: electron commissioning

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Thanks for any help!
Uwe

Uwe Myler
Juravinski Cancer Centre
Hamilton, Ontario, Canada

De:	Jackson, Scott
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 8.0d P1
Fecha:	viernes, 23 de febrero de 2007 17:56:56
Archivos adjuntos:	

When the 8.0d kits go out, will they address the database locks?

Thanks,

Scott Jackson, CMD

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Marc Mlyn
> **Sent:** Friday, February 23, 2007 9:39 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** 8.0d P1
>
> Hello All,
>
> Here is what is going on -
>
> We were waiting for kits from our vendor for some time, and they are apparently in now.
>
> In the interim we piloted a program to test online software downloads through our InCenter website. If you go to InCenter right now, you can download 8.0d P1 (the patch ONLY for 8.0d that resolves this electron problem). This is NOT the full 8.0d package.
>
> Shortly, every site worldwide that received 8.0d previously WILL receive an 8.0d P1 patch in the mail, regardless of whether they downloaded the software through InCenter.
>
> Furthermore, we have received the full 8.0d kits in stock as well, and we will start rolling those out to customers with support contracts and warranties.
>
> If you have any questions, please send them to us at pros.

support@philips.com.

Thanks for your patience,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Director, Product Support Engineering
marc.mlyn@philips.com
Fax: +1-408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Support Website: http://incenter.medical.philips.com

To <pinnacle-users@explode.unsw.edu.au>
cc
Subject RE: electron commissioning
Classification

"Tercier Pierre-Alain" <tercierpa@hopcantfr.ch>

Sent by: owner-pinnacle-users@explode.unsw.edu.au

02/23/2007 03:32 AM

Please respond to pinnacle-users@explode.unsw.edu.au

Hi,

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for commissionning of electrons beams... Hmm and "pretty" interested in

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TERCIER Pierre-Alain
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De : owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **De la part de** Slate, Lawrence--KMC
Envoyé : jeudi, 21. décembre 2006 18:07
À : pinnacle-users@explode.unsw.edu.au
Objet : RE: electron commissioning

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Tim Paul
Sent: Monday, December 18, 2006 11:55 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: electron commissioning

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Sent: Monday, December 18, 2006 10:29 AM
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Uwe Myler
Juravinski Cancer Centre
Hamilton, Ontario, Canada

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: electron commissioning
Fecha:	viernes, 23 de febrero de 2007 18:09:25
Archivos adjuntos:	

Philips doesn't seem to be the most helpful company in this regards. I called them a couple weeks ago asking about daylight savings patches. They still didn't have a recommendation. Mar 11 is when it hits, and IT isn't the type of thing you play with on a moments notice. The funny thing is from talking to Sun they only have one version of the patch for Solaris 8-9. So it seems coming up with a recommendation shouldn't be that hard.

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Thompson, Stephen K
> **Sent:** Friday, February 23, 2007 11:29 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: electron commissioning
>
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To: pinnacle-users@explode.unsw.edu.au
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Tim Paul

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Sent: Monday, December 18, 2006 10:29 AM
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Uwe Myler
Juravinski Cancer Centre
Hamilton, Ontario, Canada

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: electron commissioning
Fecha:	viernes, 23 de febrero de 2007 18:29:35
Archivos adjuntos:	

Hi Mike,

If you contact customer support, we have the Sun patch that will fix this for you. It is quite small, only 277kb.

We are writing a letter now about it that will go out to all of the customers - we needed to do an analysis to see how important it was to get this out to all customers, with respect to safety issues and the application. We concluded that it is not a critical update. To change the date and time on a Unix system manually, it is quite simple.

When the letter goes out, you will also be able to download and install this update through InCenter, if you wish. Right now it is only though customer service that you can get it installed.

Best Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Director, Product Support Engineering
marc.mlyn@philips.com
Office: +1-631-828-2137
Fax: +1-408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Support Website: http://incenter.medical.philips.com

To <pinnacle-users@explode.unsw.edu.au>

cc

Subject RE: electron commissioning

Classification

"Mike Gallamore" <mike.gallamore@grhosp.on.ca>

Sent by: owner-pinnacle-users@explode.unsw.edu.au

02/23/2007 12:04 PM

Please respond to pinnacle-users@explode.unsw.edu.au

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Sent: Friday, February 23, 2007 11:29 AM
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De : owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **De la part de** Slate, Lawrence--KMC
Envoyé : jeudi, 21. décembre 2006 18:07
À : pinnacle-users@explode.unsw.edu.au
Objet : RE: electron commissioning

hi,
I received an email two days ago from Sam Painter that they are still working on the patch and hope to have it out soon, but I was told the patch would be ready by the end of November. I agree with Tim, do not use the electrons for V8.0 clinically.
Thanks
Larry Slate
-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Tim Paul
Sent: Monday, December 18, 2006 11:55 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: electron commissioning

Uwe,

We received an official notice from ADAC/Philips that there was a bug in the electron model for 8.0 and we should not commission electrons using this version. We are still using 7.6 for electrons.

I have not yet heard that this was fixed. Has any one heard differently?

You may want to contact them before doing this.

Tim Paul

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Myler Uwe
Sent: Monday, December 18, 2006 10:29 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: electron commissioning

Hi everyone,

I am trying to make progress with commissioning electrons on Pinnacle (V. 8.0d) for Varian EX machines. I now ran into the following problem, which I hope someone else has already found a solution for:

While open cones seem to give almost reasonable doses (when compared to measurements), fields defined by cerrobend cutouts at the end of the cones are way off, if I define the cutouts in the usual block window. I have set the source to block distance to 95 cm (which, as an aside, would make it impossible to commission both photons and electrons under the same Pinnacle machine, since the blocks for photons and electrons are obviously at very different positions, and as far as I can see, there is only one place to enter the source to block distance for any machine) Now, another weird effect: If I select to display the "block plane" in the plan, it is always displayed at 90 cm from the source, regardless of what value I enter for the source to block distance. So something does not seem right.

On the other hand, if I define my cerrobend block using the contouring tool with density override at the proper (actual) distance from the phantom surface, the dose values seem to be much better.

So, is there something I am overlooking here? Has anyone succeeded in getting good dose values for cerrobend cutouts defined in the block window?

Thanks for any help!
Uwe

Uwe Myler
Juravinski Cancer Centre
Hamilton, Ontario, Canada

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: overide air density in rectum?
Fecha:	lunes, 26 de febrero de 2007 23:50:50
Archivos adjuntos:	

Listers,

I have heard someone mention that the IMPAC fusion tool is not that accurate for larger shift distances. Apparently the fusion algorithm's approximations break down, especially regarding rotations. Has anyone else heard anything?

So, I don't know if that could be a factor in this case as well?
(Burrito effect is clearly a candidate regardless...)

Sean

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Hobie Shackford
Sent: Monday, February 19, 2007 21:16
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: overide air density in rectum?

I just finished analyzing a case involving a Pelvis IMRT followed by an Prostate cone down IMRT. For the Pelvis phase setup is to the bony anatomy. Because the seeds were placed in the prostate before the start of treatment they were in the pelvis setup images. One of the therapists noticed a large displacement of the seeds relative in the pelvis portals compared to the DRR's. I investigated the differences using IMPAC's fusion and found that the seed pattern was rotating up to 20 degrees around the L/R axis.

Going back to the planning CT we observed that there was a large gas bubble involving the colon and rectum wrapped right around the prostate. When the rectum was filled normally again in treatment the prostate would rotate downward in a CW direction on the LLAT. The rotation would vary from day to day but the sim condition was one extreme. The CD plan was revised to increase the dose to post/ sup region (using a new CT).

We looked at the prostate setup of this patient on one of his gassy days using the ISOLOC system. The image transform mode was the default Translation and Rotation mode. The therapists positioned the couch to within our 3 mm tolerance and printed out the ISOLOC report. I took the coordinate information and ploted out the measured and planned seed positions using Excel. The centroid of the seeds was 6.5 mm from the plan centroid. This is due to the fact that we can not rotate the patient about the L/R axis and ISOLOC assumes that both corrections will be done so the couch translations are smaller than if rotation was not included.

By using the Pure Translation mode the centroids are aligned and in this case the treatment position is closer to plan but still bumping the planned posterior margin.

Take home message: watch out for extreme rectum/colon distension in the sim and don't use a 6 degree of freedom setup program if you can't move the patient in all directions.

Hobie Shackford
NortMain Radiation Oncology
Providence, RI

--- Martin Fraser <mwfraser@comcast.net> wrote:

> I ignore (patient's) gas in the case of prostate, from a targeting
> standpoint.
> I assume that we're talking about IMRT cases and for those the only
> thing I'm concerned about is the shape of the gland. In my experience
> when I've rescanned a patient for large Rectal volume (whatever the
> cause) I find the position may change but the shape is generally
> unperturbed (I refer to the concern that the rectal pressure has
> flattened or distorted the gland).
>
> Since I use seed localization daily (we would not treat any IMRT site
> without daily localization of some form) I know that my target is
> right on and I sleep well.
>
> The Seminal Vesicles are another matter and their position is
> considerably influenced by rectal filling - AND not verified by daily
> imaging - For cases with S/V as part of the CTV, the Gas-X protocol
> might indeed make good sense.
>
> Martin
>

##
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##

De:	Abe K. Kuruvilla
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: overide air density in rectum?
Fecha:	martes, 27 de febrero de 2007 16:53:45
Archivos adjuntos:	

---

for dosimetrist who are doing IMRT left whole breast: how many beams are being used? I am only using the two tangent beams. Anyone using more that two beams? thanks.

abe K, Bsc,RT(R)(T)(CMD)

account will not be distributed unless that account is also subscribed.
##

De:	Paul King
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: overide air density in rectum?
Fecha:	martes, 27 de febrero de 2007 17:18:28
Archivos adjuntos:	

Generally 2. Sometimes 4, generally duplicating the tangent fields at high energy. Sometimes, taking a slightly different angle on the duplicates.

- Paul

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Abe K. Kuruvilla
Sent: Tuesday, February 27, 2007 9:29 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: overide air density in rectum?

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abe K, Bsc,RT(R)(T)(CMD)

De:	Abe K. Kuruvilla
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: overide air density in rectum?
Fecha:	martes, 27 de febrero de 2007 17:43:03
Archivos adjuntos:	

I am sorry, but I was strictly talking about IMRT (not forward planning or field in a field).

ABE KURUVILLA, Bsc,RT(R)(T)(CMD)
Charlotte Hungerford Hospital
Torrington, CT

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Paul King
Sent: Tuesday, February 27, 2007 11:09 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: overide air density in rectum?

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- Paul

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[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Abe K. Kuruvilla
Sent: Tuesday, February 27, 2007 9:29 AM
To: pinnacle-users@explode.unsw.edu.au
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abe K, Bsc,RT(R)(T)(CMD)

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##

##

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De:	Jeff Limmer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: overide air density in rectum?
Fecha:	martes, 27 de febrero de 2007 17:43:39
Archivos adjuntos:	

You might want to change the Subject line when the conversation drifts this far...

:-)

Jeff

Jeffrey P. Limmer, MS Ed, MSc, D.A.B.R.
Chief Medical Physicist
U of Wisconsin Cancer Centers
Wausau and Wisconsin Rapids
215 N 28th Ave
Wausau, WI 54401

Office: 715/847-2685

-----Original Message-----
From: Paul King [mailto:pking@jarmc.org]
Sent: Tuesday, February 27, 2007 10:09 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: overide air density in rectum?

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- Paul

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##

De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Test your PINNACLE skills & earn 1 free CEU
Fecha:	martes, 27 de febrero de 2007 17:47:24
Archivos adjuntos:	image001.jpg

We have had a great response to our upcoming Pinnacle Challenge! Today is the **last** day to sign up to take part in this upcoming challenge!

Earn 1 FREE CEU for MDCB and ASRT while you match your PINNACLE skills with other dosimetrists and learn advanced planning techniques from a panel of Pinnacle experts.

Radiation Oncology Resources (ROR) announces the second annual Pinnacle Challenge Plan and invites anyone to participate free of charge. Test your own knowledge while we all help each other develop advanced Pinnacle skills. This challenge plan will focus on Head and Neck IMRT planning techniques and includes 1 CEU for MDCB and ASRT. Everyone gets a PDF copy of the winning plan and can attend a 1 hour seminar on advanced techniques for Pinnacle IMRT Planning to earn one credit for MDCB or ASRT.

WINNER GETS FREE EMR LINK TOOL

The winner's facility will receive a free copy of ROR's highly acclaimed EMR Link program. EMR Link automatically compiles patient and plan info into a PDF file and sends it to the patient record in the R&V system. You will get a compiled PDF copy of your own plan as well as the winning plan. (See "Pinnacle Enhancements" at www.roresources.com.)

WHAT TO EXPECT

• Sign up for challenge plan at www.roresources.com
• Plan will be available for download on February 28th, 2007
• You will have until March 14th, 2007 to complete the plan and return to judging panel
• Plans will be reviewed and winner chosen by a panel of leading Pinnacle users
• Web presentation March 28 at 10am Eastern and March 30 at 2pm Eastern. You can join the presentation call even if you do not submit a plan (simply check "presentation only" when you sign up). The presentation discussion will cover:
  - Regions of Interest
  - RTOG 0225
  - Normal Tissue delineation
  - Importance of consistency
  - Volume Comparisons
  - Scripting Uses and Advantages
  - Location of Isocenter
  - Utilization of Rings
  - Objectives
  - Beam Placement
  - Plan Evaluation
  - Tx. Planning Technique Comparison (limited field, Wide Field, Split Field Comparison)

SIGN UP TODAY!

Let's all share our planning knowledge to increase everyone's understanding of head and neck IMRT planning on Pinnacle. For questions call 866-312-3499 or email info@roresources.com.

Regards,

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

De:	Scott Dube
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Dose contribution from Tangents to SClav
Fecha:	martes, 27 de febrero de 2007 19:43:15
Archivos adjuntos:	

I have recently learned that some Pinnacle sites will include the dose contribution from the breast or chestwall tangents to the supraclavicular prescription point when developing a composite plan. For example, the Tangents get 180 per fraction and Pinnacle calculates the scatter/leakage contribution to the SClav point to be 6 cGy. So the SClav field will be calculated to deliver (180-6) = 174 cGy.

This seems like a stretch to think that Pinnacle will calculate the secondary radiation dose outside the tangential fields so accurately that it will be used to offset the primary field. Is this a common practice? Would anyone care to opine?

De:	Marisa A Sheehan
A:	pinnacle-users@explode.unsw.edu.au; scott.dube@gmail.com;
Cc:	
Asunto:	Re: Dose contribution from Tangents to SClav
Fecha:	martes, 27 de febrero de 2007 20:55:29
Archivos adjuntos:	

---

opining it is, because science it ain't.

2 - 5% tangent contribution to scv norm point in 4 cases reviewed

upper neck bilat opposed flds contribute to scv * yes

L post neck electrons contribute to R post neck electron norm point --yes

did mantles contribute to para-aortic flds? brain flds to thorasic spines?

there is absorbed dose everywhere in the room, which is why we don't stand in there during the treatments.

When doctors limit <1% of Rx dose to lens, lips, testicles, whatever--- reality is not a component of the prescription,

suggesting that they stand next to the patient with a dosimeter is not met with fond response.

this institution does not account for adjacent fld contribution to norm points because of tail chasing--how do you end the process?

account for the tangent contribution to scv, then account for the scv contribution to tangent norm point, then.....

should be interesting to see the rest of the posts.

marisa

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##

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Dose contribution from Tangents to SClav
Fecha:	martes, 27 de febrero de 2007 21:04:23
Archivos adjuntos:	

We have never included dose contribution from the tangents to the SCV in our calculations. As far as the accuracy, I do not have the knowledge to comment on that. One of our doctors in particular was concerned with the dose that you see on the anterior portion of the SCV field in a four field composite. He will sometimes dial the dose down from the PAB to reduce the superficial SCV dose. He also uses 18x on the PAB field, which I have not been able to talk him out of. lol

>From: "Scott Dube" <scott.dube@gmail.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Dose contribution from Tangents to SClav
>Date: Tue, 27 Feb 2007 10:26:29 -0800
>
>I have recently learned that some Pinnacle sites will include the dose
>contribution from the breast or chestwall tangents to the supraclavicular
>prescription point when developing a composite plan. For example, the
>Tangents get 180 per fraction and Pinnacle calculates the scatter/leakage
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>secondary radiation dose outside the tangential fields so accurately that
>it
>will be used to offset the primary field. Is this a common practice?
>Would
>anyone care to opine?

De:	Barrett Marc
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Dose contribution from Tangents to SClav
Fecha:	martes, 27 de febrero de 2007 22:58:59
Archivos adjuntos:	

Two cents worth of opining:

My thinking is that you must look at this from an oncologist's point of view.

For "x" years he/she has been treating the tangents and SC ports the same way, same Rx based on clinical outcomes, complications, etc. If we start trying to "dosimetrically" account and correct for something (tangent contributions to the SC and visa versa) that the physician is not used to seeing and has basically been correcting for clinically for years, we run the risk of "upsetting the apple-cart" and introducing more problems than we solve.

The goal of therapy is good clinical outcomes with as little complications as possible. If we are achieving those outcomes and have not worried about dose contributions from adjacent fields then all is well.
If we account for dose contributions from adjancent fields and our clinical outcomes are good, all is well.
But if we get our dosimetry "exact" and can account for all dose to a point from all ports and every trip to the tanning salon, but our outcomes are lousy, we have failed.

Just because we can, doesn't mean we should.

Marc R. Barrett

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Pat Meek
Sent: Tuesday, February 27, 2007 1:49 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Dose contribution from Tangents to SClav

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>From: "Scott Dube" <scott.dube@gmail.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Dose contribution from Tangents to SClav
>Date: Tue, 27 Feb 2007 10:26:29 -0800
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>secondary radiation dose outside the tangential fields so accurately
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>practice?
>Would
>anyone care to opine?

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Dose contribution from Tangents to SClav
Fecha:	miércoles, 28 de febrero de 2007 16:59:58
Archivos adjuntos:	

Listers,

< Opine = ON >

I would consider that the uncertainty in the out-of-field dose calculation is larger than in-field, because the beam model is weaker out of field.

As an example, think of how well the profiles are fit out-of-field. Adjusting the jaw and MLC transmissions may have significant effect, as well as Gaussian Height and Width parameters. And, I am not sure how many are scanning their beams far out-of-field as well to verify, let alone performing point dose measurements in those regions.

So, I would not necessarily be making adjustments until I take both the accuracy of the calculation into account, and other factors cited by other posters.

In this case, a possible analogy is a calculator display: It may give 8 digits after the decimal, but how many of those are relevant or reliable, i.e. significant?

< Opine = OFF >

Sean

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott Dube
Sent: Tuesday, February 27, 2007 12:26
To: pinnacle-users@explode.unsw.edu.au
Subject: Dose contribution from Tangents to SClav

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De:	tspeck@nrad.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	breast contours for IMRT
Fecha:	jueves, 01 de marzo de 2007 16:35:13
Archivos adjuntos:	

Im currently writing a protocol for our MD's for contours for breast IMRT. Anyone have a good reference?

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: breast contours for IMRT
Fecha:	jueves, 01 de marzo de 2007 17:01:24
Archivos adjuntos:	

RTOG-0413 / NSABP-39 (the partial breast irradiation protocol) requires delineation of the entire breast, and has some good guidelines. See esp Appendix F section 2.0 and Fig 3 - are dosimetrists use these for breast IMRT. We subtract a 5mm skin rind from the whole breast ROI.

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> tspeck@nrad.com 3/1/2007 10:22 AM >>>
Im currently writing a protocol for our MD's for contours for breast IMRT.
Anyone have a good reference?

De:	Turner, A. Benton, Jr. *HS
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: breast contours for IMRT
Fecha:	jueves, 01 de marzo de 2007 17:12:32
Archivos adjuntos:	

RTOG 0413 has very specific contours.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** tspeck@nrad.com
Sent: Thursday, March 01, 2007 10:22 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: breast contours for IMRT

Im currently writing a protocol for our MD's for contours for breast IMRT. Anyone have a good reference?

De:	Therezo, ET
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: breast contours for IMRT
Fecha:	jueves, 01 de marzo de 2007 17:36:32
Archivos adjuntos:	

For IMRT BREAST?

e.t.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Turner, A. Benton, Jr. *HS
Sent: Thursday, March 01, 2007 7:56 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: breast contours for IMRT

RTOG 0413 has very specific contours.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** tspeck@nrad.com
Sent: Thursday, March 01, 2007 10:22 AM
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Subject: breast contours for IMRT

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De:	Turner, A. Benton, Jr. *HS
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: breast contours for IMRT
Fecha:	jueves, 01 de marzo de 2007 18:22:29
Archivos adjuntos:	

0413 is for PBI, but it does have clear guidelines for contouring.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Therezo, ET
Sent: Thursday, March 01, 2007 11:29 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: breast contours for IMRT

For IMRT BREAST?

e.t.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Turner, A. Benton, Jr. *HS
Sent: Thursday, March 01, 2007 7:56 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: breast contours for IMRT

RTOG 0413 has very specific contours.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** tspeck@nrad.com
Sent: Thursday, March 01, 2007 10:22 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: breast contours for IMRT

Im currently writing a protocol for our MD's for contours for breast IMRT. Anyone have a good reference?

De:	Julie Williams
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Test your PINNACLE skills & earn 1 free CEU
Fecha:	viernes, 02 de marzo de 2007 15:45:15
Archivos adjuntos:	image001.jpg

How do you sign up to attend the seminar if you didn't enter the challenge?

Julie Williams, R.T.(R)(T), C.M.D.
Dosimetrist
Radiation Oncology Services Cobb
jwilliams@rosonline.net
(678)486-1410
Fax-(770)948-2638

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Victoria LaCerba
Sent: Tuesday, February 27, 2007 11:30 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Test your PINNACLE skills & earn 1 free CEU

We have had a great response to our upcoming Pinnacle Challenge! Today is the **last** day to sign up to take part in this upcoming challenge!

Earn 1 FREE CEU for MDCB and ASRT while you match your PINNACLE skills with other dosimetrists and learn advanced planning techniques from a panel of Pinnacle experts.

Radiation Oncology Resources (ROR) announces the second

annual Pinnacle Challenge Plan and invites anyone to participate free of charge. Test your own knowledge while we all help each other develop advanced Pinnacle skills. This challenge plan will focus on Head and Neck IMRT planning techniques and includes 1 CEU for MDCB and ASRT. Everyone gets a PDF copy of the winning plan and can attend a 1 hour seminar on advanced techniques for Pinnacle IMRT Planning to earn one credit for MDCB or ASRT.

WINNER GETS FREE EMR LINK TOOL

The winner's facility will receive a free copy of ROR's highly acclaimed EMR Link program. EMR Link automatically compiles patient and plan info into a PDF file and sends it to the patient record in the R&V system. You will get a compiled PDF copy of your own plan as well as the winning plan. (See "Pinnacle Enhancements" at www.roresources.com.)

WHAT TO EXPECT

• Sign up for challenge plan at www.roresources.com
• Plan will be available for download on February 28th, 2007
• You will have until March 14th, 2007 to complete the plan and return to judging panel
• Plans will be reviewed and winner chosen by a panel of leading Pinnacle users
• Web presentation March 28 at 10am Eastern and March 30 at 2pm Eastern. You can join the presentation call even if you do not submit a plan (simply check "presentation only" when you sign up). The presentation discussion will cover:
  - Regions of Interest
  - RTOG 0225
  - Normal Tissue delineation
  - Importance of consistency
  - Volume Comparisons
  - Scripting Uses and Advantages

- Location of Isocenter
- Utilization of Rings
- Objectives
- Beam Placement
- Plan Evaluation
- Tx. Planning Technique Comparison (limited field, Wide Field, Split Field Comparison)

SIGN UP TODAY!

Let's all share our planning knowledge to increase everyone's understanding of head and neck IMRT planning on Pinnacle. For questions call 866-312-3499 or email info@roresources.com.

Regards,

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

De:	Ozard, Siobhan
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: daylight savings time
Fecha:	viernes, 02 de marzo de 2007 17:21:19
Archivos adjuntos:	

RE **The funny thing is from talking to Sun they only have one version of the patch for Solaris 8-9**

Hi Mike - do you know what the patch ID is?

-----Original Message-----
From: Mike Gallamore [mailto:mike.gallamore@grhosp.on.ca]
Sent: Friday, February 23, 2007 12:04 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: electron commissioning

Philips doesn't seem to be the most helpful company in this regards. I called them a couple weeks ago asking about daylight savings patches. They still didn't have a recommendation. Mar 11 is when it hits, and IT isn't the type of thing you play with on a moments notice. The funny thing is from talking to Sun they only have one version of the patch for Solaris 8-9. So it seems coming up with a recommendation shouldn't be that hard.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Thompson, Stephen K
Sent: Friday, February 23, 2007 11:29 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: electron commissioning

"We received an official notice from ADAC/Philips that there was a bug in the electron model for 8.0 and we should not commission electrons using this version. We are still using 7.6 for electrons. "

It seems to me that the notification chain is somewhat disjointed. I have not received such a notice.

If the InCenter website was actually reachable (I haven't been able to get my username/password straightened out even and it has been about 4 weeks since I inquired about it), maybe this would be the place to place such notices.

Steve T

Steve Thompson, M.S., DABR
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
ph 209-572-7237
fax 209-526-5280
thompssk@sutterhealth.org

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tercier Pierre-Alain
> **Sent:** Friday, February 23, 2007 12:32 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: electron commissioning
>
> Hi,
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> When is the patch supposed to be installed?
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> Sorry for all these questions, but I have no other information and I'm exactly waiting
> for commissionning of electrons beams... Hmm and "pretty" interested in all the available
> information.
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> Bye
> Pat

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Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital cantonal de Fribourg fax: +41 26 4267665
CH-1708 Fribourg

De : owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
De la part de Slate, Lawrence--KMC
Envoyé : jeudi, 21. décembre 2006 18:07
À : pinnacle-users@explode.unsw.edu.au
Objet : RE: electron commissioning

hi,
I received an email two days ago from Sam Painter that they are still working on the patch and hope to have it out soon, but I was told the patch would be ready by the end of November. I agree with Tim, do not use the electrons for V8.0 clinically.
Thanks
Larry Slate

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Tim Paul
> **Sent:** Monday, December 18, 2006 11:55 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: electron commissioning
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> Uwe,
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> I have not yet heard that this was fixed. Has any one heard differently?

You may want to contact them before doing this.

Tim Paul

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Myler Uwe
Sent: Monday, December 18, 2006 10:29 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: electron commissioning

Hi everyone,

I am trying to make progress with commissioning electrons on Pinnacle (V. 8.0d) for Varian EX machines. I now ran into the following problem, which I hope someone else has already found a solution for:

While open cones seem to give almost reasonable doses (when compared to measurements), fields defined by cerrobend cutouts at the end of the cones are way off, if I define the cutouts in the usual block window. I have set the source to block distance to 95 cm (which, as an aside, would make it impossible to commission both photons and electrons under the same Pinnacle machine, since the blocks for photons and electrons are obviously at very different positions, and as far as I can see, there is only one place to enter the source to block distance for any machine) Now, another weird effect: If I select to display the "block plane" in the plan, it is always displayed at 90 cm from the source, regardless of what value I enter for the source to block distance. So something does not seem right.

On the other hand, if I define my cerrobend block using the contouring tool with density override at the proper (actual) distance from the phantom surface, the dose values seem to be much better.

So, is there something I am overlooking here? Has anyone succeeded in getting good dose values for cerrobend cutouts defined in the block window?

Thanks for any help!
Uwe

Uwe Myler
Juravinski Cancer Centre
Hamilton, Ontario, Canada

De:	S. Banerian
A:	pinnacle-users@explode.unsw.edu.au; Siobhan_Ozard@wrh.on.ca;
Cc:	
Asunto:	Re: daylight savings time
Fecha:	viernes, 02 de marzo de 2007 18:05:03
Archivos adjuntos:	

Philips provided two patch files for me, for Solaris 8:

108993-52.zip
109809-06.zip

I have been applying them, and zdump -v PST8PDT | grep 2007 yields the correct DST values for the US.

Ozard, Siobhan wrote:
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> *From:* Mike Gallamore [mailto:mike.gallamore@grhosp.on.ca]
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> *From:* owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au]*On Behalf Of
> *Thompson, Stephen K
> *Sent:* Friday, February 23, 2007 11:29 AM
> *To:* pinnacle-users@explode.unsw.edu.au
> *Subject:* RE: electron commissioning
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> Modesto, CA 95355
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> fax 209-526-5280
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> *From:* owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] *On Behalf
> Of *Tercier Pierre-Alain
> *Sent:* Friday, February 23, 2007 12:32 AM
> *To:* pinnacle-users@explode.unsw.edu.au
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> Hôpital cantonal de Fribourg fax: +41 26 4267665

--
S. Banerian
206-598-0302
UWMC Radiation Oncology

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: daylight savings time
Fecha:	viernes, 02 de marzo de 2007 18:06:14
Archivos adjuntos:	

113225-07. We use Solaris 9 at our site, we also applied a libc patch, I believe it was required for dst to work, and it was patch 112874-37. You'd have to check for Sol 8 I'm not sure if it's the same libc patch. As well, you have to go to single user mode to install the libc patch, so you'll need physical access to the server(telnet won't work for you).

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Ozard, Siobhan
> **Sent:** Friday, March 02, 2007 11:00 AM
> **To:** 'pinnacle-users@explode.unsw.edu.au'
> **Subject:** RE: daylight savings time
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> RE **The funny thing is from talking to Sun they only have one version of the patch for Solaris 8-9**
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De : owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **De la part de** Slate, Lawrence--KMC
Envoyé : jeudi, 21. décembre 2006 18:07
À : pinnacle-users@explode.unsw.edu.au
Objet : RE: electron commissioning

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To: pinnacle-users@explode.unsw.edu.au
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Uwe Myler
Juravinski Cancer Centre
Hamilton, Ontario, Canada

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: daylight savings time
Fecha:	viernes, 02 de marzo de 2007 18:52:22
Archivos adjuntos:	

It might be good to go to Philips regarding this, they probably have the correct patches for you. I went to Sun as at the time philips didn't have a recommendation, and it didn't sound like they'd have one for Sol 9(as they don't typically install it with Pinnacle). Also, from my understanding there is a fair number of different changes being implemented, I can't remember the state, but one of them was refusing to change dst, there is a couple different changes in Australia etc. I'm in Canada myself, we a going by what most of the US is doing.

It sure would be nice if rather than play with the clocks people just moved there shifts or whatever, it might be non-Einsteinian of me, but I like absolute time. Since we are changing the clocks, why not go to a base 10 system rather than sticking us with the Babylonian system for another 6k years? My base 60 math isn't that good :)
-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of S. Banerian
Sent: Friday, March 02, 2007 11:58 AM
To: pinnacle-users@explode.unsw.edu.au; Siobhan_Ozard@wrh.on.ca
Subject: Re: daylight savings time

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I have been applying them, and zdump -v PST8PDT | grep 2007 yields the correct DST values for the US.

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> Steve Thompson, M.S., DABR
> Medical Physicist

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> Hôpital cantonal de Fribourg fax: +41 26 4267665

--
S. Banerian
206-598-0302
UWMC Radiation Oncology

##

To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
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##

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: daylight savings time
Fecha:	viernes, 02 de marzo de 2007 19:09:53
Archivos adjuntos:	

Hello All,

The two patches that we are installing are 108993-52 and 109809-06.

You will be able to download them from InCenter later today, or you can call into customer support and we can upload them to you if you have a good Internet connection.

If all else fails, you can also change the time on your system the old fashioned way. :-)

Have a good weekend,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Director, Product Support Engineering
marc.mlyn@philips.com
Office: +1-631-828-2137
Fax: +1-408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Support Website: http://incenter.medical.philips.com

To "'pinnacle-users@explode.unsw.edu.au'" <pinnacle-users@explode.unsw.edu.au>

cc

Subject RE: daylight savings time

Classification

"Ozard, Siobhan" <Siobhan_Ozard@wrh.on.ca>

Sent by: owner-pinnacle-users@explode.unsw.edu.au

03/02/2007 11:00 AM

Please respond to pinnacle-users@explode.unsw.edu.au

RE **The funny thing is from talking to Sun they only have one version of the patch for Solaris 8-9**

Hi Mike - do you know what the patch ID is?

De:	Jeff Limmer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: daylight savings time
Fecha:	viernes, 02 de marzo de 2007 21:06:43
Archivos adjuntos:	

Will everyone be getting these patches?

Jeff

Jeffrey P. Limmer, MS Ed, MSc, D.A.B.R.
Chief Medical Physicist
U of Wisconsin Cancer Centers
Wausau and Wisconsin Rapids
215 N 28th Ave
Wausau, WI 54401

Office: 715/847-2685

-----Original Message-----
From: S. Banerian [mailto:banerian@u.washington.edu]
Sent: Friday, March 02, 2007 10:58 AM
To: pinnacle-users@explode.unsw.edu.au; Siobhan_Ozard@wrh.on.ca
Subject: Re: daylight savings time

Philips provided two patch files for me, for Solaris 8:

108993-52.zip
109809-06.zip

I have been applying them, and zdump -v PST8PDT | grep 2007 yields the correct DST values for the US.

Ozard, Siobhan wrote:
>
> RE *The funny thing is from talking to Sun they only have one version of
> the patch for Solaris 8-9*

> Hi Mike - do you know what the patch ID is?
>
>
>
> -----Original Message-----
> *From:* Mike Gallamore [mailto:mike.gallamore@grhosp.on.ca]
> *Sent:* Friday, February 23, 2007 12:04 PM
> *To:* pinnacle-users@explode.unsw.edu.au
> *Subject:* RE: electron commissioning
>
> Philips doesn't seem to be the most helpful company in this regards.
> I called them a couple weeks ago asking about daylight savings
> patches. They still didn't have a recommendation. Mar 11 is when it
> hits, and IT isn't the type of thing you play with on a moments
> notice. The funny thing is from talking to Sun they only have one
> version of the patch for Solaris 8-9. So it seems coming up with a
> recommendation shouldn't be that hard.
>
> -----Original Message-----
> *From:* owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au]*On Behalf Of
> *Thompson, Stephen K
> *Sent:* Friday, February 23, 2007 11:29 AM
> *To:* pinnacle-users@explode.unsw.edu.au
> *Subject:* RE: electron commissioning
>
> "We received an official notice from ADAC/Philips that there was
> a bug in the electron model for 8.0 and we should not commission
> electrons using this version. We are still using 7.6 for
> electrons. "
>
> It seems to me that the notification chain is somewhat
> disjointed. I have not received such a notice.
>
> If the InCenter website was actually reachable (I haven't been
> able to get my username/password straightened out even and it
> has been about 4 weeks since I inquired about it), maybe this
> would be the place to place such notices.
>
> Steve T
>
> ----------
> Steve Thompson, M.S., DABR
> Medical Physicist

> Department of Radiation Therapy
> Memorial Medical Center
> 1700 Coffee Road
> Modesto, CA 95355
> ph 209-572-7237
> fax 209-526-5280
> thompssk@sutterhealth.org <mailto:thompssk@sutterhealth.org>
>
> -----Original Message-----
> *From:* owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] *On Behalf
> Of *Tercier Pierre-Alain
> *Sent:* Friday, February 23, 2007 12:32 AM
> *To:* pinnacle-users@explode.unsw.edu.au
> *Subject:* RE: electron commissioning
>
> Hi,
>
> When is the patch supposed to be installed?
> What are the description of the bug?
> What is impacted by it?
>
> Sorry for all these questions, but I have no other
> information and I'm exactly waiting
> for commissionning of electrons beams... Hmm and "pretty"
> interested in all the available
> information.
>
> Bye
> Pat
>
> --
> Dr. es Sciences, Phys. Méd. SSRPM
> TERCIER Pierre-Alain
> Service de Radio-oncologie tel: +41 26 4267681
> Hôpital cantonal de Fribourg fax: +41 26 4267665

--
S. Banerian
206-598-0302
UWMC Radiation Oncology

##

To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
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##

De:	Tercier Pierre-Alain
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: V8
Fecha:	lunes, 05 de marzo de 2007 15:54:44
Archivos adjuntos:	

Hello,

We are experimenting exactly the same issue in 8.0d P1 for Pinnacle and 8.0 for Dicom RT.

Is this point corrected now or is there any patch around?

From Varis/Somavision to Pinnacle
From Advantage Windows SIM to Pinnacle

Both cases the system is not accepting a non zero energy. The solution (in emergency) is forget the energy on Advantage SIM (GE) it's possible and the beam is OK (size, etc...) apart from a replacement of the zero energy by the first known in Pinnacle that is 6MV.

No solution to transfert a plan from Somavision. The beam are rejected in all cases! Glooopss!

We would greatly appreciate any info concerning that problem!

Thanks to all

--
Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital cantonal de Fribourg fax: +41 26 4267665
CH-1708 Fribourg

> -----Message d'origine-----
> De : owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] De la part
> de Craig Dersley
> Envoyé : lundi, 12. février 2007 09:12

> À : pinnacle-users@explode.unsw.edu.au
> Objet : RE: V8
>
> Hello,
>
> As engineers too we are finding that some customers have
> experienced this
> phnomena. Have you had aresponse from philips yet ???
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of John
> Shakeshaft
> Sent: 25 October 2006 18:22
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: V8
>
> We had version 8.0d installed last week, together with
> Solaris patches.
> We are still using version 7.6c clinically with LaunchPad 8.
>
> It would appear that this combination has made the system a
> lot less stable.
> We are getting multiple system crashes daily across the network of 6
> workstations - 4 planning and 2 AcQSim. (The dialogue which
> states that this
> is a programming error and only gives the option to exit the
> system.) Sometimes these crashes occur in a desktop that is
> not displayed
> and then completely lock the database for everybody. This is very
> irritating. Previously we only had the occasional system
> crash (?<1 per
> week).
>
> Starting to test version 8, I have noted that there appear to be some
> changes in DICOM import. I have attempted to import an RTPLAN
> which works
> fine in version 7.6c. However Pinnacle rejects it in version
> 8.0d as the
> beam energy is non-zero!
>
> I have reported both of these issues (yesterday) to Philips and I am
> awaiting a response.
>
> We are very much looking forward to using Model-Based

> Segmentation though.
>
> John Shakeshaft
> Principal Physicist
> Clatterbridge Centre for Oncology
> Clatterbridge Rd
> Bebington
> Wirral
> CH63 4JY
> UK
>
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Ozard,
> Siobhan
> Sent: 24 October 2006 17:24
> To: pinnacle-users@explode.unsw.edu.au
> Subject: V8
>
>
> Hi Everyone,
>
> We are about to upgrade to V8.0d and I am interested in any
> pointers or
> noteworthy items regarding the upgrade from those centers who
> have already
> made this transition.
> I'm also interested in the pros and cons of plan locking &
> also plan locking
> process (who locks, at what stage of planning process is plan locked).
>
> Thanks,
> Siobhan
>
>
> Siobhan Ozard, Ph.D., MCCPM
> Department of Medical Physics
> Windsor Regional Cancer Centre
> 2220 Kildare Rd.
> Windsor, ON
> CANADA
> N8W 2X3
>
> Siobhan_Ozard@wrh.on.ca

> Phone: (519) 253-3191 xtn 58718
> Fax: (519) 255-8679
> Pager: (519) 251-6401
>
>
>
>
##
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> #########
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> distributed unless that account is also subscribed.
> ##
> #########
>
> --
> I am using the free version of SPAMfighter for private users.
> It has removed 41 spam emails to date.
> Paying users do not have this message in their emails.
> Get the free SPAMfighter here: http://www.spamfighter.com
>

>
>
>
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account will not be distributed unless that account is also subscribed.
##

De:	Tercier Pierre-Alain
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: electron commissioning
Fecha:	lunes, 05 de marzo de 2007 16:54:36
Archivos adjuntos:	

Hello,

We have Pinnacle 8.0d P1

1st question:
Has somebody an hint concerning the 6x10 applicator for electron beams on Varian machine?

I'm asking this because we do not see the right way to define it during the commissioning.
For instance the output factor for the 6x10 field with the 6x10 applicator. The field is supposed
to be square! Note this applicator is the most used in clinic due to it's small size in one
direction.

2nd question:
Are you using Pinnacle for MU calculation with electron beams?

Thanks to all!

Bye
Pat

--
Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital cantonal de Fribourg fax: +41 26 4267665
CH-1708 Fribourg

De : owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **De la part de** Marc Mlyn
Envoyé : vendredi, 23. février 2007 18:17
À : pinnacle-users@explode.unsw.edu.au
Objet : RE: electron commissioning

Hi Mike,

If you contact customer support, we have the Sun patch that will fix this for you. It is quite small, only 277kb.

We are writing a letter now about it that will go out to all of the customers - we needed to do an analysis to see how important it was to get this out to all customers, with respect to safety issues and the application. We concluded that it is not a critical update. To change the date and time on a Unix system manually, it is quite simple.

When the letter goes out, you will also be able to download and install this update through InCenter, if you wish. Right now it is only though customer service that you can get it installed.

Best Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Director, Product Support Engineering
marc.mlyn@philips.com
Office: +1-631-828-2137
Fax: +1-408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Support Website: http://incenter.medical.philips.com

To <pinnacle-users@explode.unsw.edu.au>

cc

Subject RE: electron commissioning

Classification

"Mike Gallamore" <mike.gallamore@grhosp.on.ca>

Sent by: owner-pinnacle-users@explode.unsw.edu.au

02/23/2007 12:04 PM

Please respond to pinnacle-users@explode.unsw.edu.au

Philips doesn't seem to be the most helpful company in this regards. I called them a couple weeks ago asking about daylight savings patches. They still didn't have a recommendation. Mar 11 is when it hits, and IT isn't the type of thing you play with on a moments notice. The funny thing is from talking to Sun they only have one version of the patch for Solaris 8-9. So it seems coming up with a recommendation shouldn't be that hard.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Thompson, Stephen K
Sent: Friday, February 23, 2007 11:29 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: electron commissioning

"We received an official notice from ADAC/Philips that there was a bug in the electron model for 8.0 and we should not commission electrons using this version. We are still using 7.6 for electrons. "

It seems to me that the notification chain is somewhat disjointed. I have not received such a notice.

If the InCenter website was actually reachable (I haven't been able to get my username/password straightened out even and it has been about 4

weeks since I inquired about it), maybe this would be the place to place such notices.

Steve T

Steve Thompson, M.S., DABR
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
ph 209-572-7237
fax 209-526-5280
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tercier Pierre-Alain
Sent: Friday, February 23, 2007 12:32 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: electron commissioning

Hi,

When is the patch supposed to be installed?
What are the description of the bug?
What is impacted by it?

Sorry for all these questions, but I have no other information and I'm exactly waiting
for commissionning of electrons beams... Hmm and "pretty" interested in all the available
information.

Bye
Pat

--

Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital cantonal de Fribourg fax: +41 26 4267665
CH-1708 Fribourg

De : owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **De la part de** Slate, Lawrence--KMC
Envoyé : jeudi, 21. décembre 2006 18:07
À : pinnacle-users@explode.unsw.edu.au
Objet : RE: electron commissioning

hi,
I received an email two days ago from Sam Painter that they are still working on the patch and hope to have it out soon, but I was told the patch would be ready by the end of November. I agree with Tim, do not use the electrons for V8.0 clinically.
Thanks
Larry Slate
-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Tim Paul
Sent: Monday, December 18, 2006 11:55 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: electron commissioning

Uwe,

We received an official notice from ADAC/Philips that there was a bug in the electron model for 8.0 and we should not commission electrons using this version. We are still using 7.6 for electrons.

I have not yet heard that this was fixed. Has any one heard differently?

You may want to contact them before doing this.

Tim Paul

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Myler Uwe
Sent: Monday, December 18, 2006 10:29 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: electron commissioning

Hi everyone,

I am trying to make progress with commissioning electrons on Pinnacle (V. 8.0d) for Varian EX machines. I now ran into the following problem, which I hope someone else has already found a solution for:

While open cones seem to give almost reasonable doses (when compared to measurements), fields defined by cerrobend cutouts at the end of the cones are way off, if I define the cutouts in the usual block window. I have set the source to block distance to 95 cm (which, as an aside, would make it impossible to commission both photons and electrons under the same Pinnacle machine, since the blocks for photons and electrons are obviously at very different positions, and as far as I can see, there is only one place to enter the source to block distance for any machine) Now, another weird effect: If I select to display the "block plane" in the plan, it is always displayed at 90 cm from the source, regardless of what value I enter for the source to block distance. So something does not seem right.

On the other hand, if I define my cerrobend block using the contouring tool with density override at the proper (actual) distance from the phantom surface, the dose values seem to be much better.

So, is there something I am overlooking here? Has anyone succeeded in getting good dose values for cerrobend cutouts defined in the block window?

Thanks for any help!
Uwe

Uwe Myler
Juravinski Cancer Centre
Hamilton, Ontario, Canada

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	breast IMRT suggestions?
Fecha:	martes, 06 de marzo de 2007 15:53:59
Archivos adjuntos:	e.vdieren.vcf

Hi,

Our new project is breast IMRT. Does anyone have any
suggestions for technique and protocols?

sincerely

Erik van Dieren

De:	Mooi Tin Khaw
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Test your PINNACLE skills & earn 1 free CEU
Fecha:	miércoles, 07 de marzo de 2007 4:23:23
Archivos adjuntos:	image001.jpg

Hi
Can we download without registering?

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Victoria LaCerba
Sent: Wednesday, 28 February 2007 05:30
To: pinnacle-users@explode.unsw.edu.au
Subject: Test your PINNACLE skills & earn 1 free CEU

We have had a great response to our upcoming Pinnacle Challenge! Today is the **last** day to sign up to take part in this upcoming challenge!

Earn 1 FREE CEU for MDCB and ASRT while you match your PINNACLE skills with other dosimetrists and learn advanced planning techniques from a panel of Pinnacle experts.

Radiation Oncology Resources (ROR) announces the second annual Pinnacle Challenge Plan and invites anyone to participate free of charge. Test your own knowledge while we all help each other develop advanced Pinnacle skills. This challenge plan will focus on Head and Neck IMRT planning techniques and includes 1 CEU for MDCB and ASRT. Everyone gets a PDF copy of the winning plan and can attend a 1 hour seminar on advanced techniques for Pinnacle IMRT Planning to earn one credit for MDCB or ASRT.

WINNER GETS FREE EMR LINK TOOL

The winner's facility will receive a free copy of ROR's highly acclaimed EMR Link program. EMR Link automatically compiles patient and plan info into a PDF file and sends it to the patient record in the R&V system. You will get a compiled PDF copy of your own plan as well as the winning plan. (See "Pinnacle Enhancements" at www.roresources.com.)

WHAT TO EXPECT

• Sign up for challenge plan at www.roresources.com
• Plan will be available for download on February 28th, 2007
• You will have until March 14th, 2007 to complete the plan and return to judging panel
• Plans will be reviewed and winner chosen by a panel of leading Pinnacle users
• Web presentation March 28 at 10am Eastern and March 30 at 2pm Eastern. You can join the presentation call even if you do not submit a plan (simply check "presentation only" when you sign up). The presentation discussion will cover:
  - Regions of Interest
  - RTOG 0225
  - Normal Tissue delineation
  - Importance of consistency
  - Volume Comparisons
  - Scripting Uses and Advantages
  - Location of Isocenter
  - Utilization of Rings
  - Objectives
  - Beam Placement
  - Plan Evaluation
  - Tx. Planning Technique Comparison (limited field, Wide Field, Split Field Comparison)

SIGN UP TODAY!

Let's all share our planning knowledge to increase everyone's understanding of head and neck IMRT planning on Pinnacle. For questions call 866-312-3499 or email info@roresources.com.

Regards,

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

De:	John Shakeshaft
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Alistair Pooler;
Asunto:	Modelling Varian Hard Wedges in Pinnacle
Fecha:	miércoles, 07 de marzo de 2007 16:53:35
Archivos adjuntos:	

One of my colleagues is trying to model our Varian hard wedges in Pinnacle so that we would be able to use them clinically if necessary in the future. Currently we have no model for the hard wedges.

Has anyone successfully modelled Varian hard wedges in Pinnacle? If you already have a model would you mind letting us have a copy of it to use as an example on our Pinnacle system? Obviously it is likely to need some tweaking but it would save us starting completely from scratch.

If you could help, please reply directly to Alistair Pooler (Alistair.Pooler@ccotrust.nhs.uk)

Many Thanks,

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY
UK

Tel: +44 151 334 1155 X4683
Fax: +44 151 482 7860
e-mail: john.shakeshaft@ccotrust.nhs.uk

members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
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De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Test your PINNACLE skills & earn 1 free CEU
Fecha:	miércoles, 07 de marzo de 2007 17:41:30
Archivos adjuntos:	image001.jpg image002.jpg

Hello,
We are still allowing people to join in as long as they do register. We are requiring this because we would like to know who is participating. You can go to our website at www.roresources.com to register and receive the links to download the plan and all pertinent information.

Regards,

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Mooi Tin Khaw
Sent: Tuesday, March 06, 2007 10:16 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Test your PINNACLE skills & earn 1 free CEU

Hi
Can we download without registering?

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Victoria LaCerba

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- Utilization of Rings
- Objectives
- Beam Placement
- Plan Evaluation
- Tx. Planning Technique Comparison (limited field, Wide Field, Split Field Comparison)

SIGN UP TODAY!

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Regards,

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager

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Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

De:	Tercier Pierre-Alain
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Alistair Pooler;
Asunto:	RE: Modelling Varian Hard Wedges in Pinnacle
Fecha:	miércoles, 07 de marzo de 2007 17:55:09
Archivos adjuntos:	

Hello,

We have physical wedge for a 2300 CD 6 MV and 20 MV

The wedge are not physically always the same. I know because we
have two Varian machine and they were energy matched (almost perfect)
with different wedges (delta = 15% for the factor of the 60 degrees)
So be carefull. For us we simply buy new wedges 45 and 60 degrees
(the 15 and 30 were exactly the same) and put them on the old machine
to have fully matched Linac.

Tell we what you exactly need (I'm a new user for Pinnacle)
I don't know how to send you a machine. But I have no problem
with Unix (if it is required to make a tar file and to
send it to you).

Bye
Pat

--
Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital cantonal de Fribourg fax: +41 26 4267665
CH-1708 Fribourg

> -----Message d'origine-----
> De : owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] De la part
> de John Shakeshaft
> Envoyé : mercredi, 7. mars 2007 16:36
> À : pinnacle-users@explode.unsw.edu.au
> Cc : Alistair Pooler
> Objet : Modelling Varian Hard Wedges in Pinnacle
>

>
> One of my colleagues is trying to model our Varian hard wedges in
> Pinnacle so that we would be able to use them clinically if
> necessary in
> the future. Currently we have no model for the hard wedges.
>
> Has anyone successfully modelled Varian hard wedges in
> Pinnacle? If you
> already have a model would you mind letting us have a copy of
> it to use
> as an example on our Pinnacle system? Obviously it is likely to need
> some tweaking but it would save us starting completely from scratch.
>
> If you could help, please reply directly to Alistair Pooler
> (Alistair.Pooler@ccotrust.nhs.uk)
>
> Many Thanks,
>
> John Shakeshaft
> Principal Physicist
> Clatterbridge Centre for Oncology
> Clatterbridge Rd
> Bebington
> Wirral
> CH63 4JY
> UK
>
> Tel: +44 151 334 1155 X4683
> Fax: +44 151 482 7860
> e-mail: john.shakeshaft@ccotrust.nhs.uk
>
>
>
>

> ##
> #########
>

De:	Larry Berkley
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Modeling Varian Hard Wedges in Pinnacle
Fecha:	miércoles, 07 de marzo de 2007 18:44:58
Archivos adjuntos:	

One of our centers is academically based and, for research purposes, wants to keep archives "forever". First, I don't know how practical this is since version changes can preclude pulling up very old patients. Second, I would like to know if anyone knows of standards in academic environment for length of time archives are kept. Third, if it is practical and there are standards, what is an appropriate archiving solution in terms of technology and ease of use?

Thanks.

Larry Berkley
phone: 501-296-3254
mobile: 501-607-4300

De:	Lee Zarger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Test your PINNACLE skills & earn 1 free CEU
Fecha:	jueves, 08 de marzo de 2007 19:48:51
Archivos adjuntos:	image001.jpg image002.jpg

Do you want our plans even if we have trouble meeting the objectives? I am having a tough time with it. Not giving up though!
Lee Anne Zarger

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Victoria LaCerba
Sent: Wednesday, March 07, 2007 11:38 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Test your PINNACLE skills & earn 1 free CEU

Hello,
We are still allowing people to join in as long as they do register. We are requiring this because we would like to know who is participating. You can go to our website at www.roresources.com to register and receive the links to download the plan and all pertinent information.

Regards,

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Mooi Tin Khaw
Sent: Tuesday, March 06, 2007 10:16 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Test your PINNACLE skills & earn 1 free CEU

Hi
Can we download without registering?

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Victoria LaCerba
> **Sent:** Wednesday, 28 February 2007 05:30
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Test your PINNACLE skills & earn 1 free CEU
>
> We have had a great response to our upcoming Pinnacle Challenge! Today is the **last** day to sign up to take part in this upcoming challenge!
>
> Earn 1 FREE CEU for MDCB and ASRT while you match your PINNACLE skills with other dosimetrists and learn advanced planning techniques from a panel of Pinnacle experts.
>
> Radiation Oncology Resources (ROR) announces the second annual Pinnacle Challenge Plan and invites anyone to participate free of charge. Test your own knowledge while we all help each other develop advanced Pinnacle skills. This challenge plan will focus on Head and Neck IMRT planning techniques and includes 1 CEU for MDCB and ASRT. Everyone gets a PDF copy of the winning plan and can attend a 1 hour seminar on advanced techniques for Pinnacle IMRT Planning to earn one credit for MDCB or ASRT.
>
> WINNER GETS FREE EMR LINK TOOL
>
> The winner's facility will receive a free copy of ROR's highly acclaimed EMR Link program. EMR Link

automatically compiles patient and plan info into a PDF file and sends it to the patient record in the R&V system. You will get a compiled PDF copy of your own plan as well as the winning plan. (See "Pinnacle Enhancements" at www.roresources.com.)

WHAT TO EXPECT

• Sign up for challenge plan at www.roresources.com
• Plan will be available for download on February 28th, 2007
• You will have until March 14th, 2007 to complete the plan and return to judging panel
• Plans will be reviewed and winner chosen by a panel of leading Pinnacle users
• Web presentation March 28 at 10am Eastern and March 30 at 2pm Eastern. You can join the presentation call even if you do not submit a plan (simply check "presentation only" when you sign up). The presentation discussion will cover:
  - Regions of Interest
  - RTOG 0225
  - Normal Tissue delineation
  - Importance of consistency
  - Volume Comparisons
  - Scripting Uses and Advantages
  - Location of Isocenter
  - Utilization of Rings
  - Objectives
  - Beam Placement
  - Plan Evaluation
  - Tx. Planning Technique Comparison (limited field, Wide Field, Split Field Comparison)

SIGN UP TODAY!

Let's all share our planning knowledge to increase everyone's understanding of head and neck IMRT planning on Pinnacle. For questions call 866-312-3499 or email info@roresources.com.

Regards,

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

and delete this message, along with any attachments from your computer immediately.

De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Test your PINNACLE skills & earn 1 free CEU
Fecha:	jueves, 08 de marzo de 2007 20:04:29
Archivos adjuntos:	image003.jpg image004.jpg

Lee,
Absolutely! We didn't want to give everyone a plan that all objectives could be easily met! Just do your best. This was a true patient case that was submitted to us for planning awhile back. We are hoping that in the end we all will learn a little bit about planning these difficult head and neck cases.

Regards,

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Lee Zarger
Sent: Thursday, March 08, 2007 1:30 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Test your PINNACLE skills & earn 1 free CEU

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> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-

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To: pinnacle-users@explode.unsw.edu.au
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Clinical Services Manager
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Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Mooi Tin Khaw
Sent: Tuesday, March 06, 2007 10:16 PM
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Subject: RE: Test your PINNACLE skills & earn 1 free CEU

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> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Victoria LaCerba
> **Sent:** Wednesday, 28 February 2007 05:30
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Test your PINNACLE skills & earn 1 free CEU
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Pinnacle Challenge! Today is the **last** day to sign up to take part in this upcoming challenge!

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- RTOG 0225
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- Volume Comparisons
- Scripting Uses and Advantages
- Location of Isocenter
- Utilization of Rings
- Objectives
- Beam Placement
- Plan Evaluation
- Tx. Planning Technique Comparison (limited field, Wide Field, Split Field Comparison)

SIGN UP TODAY!

Let's all share our planning knowledge to increase everyone's understanding of head and neck IMRT planning on Pinnacle. For questions call 866-312-3499 or email info@roresources.com.

Regards,

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager
Radiation Oncology Resources, Inc.

Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Challenge Plan and Dosimetry/Physics forum
Fecha:	jueves, 08 de marzo de 2007 21:40:06
Archivos adjuntos:	image002.jpg

List Members,
We have created a forum to where we have information posted about the Challenge Plan, FAQ's, and will include many other topics. We will also include all postings to the three major list servers for reference. This is a site that is currently being developed and will include information about all of the subjects listed including scripting. Please let us know if you have any other subjects that you would like to see listed.

http://forum.roresources.com/viewforum.php?f=1

Regards,

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	variable file name creation in scripts
Fecha:	martes, 13 de marzo de 2007 14:49:29
Archivos adjuntos:	e.vdieren.vcf

Dear All,

I a trying to perfect the script to export dose planes for QA of IMRT. The problem is that dose planes now have the same name for each patient, with a command like this.

```
TrialList .Current .PlanarDoseList .Current .ExportName = "AP.asc";
```

This requires for me to move the data to a "safe" directory every time. Is there a way to concatenate the filename with the patient name or ID, something like

```
TrialList .Current .PlanarDoseList .Current .ExportName = patientID.name&"AP.asc";
```

sincerely
Erik

DISCLAIMER

De informatie in deze e-mail is vertrouwelijk en uitsluitend bestemd voor geadresseerde(n). Indien u niet de geadresseerde bent, wordt u er hierbij op gewezen, dat u geen recht heeft kennis te nemen van de inhoud van deze e-mail, deze te gebruiken, te kopiëren of te verstrekken aan andere personen dan de geadresseerde. Indien u deze e-mail abusievelijk heeft ontvangen, brengt u dan alstublieft de afzender op de hoogte, waarbij u bij deze gevraagd wordt het originele bericht te vernietigen.

Het HagaZiekenhuis is niet verantwoordelijk voor de inhoud van deze e-mail en wijst iedere aansprakelijkheid af voor en/of in verband met alle gevolgen en/of schade van een onjuiste of onvolledige verzending ervan. Tenzij uitdrukkelijk het tegendeel blijkt, kunnen aan dit bericht geen rechten worden ontleend. Het gebruik van Internet e-mail brengt zekere risico´s met zich mee. Daarom wordt iedere aansprakelijkheid voor het gebruik van dit medium door het HagaZiekenhuis van de hand gewezen.

De:	Metzger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: variable file name creation in scripts
Fecha:	martes, 13 de marzo de 2007 15:39:35
Archivos adjuntos:	metzger.vcf

Hallo Eric, try for example:

Store.At.someName = SimpleString{};
Store.At.someName.AppendString = PlanInfo.LastName;
Store.At.someName.AppendString = PlanInfo.MedicalRecordNumber;
Store.At.someName.AppendString = "_AP.asc"

....ExportName = Store.At.someName.String;

Martin

e.vdieren schrieb:

> Dear All,
>
> I a trying to perfect the script to export dose planes
> for QA of IMRT. The problem is that dose planes now
> have the same name for each patient, with a command
> like this.
>
> TrialList .Current .PlanarDoseList .Current .ExportName = "AP.asc";
>
> This requires for me to move the data to a "safe" directory
> every time. Is there a way to concatenate the filename with
> the patient name or ID, something like
>
> TrialList .Current .PlanarDoseList .Current .ExportName = patientID.name&"AP.
> asc";
>
> sincerely
> Erik

van Internet e-mail brengt zekere risico´s met zich mee. Daarom wordt iedere aansprakelijkheid voor het gebruik van dit medium door het HagaZiekenhuis van de hand gewezen.

De:	APROZOS@terra.es
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: variable file name creation in scripts
Fecha:	martes, 13 de marzo de 2007 19:24:10
Archivos adjuntos:	

---

try with something like this:

```
// Save the exportRV file
Store.At.Command = SimpleString{};
Store.At.Command.String = "/home/p3rtp/HEREYOURDIRECTORY/";
Store.At.Command.AppendString = PlanInfo.MedicalRecordNumber;
Store.At.Command.AppendString = "/HEREYOURNAME";
TrialList.Current.PlanarDoseList.Current.ExportName = Store.At.Command.
String;
```

I hope it help to you,

regards,

Alberto Perez

Hospital Virgen de la Victoria (Malaga, Spain)
----Mensaje original----
De: e.vdieren@hagaziekenhuis.nl
Recibido: 13/03/2007 14:35
Para:
Asunto: variable file name creation in scripts

Dear All,

I a trying to perfect the script to export dose planes
for QA of IMRT. The problem is that dose planes now

have the same name for each patient, with a command
like this.

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This requires for me to move the data to a "safe" directory
every time. Is there a way to concatenate the filename with
the patient name or ID, something like

TrialList .Current .PlanarDoseList .Current .ExportName = patientID.
name&"AP.asc";

sincerely
Erik

De:	Cynthia Seier
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Markers for PET Scan
Fecha:	martes, 13 de marzo de 2007 22:09:18
Archivos adjuntos:	

Hi all,
We have been doing PET scans with our patients in their potential treatment aids and treatment position. Now we would like to know if anyone out there knows what type of markers could be used on the skin for the three points normally done on CT sims with bb's. I will be calling a couple of the vendors but just thought I'd ask all of you too. Hope someone has been doing this already.

Thank you!
Cindy Seier, CMD
(605)668-8856- work
cindyseier@hotmail.com

De:	Wichman, Brian D
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Markers for PET Scan
Fecha:	martes, 13 de marzo de 2007 23:35:03
Archivos adjuntos:	

We use multi-modality markers from IZI Medical. They are the type that are soft little donuts, where the "hole" marks the setup point. They are easy to see on the CT image.

As an aside, if you are doing PET/CT/simulation, do you use metal lockbars for indexed treatment devices? The metal lockbars can cause artifacts on what should be a diagnostic quality CT. We fabricated our own wooden lockbars that don't cause artifacts. If any vendors are reading, there's a product opportunity. (I've suggested this to the big company in Iowa for two years, but they still don't make non-metal lockbars.)

Brian Wichman, MS, DABR
Chief Medical Physicist, RSO
Kansas City Cancer Centers
Office 913-234-0502
Cell 913-449-3913

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Cynthia Seier
> **Sent:** Tuesday, March 13, 2007 4:04 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Markers for PET Scan
>
> Hi all,
> We have been doing PET scans with our patients in their potential treatment aids and treatment position. Now we would like to know if anyone out there knows what type of markers could be used on the skin for the three points normally done on CT sims with bb's. I will be calling a couple of the vendors but just thought I'd ask all of you too. Hope someone has been doing this already.

Thank you!
Cindy Seier, CMD
(605)668-8856- work
cindyseier@hotmail.com

De:	Eagle, Anton L
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	changing CT numbers?
Fecha:	miércoles, 14 de marzo de 2007 19:54:28
Archivos adjuntos:	

In performing some QA of the CT transfers and the CT density tables in our treatment planning systems, I have noticed that ADAC seems to increase the CT number when importing a scan. On the average, the CT numbers I am seeing on ADAC are 2.6% higher than those seen on the CT console itself. I have done extensive testing of this with our CT density phantom, and am convinced that it is real.

Is there any explanation for how this might be happening, and how we might fix it?

Anton Eagle, M.S.

Medical Physicist

Rocky Mountain Cancer Centers

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: changing CT numbers?
Fecha:	miércoles, 14 de marzo de 2007 20:55:40
Archivos adjuntos:	

Anton, it depends on the DICOM Image version you're using. One of the older versions (4.0g) adds 1024.5 HU's to the CT number at the CT console. That would explain the 2.6% difference you're seeing. The newer version (4.2 and higher) adds 1000. Which seems a little more intuitive to me.

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Eagle, Anton L
Sent: Wednesday, March 14, 2007 1:35 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: changing CT numbers?

In performing some QA of the CT transfers and the CT density tables in our treatment planning systems, I have noticed that ADAC seems to increase the CT number when importing a scan. On the average, the CT numbers I am seeing on ADAC are 2.6% higher than those seen on the CT console itself. I have done extensive testing of this with our CT density phantom, and am convinced that it is real.

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Anton Eagle, M.S.

Medical Physicist

Rocky Mountain Cancer Centers

De:	Eagle, Anton L
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: changing CT numbers?
Fecha:	miércoles, 14 de marzo de 2007 22:49:46
Archivos adjuntos:	

Based on an email conversation with Marc Mlyn, this discrepancy stems form some old programming that was using some kind of bit-wise operation to apply this offset. As most programmers know, 2^10 = 1024 which is sometimes known as 1K in computer-lingo. This was the offset being used in the older version of DICOM, instead of 1000 like you would expect. As pointed out by Marc, so long as our density table uses the CT#s from ADAC… even if they are shifted… then we are okay.

Thanks to Marc for a prompt reply on this issue!

-Anton

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Joe Grant
Sent: Wednesday, March 14, 2007 1:39 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: changing CT numbers?

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> **Sent:** Wednesday, March 14, 2007 1:35 PM
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Rocky Mountain Cancer Centers

The contents of this electronic mail message and any attachments are confidential, possibly privileged and intended for the addressee(s) only. Only the addressee(s) may read, disseminate, retain or otherwise use this message. If received in error, please immediately inform the sender and then delete this message without disclosing its contents to anyone.

De:	Mahoney, Denise
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	
Fecha:	jueves, 15 de marzo de 2007 17:48:19
Archivos adjuntos:	

Something I found in new version-Was also mentioned in 8.0 Release Note Overriding a ROI with a density of 1 in V 7.4 would change the ROI to grey in 2D (EX Bolus as a ROI) so you were aware the density was overriden.

V8- The ROI does not turn grey in 2D, however, if you open ROI spreadsheet & tab to Density, a choice "View Density Overrrides" is available & a window opens to display the override in grey-HELPFUL to evaluate bolus as a ROI on electron fields!

Denise A. Mahoney, RT(T),CMD
Medical Dosimetrist
Radiation Oncology
Christiana Care Health Systems

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Elekta IMRT
Fecha:	viernes, 16 de marzo de 2007 19:55:21
Archivos adjuntos:	

Buy Varian and be done with it!(LOL)

Kim P. Knight, R.T. (R)(T), A.R.R.T., CMD
Certified Medical Dosimetrist
Christus St. Frances Cabrini Cancer Center
3330 Masonic Drive
Alexandria, LA 71301
Email: kim.knight@christushealth.org
Phone: 318.448.6937 / Fax: 318.483.4097

De:	Hobie Shackford
A:	Pinnacle Users List;
Cc:	
Asunto:	Elekta IMRT
Fecha:	viernes, 16 de marzo de 2007 19:55:21
Archivos adjuntos:	

We are looking into the purchase of an Elekta Linac so I have some questions for Pinnacle users with an Elekta Synergy:

1. Looking through the Pinnacle Physics documents it appears that the Elekta MLC can be correctly described and modeled but I can not determine if the non-interdigitization of the leaves is handled properly in the IMRT module. Are the segments designed such that closed leaf pairs, and their neighbors if necessary, are under the backup jaw?

2. And if the leaf end gaps are under the backup jaw it appears that Pinnacle will have the information needed to calculate the ~10% transmission through the gap, correct?

3. Do you find that there are a lot of segments per beam? We currently use Varian and our Prostate plans run 3 - 6 segments per beam. Our H&N plans typically use 16 - 20 segments including the carriage shift.

4. Finally, how efficient is the IMRT delivery? I just checked two of our 9-gantry angle H&N treatments, both with carriage moves for each beam (one beam had 3 splits!) and both were delivered in under 15 minutes.

Your feedback is appreciated.

Hobie Shackford
NorthMain Radiation Oncology
Providence, RI
hshackford@nmrad.com

De:	Angela Height
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Ver 8.0 and ROI line thickness
Fecha:	viernes, 16 de marzo de 2007 20:15:47
Archivos adjuntos:	

Hello,

Does anyone know of a way to change the default line thickness for ROI's back to "thin?"

The only ROI defaults I find in Preferences are for paint brush diameter and BEV outline.

I thought I would check here before I start the process of re-writing our scripts for creating ROI's. :)

Thanks,

Angie

De:	hugo.tremblay@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE Elekta IMRT
Fecha:	viernes, 16 de marzo de 2007 20:29:53
Archivos adjuntos:	C.htm

(See attached file: C.htm)

De:	Hobie Shackford
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Elekta IMRT
Fecha:	viernes, 16 de marzo de 2007 20:33:19
Archivos adjuntos:	

Must do our Due diligence! Varian has their drawbacks
also. Got to keep some competition in the game or the
big V will really get arrogant ;-)

--- "Knight, Kim" <kim.knight@christushealth.org>
wrote:

> Buy Varian and be done with it!(LOL)
>
>
> Kim P. Knight, R.T. (R)(T), A.R.R.T., CMD
> Certified Medical Dosimetrist
> Christus St. Frances Cabrini Cancer Center
> 3330 Masonic Drive
> Alexandria, LA 71301
> Email: kim.knight@christushealth.org
> Phone: 318.448.6937 / Fax: 318.483.4097
>
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>
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>

De:	hugo.tremblay@ssss.gouv.qc.ca
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE Elekta IMRT erratum
Fecha:	viernes, 16 de marzo de 2007 20:36:16
Archivos adjuntos:	C.htm

(See attached file: C.htm)

De:	Tim Paul
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Elekta IMRT
Fecha:	viernes, 16 de marzo de 2007 21:45:35
Archivos adjuntos:	

We have three Elekta Synergy machines all commissioned for IMRT & planned w/ Pinnacle

Q1. Are the segments designed such that closed leaf pairs, and their neighbors if necessary, are under the backup jaw?
A1. Yes

2. And if the leaf end gaps are under the backup jaw it appears that Pinnacle will have the information needed to calculate the ~10% transmission through the gap, correct?
A2. yes

3. Do you find that there are a lot of segments per beam? We currently use Varian and our Prostate plans run 3 - 6 segments per beam. Our H&N plans typically use 16 - 20 segments including the carriage shift.
A3. If you have DMPO, this will not be a problem. We typically have 8-10 segments for prostate (7 field) and 15-20 segments (7 field). No carriage shift allowed or needed.

A4. For a H&N, we can perform a CBCT, make the shifts and perform an IMRT treatment easily within a 20 min time slot (door to door for the patient).

Compared to other treatment planning and linac delivery systems, the quality of the calculated and treated dose distributions are typically not an issue, nor is treatment time. Planning time is also not typically an issue.

Timothy Paul, MS, DABR, CHP
Chief Physicist
Ironwood Cancer & Research Centers, PC
695 S. Dobson Rd. 6111 E. Arbor Ave.
Chandler, AZ 85224 Mesa, AZ 85224
Tel: (480) 821-2838 ext 3041 Tel:(480) 981-1326

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Hobie Shackford
Sent: Friday, March 16, 2007 11:35 AM
To: Pinnacle Users List
Subject: Elekta IMRT

We are looking into the purchase of an Elekta Linac so I have some questions for Pinnacle users with an Elekta Synergy:

1. Looking through the Pinnacle Physics documents it appears that the Elekta MLC can be correctly described and modeled but I can not determine if the non-interdigitization of the leaves is handled properly in the IMRT module.

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3. Do you find that there are a lot of segments per beam? We currently use Varian and our Prostate plans run 3 - 6 segments per beam. Our H&N plans typically use 16 - 20 segments including the carriage shift.

4. Finally, how efficient is the IMRT delivery? I just checked two of our 9-gantry angle H&N treatments, both with carriage moves for each beam (one beam had 3
splits!) and both were delivered in under 15 minutes.

Your feedback is appreciated.

Hobie Shackford
NorthMain Radiation Oncology
Providence, RI
hshackford@nmrad.com

##
To unsubscribe (yourself or other account) from the pinnacle-users
mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
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##

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account will not be distributed unless that account is also subscribed.
##

De:	jianrong dai
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Elekta IMRT
Fecha:	sábado, 17 de marzo de 2007 1:03:02
Archivos adjuntos:	

We have machines from all three main manufacturers, two from Elekta, one from Siemens, and three from Varian. Pinnacle system works well with all of them.

My answers to hobie's questions are as follows:
> 1. Looking through the Pinnacle Physics documents it
> appears that the Elekta MLC can be correctly described
> and modeled but I can not determine if the
> non-interdigitization of the leaves is handled
> properly in the IMRT module. Are the segments designed
> such that closed leaf pairs, and their neighbors if
> necessary, are under the backup jaw?

Yes. Of course, Pinnacle models the non-interdigitization of leaves correctly. Otherwise, some planned leaf sequences would be undiverable. Pinnacle can model the transmission difference between MLC backup jaws and collimator Y jaws, the round leaf end, interleaf leakage, and tongue-and-groove design as well as leaf offset.

Yes. all closed leaf pairs and their neighbors are under the backup jaw.

> 2. And if the leaf end gaps are under the backup jaw
> it appears that Pinnacle will have the information
> needed to calculate the ~10% transmission through the
> gap, correct?

Yes. The information comes from beam modeling module.

> 3. Do you find that there are a lot of segments per
> beam? We currently use Varian and our Prostate plans
> run 3 - 6 segments per beam. Our H&N plans typically
> use 16 - 20 segments including the carriage shift.

No. Pinnacle system has an option DMPO (Direct machine parameter optimization), With this function, the number of segments of a plan can be reduced signicantly when compared against traditional two-step method. Currently, only two planning systems have such function. One is Pinnacle. Another is Panthor of Prowess. Our institute use 50~ segments of 7 beams for prostate cases, and ~110 segments of 9 beams for NPC (including the irradiation of the lower neck lymph nodes). We believe we could reduce the number of segments further if we were not so critical to plan quality.

> 4. Finally, how efficient is the IMRT delivery? I just
> checked two of our 9-gantry angle H&N treatments, both
> with carriage moves for each beam (one beam had 3

> splits!) and both were delivered in under 15 minutes.

In our institute, on a Varian machine, the delivery time is also within 15 minutes while on a Elekta machine,the delivery time is a little longer, and may up to 20 minutes. The time difference is caused by the differences of the delivery control systems between two kinds of machines, not by Pinnacle.

Regards.

Jianrong

--- Hobie Shackford <hshackford@yahoo.com> wrote:

> We are looking into the purchase of an Elekta Linac so
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> splits!) and both were delivered in under 15 minutes.
>
> Your feedback is appreciated.
>
> Hobie Shackford
> NorthMain Radiation Oncology
> Providence, RI
> hshackford@nmrad.com
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>

> Food fight? Enjoy some healthy debate
> in the Yahoo! Answers Food & Drink Q&A.
> http://answers.yahoo.com/dir/?link=list&sid=396545367
>
>
> ###
> To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send
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account will not be distributed unless that account is also subscribed.
###

De:	Chihray Liu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Elekta IMRT
Fecha:	sábado, 17 de marzo de 2007 4:18:54
Archivos adjuntos:	

My answers to hobie's questions are a little different from jianrong's answer;

> 3. Do you find that there are a lot of segments per
> beam? We currently use Varian and our Prostate plans
> run 3 - 6 segments per beam. Our H&N plans typically
> use 16 - 20 segments including the carriage shift.
No. Using DMPO. Our institute use 30~ segments
of 5 beams for prostate cases, and 10~12 segments /per beam of 5-7 beams for NPC (including the irradiation of the lower neck lymph nodes). The plan quality are very similar and they all reach our goals.
> 4. Typical head and neck IMRT deliver time is about 10 min.
The time difference is caused by the differences of the leave speed of delivery control systems and no of total segments generated by a treatment planning system. If the total number of segments are more than 110, Varian linac definitely has faster IMRT delivery, if it is less than 80 segments, we do not see much of differences at all. Most of head and neck IMRT does not need more than 80 segments to deliver.

Chihray Liu, Ph.D.
Associate Professor
Department of Radiation Oncology
University of Florida
Office: (352)265-8217

----- Original Message ----
From: jianrong dai <jianrong_dai@yahoo.com>
To: pinnacle-users@explode.unsw.edu.au
Sent: Saturday, March 17, 2007 7:56:02 AM
Subject: Re: Elekta IMRT

We have machines from all three main manufacturers, two from Elekta, one from Siemens,
and three from Varian. Pinnacle system works well with all of them.

My answers to hobie's questions are as follows:
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Yes. The information comes from beam modeling module.

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No. Pinnacle system has an option DMPO (Direct machine parameter optimization), With this function, the number of segments of a plan can be reduced signicantly when compared against traditional two-step method. Currently, only two planning systems have such function. One is Pinnacle. Another is Panthor of Prowess. Our institute use 50~ segments of 7 beams for prostate cases, and ~110 segments of 9 beams for NPC (including the irradiation of the lower neck lymph nodes). We believe we could reduce the number of segments further if we were not so critical to plan quality.

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Regards.

Jianrong

--- Hobie Shackford <hshackford@yahoo.com> wrote:

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> Your feedback is appreciated.
>
> Hobie Shackford
> NorthMain Radiation Oncology
> Providence, RI
> hshackford@nmrad.com
>
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De:	Sean White
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle v8.0d and POI
Fecha:	lunes, 19 de marzo de 2007 0:19:21
Archivos adjuntos:	

Hi All,

We have just noticed a new "feature" in Pinnace v8.0d. When changing the size of a POI, the POI number in the Plan number increments by one. This can be quite annoying when the planner wants to do some last minute checks on a plan.

Quite often in our department a planner will print out some of the plan and hand it to someone to check. The checker will do some last minute checks (which includes POI placement) and do some last minute printing before finalising the plan.

If the checker changes the POI diameter, finds that everything is OK and then wants to print out the remainder of the plan, they can no longer do so as the plan revision number has no changed. They need to exit the plan without saving and reopen the plan before proceeding.

This seems a little inconvenient.

Has anyone else experienced this? Surely there is no real benefit in updating POI revision numbers if the position of the point has not changed.

I look forward to your comments.

Regards

Sean White
Senior Medical Physicist Ph: +612 47341401
Nepean Cancer Care Centre Fax: +612 47343570
PO BOX 63 whites@wahs.nsw.gov.au
Penrith NSW 2751

De:	Tercier Pierre-Alain
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Output Print Plan, Summary Report
Fecha:	lunes, 19 de marzo de 2007 10:54:23
Archivos adjuntos:	

Hello,

Is there any way to get the wedge orientation on the page "Print Plan -> Summary Report"?

Is it possible to change this format more deeply (Summary Report) ?

If the answer is "no" to the first question :
- Has somebody do an extra work to produce a similar page but more customized
(from script for instance)?

Thanks to all

Bye
Pat

--
Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital cantonal de Fribourg fax: +41 26 4267665
CH-1708 Fribourg

De:	Ravi Errabolu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RPC H&N Phantom -Point dose measurements
Fecha:	lunes, 19 de marzo de 2007 21:04:27
Archivos adjuntos:	

Dear physicists:

I am in need of your comments on a problem I am facing.

I have done twice RPC Head and Neck Phantom to qualify for the RTOG protocols and unfortunately I did not pass through. In case you have no idea of what this phantom is please visit this site to see the details of the phantom.
http://rpc.mdanderson.org/rpc/services/Anthropomorphic_%20Phantoms/Anth_HNP.htm

I got the phantom 3rd time. In a nutshell this is what I did.
Set up the isocenter in the treatment room.
Stuck 1mm metal bebees on AP, Rt and Lt lateral sides at the CA.
Also made other setup marks on the phantom for an easy setup.
CT was done.

The treatment planning computer we have is Philips Pinnacle with 7.4f version software.
Contoured all the structures as per the RPC instructions.
Made the IMRT plan.
The resultant doses matched the RPC criteria.
The other physicist partner, dosimetrist and the physician verified the plan and gave the approval.

Before irradiating the head and neck phantom I want to make sure that my doses at the TLD locations are as expected by the treatment planning computer. For my IMRT quality assurance I do film analysis with RIT software and also measure point dose at central axis. I use PTW Pin point chamber. I use stack of solid water slabs (30X30) of 20 cm in total with chamber at 10cm deep. I used MedTech extension fibre optic board on the couch to set this solid water slabs. I also use same gantry angles as is used by the main plan.

Isodose lines on the films matched well with the computer isodose lines. I am having problem with point dose measurements made with PTW Pin Point micro chamber at all the TLD positions. Point dose measurements are 2.6 to 5.5 % higher in all the measurements. There are 8 locations that I made measurements and one central axis point. Most of these measured readings came out to be about 5%.

I verified the following things.

1. My output checked out to be ok..
2. I verified the output factors - ok.
3. Star shot - ok.
4. MLC picket fence at different gantry angles - ok.
5. In the Pinnacle modeling I used MLC transmission in as 0.02. And additional interleaf leakage is 0.01.

I am just not able to understand where the problem is. Why am I not able to match the point dose measurements with planning computer readings?

I would greatly appreciate if you can give you r thoughts on this.

Ravi Errabolu Ph.D.
Medical Physicist
Methodist Medical Center of Illinois
Peoria IL 61636
309 672 5713

members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Barrett Marc
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Failed IMRT Plans
Fecha:	martes, 20 de marzo de 2007 18:54:35
Archivos adjuntos:	

Good Day List,

I am interested, just out of curiosity, if anyone would be willing to share there IMRT plan failure rate (approx. is fine).

By "Failure" I mean a plan that for whatever reason (QA failed, unable to verify point dose or independent MU check, machine or MLC unable to deliver, yadda, yadda...) was not able to be initiated and the patient was treated by another means (3D CRT, convensional, etc).

Thanks in advance,
Marc

"Remember, no matter where you go...there you are"

De:	Abe K. Kuruvilla
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Failed IMRT Plans
Fecha:	martes, 20 de marzo de 2007 19:25:17
Archivos adjuntos:	

---

0 percent so far and we have beeing doing IMRT's for about 3 yrs. now...

ABE KURUVILLA, Bsc,RT(R)(T)(CMD)
Charlotte Hungerford Hospital
Torrington, CT

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Barrett Marc
> **Sent:** Tuesday, March 20, 2007 12:46 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Failed IMRT Plans
>
> Good Day List,
>
> I am interested, just out of curiosity, if anyone would be willing to share there IMRT plan failure rate (approx. is fine).
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>
> Thanks in advance,
> Marc
>
> *"Remember, no matter where you go...there you are"*

De:	Terwilliger, Lacy
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Failed IMRT Plans
Fecha:	martes, 20 de marzo de 2007 19:40:18
Archivos adjuntos:	

We have never had to revert to another means to treat a patient.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Barrett Marc
Sent: Tuesday, March 20, 2007 1:46 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Failed IMRT Plans

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Thanks in advance,
Marc

"Remember, no matter where you go...there you are"

De:	Dozler, Cheryl
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Failed IMRT Plans
Fecha:	martes, 20 de marzo de 2007 20:14:43
Archivos adjuntos:	

I have had a foreword planned breast fail to clear MLC on machine. The collimator was at 90 because of initial EDW plan. Recalced same fields with 180 collimator and was fine. Otherwise, we have not had a plan fail QA

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Barrett Marc
> **Sent:** Tuesday, March 20, 2007 10:46 AM
> **To:** pinnacle-users@explode.unsw.edu.au
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> Thanks in advance,
> Marc
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> *"Remember, no matter where you go...there you are"*

error, please immediately advise the sender by reply email and delete this message.

De:	drttp24@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Failed IMRT Plans
Fecha:	martes, 20 de marzo de 2007 20:14:45
Archivos adjuntos:	

In what way did this fail? I was recently doing QA on a plan where the collimator was at 90, and forgot to set MapCheck to 90, and thought I had a huge failure. Scared me to death!

-----Original Message-----
From: Cheryl.Dozler@providence.org
To: pinnacle-users@explode.unsw.edu.au
Sent: Tue, 20 Mar 2007 2:50 PM
Subject: RE: Failed IMRT Plans

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> **Sent:** Tuesday, March 20, 2007 10:46 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Failed IMRT Plans
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> I am interested, just out of curiosity, if anyone would be willing to share there IMRT plan failure rate (approx. is fine).
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> By "Failure" I mean a plan that for whatever reason (QA failed, unable to verify point dose or independent MU check, machine or MLC unable to deliver, yadda, yadda...) was not able to be initiated and the patient was treated by another means (3D CRT, convensional, etc).
>
> Thanks in advance,
> Marc

"Remember, no matter where you go...there you are"

De:	Barrett Marc
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Follow-up Question:
Fecha:	martes, 20 de marzo de 2007 20:25:16
Archivos adjuntos:	

Hey again list,

As a follow-up; about how long do you go from time patient is consulted by physician to time IMRT treatment begins (3, 4, 5 days, etc).

Reason I'm asking these questions is we have just beginning our IMRT program and I'm curious what I can expect (or not) and what I can let our Dr. know about what other sites do (on average).

Thanks again.
Marc

"Remember, no matter where you go...there you are"

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Failed IMRT Plans
Fecha:	martes, 20 de marzo de 2007 21:31:25
Archivos adjuntos:	

We have had a couple fail IMRT QA. But we re exported the planar dose from pinnacle and they turned out fine. Therefore, we have never had to resort to another means to treat a patient.

Pat

>From: "Barrett Marc" <Marc.Barrett@hcahealthcare.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: Failed IMRT Plans
>Date: Tue, 20 Mar 2007 12:45:39 -0500
>
>Good Day List,
>
>I am interested, just out of curiosity, if anyone would be willing to
>share there IMRT plan failure rate (approx. is fine).
>
>By "Failure" I mean a plan that for whatever reason (QA failed, unable
>to verify point dose or independent MU check, machine or MLC unable to
>deliver, yadda, yadda...) was not able to be initiated and the patient
>was treated by another means (3D CRT, convensional, etc).
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>Thanks in advance,
>Marc
>
>"Remember, no matter where you go...there you are"
>

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Follow-up Question:
Fecha:	martes, 20 de marzo de 2007 21:41:17
Archivos adjuntos:	

I would say that average should be a week (5 working days). With that being said our site is more aggressive than that with 3-4 days being the norm. I don't agree with this personally, but our doctors are the driving force behind that. I would like to ask another question to our group of listers:

Is your IMRT QA done before the patient starts? We just initiated a policy where we are doing the IMRT QA within the first 3 days of patient treatment. I must say that I do not agree with this either, but it was no my decision to make. Any other opinions is greatly appreciated.

Thanks.

Pat

>From: "Barrett Marc" <Marc.Barrett@hcahealthcare.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: Follow-up Question:
>Date: Tue, 20 Mar 2007 14:21:32 -0500
>
>Hey again list,
>
>As a follow-up; about how long do you go from time patient is consulted
>by physician to time IMRT treatment begins (3, 4, 5 days, etc).
>
>Reason I'm asking these questions is we have just beginning our IMRT
>program and I'm curious what I can expect (or not) and what I can let
>our Dr. know about what other sites do (on average).
>
>Thanks again.
>Marc
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>"Remember, no matter where you go...there you are"
>

_____

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De:	Allen Williams
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Follow-up Question:
Fecha:	martes, 20 de marzo de 2007 22:23:24
Archivos adjuntos:	

We have a policy of at least 2 weeks. Occasionally this gets compressed but in general has been successful. Some of that success may be attributible to 100 patients on 2 accelerators. Start times are not too available.

>From: "Barrett Marc" <Marc.Barrett@hcahealthcare.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: Follow-up Question:
>Date: Tue, 20 Mar 2007 14:21:32 -0500
>
>Hey again list,
>
>As a follow-up; about how long do you go from time patient is consulted
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the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De: Dozler, Cheryl

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Failed IMRT Plans

Fecha: martes, 20 de marzo de 2007 22:25:39

Archivos adjuntos:

We do half beam Tangents, so the failure was probably in the travel length of the MLC's in the smaller segments. We were getting an error on the machine of jaw motion I think even though they were the same for all segments. I do know you have to be careful that the subsequent blocks on your foreword plans are not crossing over the initial block or you will get this failure message on the machine. They have to fit within the initial beam.

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** drttp24@aol.com
> **Sent:** Tuesday, March 20, 2007 12:10 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Re: Failed IMRT Plans
>
> In what way did this fail? I was recently doing QA on a plan where the collimator was at 90, and forgot to set MapCheck to 90, and thought I had a huge failure. Scared me to death!
>
> -----Original Message-----
> From: Cheryl.Dozler@providence.org
> To: pinnacle-users@explode.unsw.edu.au
> Sent: Tue, 20 Mar 2007 2:50 PM
> Subject: RE: Failed IMRT Plans
>
> I have had a foreword planned breast fail to clear MLC on machine. The collimator was at 90 because of initial EDW plan. Recalced same fields with 180 collimator and was fine. Otherwise, we have not had a plan fail QA
>
> > -----Original Message-----
> > **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Barrett Marc
> > **Sent:** Tuesday, March 20, 2007 10:46 AM
> > **To:** pinnacle-users@explode.unsw.edu.au

Subject: Failed IMRT Plans

Good Day List,

I am interested, just out of curiosity, if anyone would be willing to share there IMRT plan failure rate (approx. is fine).

By "Failure" I mean a plan that for whatever reason (QA failed, unable to verify point dose or independent MU check, machine or MLC unable to deliver, yadda, yadda...) was not able to be initiated and the patient was treated by another means (3D CRT, convensional, etc).

Thanks in advance,
Marc

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De:	Ohm, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Failed IMRT Plans and Time for Planning
Fecha:	miércoles, 21 de marzo de 2007 13:57:51
Archivos adjuntos:	

With appropriate and complete commissioning, you should very rarely fail a plan. Of course, if there are mechanical / delivery problems with the machine, that's what we're hoping to catch thru this whole process anyway. To date, I haven't had to re-plan or fail a set of fields. But, I spent a lot of time getting the P3 model to fit both scanned and measured (delivered) beams. Sure, we've had some setup errors with the phantom or perhaps a planar dose map that was not set at the right place (scripting certainly helps here....), and those were rechecked and approved. As far as using another method of delivery, we do occasionally compare a 'regular' 3DCRT plan to IMRT if we feel a particular site can be treated that way, and show the physician both plans. Sometimes simplicity wins out.

For timeline - our IMRT cases get 10 days. [one dosimetrist for 50-60 patients avg] If the plan is done earlier and the QA as well, we call the patient and have them come sooner; I think they feel better that way vs.calling and pushing them back a day or two. Sure, certain cases get priority and we plan to start them earlier, depending on disease site and if it is concurrent chemo, etc. We do NOT start anybody until the QA is completed, reviewed and approved by physics. Ask your physicians if it would be OK if Mr. Jones received Mrs. Smith's fields for 3 days (or the MLC's didn't move, etc) and maybe they will change the policy? Yes it is mundane and if no one is failing plans, why bother? IMHO, it's because we are trying to catch the outlier, which inevitably creeps up and we are tasked to mitigate.

Happy Spring to all,
Mike O

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Barrett Marc
Sent: Tuesday, March 20, 2007 1:46 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Failed IMRT Plans

Good Day List,

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Thanks in advance,
Marc

"Remember, no matter where you go...there you are"

==========

De:	Simpson, Larry D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Failed IMRT Plans and Time for Planning
Fecha:	miércoles, 21 de marzo de 2007 16:08:46
Archivos adjuntos:	

"Ask your physicians if it would be OK if Mr. Jones received Mrs. Smith's fields for 3 days (or the MLC's didn't move, etc) and maybe they will change the policy? Yes it is mundane and if no one is failing plans, why bother? IMHO, it's because we are trying to catch the outlier, which inevitably creeps up and we are tasked to mitigate."

Mike,

That's a misadministration and would have to be reported to the state. It has nothing to do with the 'proven' integrity of the plan and the delivery system. Radcalc (or equivalent) and rigorous comparison of patient's Lantis(or equivalent) file with the Pinnacle record prior to 1st treatment gives me sufficient confidence to proceed, occasionally, without first IMRT experimental, on-machine, QA.

Also, we 'sample' the delivery system only once for QA .... tha patient is treated , say 38fx x 200cGy/fx. What are the odds we are going to proactively predict any of the various temporary faults that can be thrown over the couse of the patients 7.5 wk treatment course?

We would be better off if the manufacturers' provided the software tools to compare the Lantis dmip file of the patient's nth treatment with the original QA'd Lantis dmip file... then we would have assurance that 'what' was QA'd and planned is what we received. CRC checks on file integrity , once placed in Lantis are supposed to assure of that ..... but what if , because of noise etc, the correct file is 'interpreted 'wrong by the controllers and a control point is skipped, etc ??

Regards,...Larry

Larry D. Simpson, Ph.D., DABR, DABMP
Chief, Medical Physics
Helen F. Graham Cancer Center
Newark DE 19713
(302) 545-3870 ... Cell
- LSimpson@ChristianaCare.org -

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-

users@explode.unsw.edu.au] **On Behalf Of** Ohm, Mike
Sent: Wednesday, March 21, 2007 8:49 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Failed IMRT Plans and Time for Planning

With appropriate and complete commissioning, you should very rarely fail a plan. Of course, if there are mechanical / delivery problems with the machine, that's what we're hoping to catch thru this whole process anyway. To date, I haven't had to re-plan or fail a set of fields. But, I spent a lot of time getting the P3 model to fit both scanned and measured (delivered) beams. Sure, we've had some setup errors with the phantom or perhaps a planar dose map that was not set at the right place (scripting certainly helps here....), and those were rechecked and approved. As far as using another method of delivery, we do occasionally compare a 'regular' 3DCRT plan to IMRT if we feel a particular site can be treated that way, and show the physician both plans. Sometimes simplicity wins out.

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Happy Spring to all,
Mike O

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Barrett Marc
Sent: Tuesday, March 20, 2007 1:46 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Failed IMRT Plans

Good Day List,

I am interested, just out of curiosity, if anyone would be willing to share there IMRT plan failure rate (approx. is fine).

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Thanks in advance,
Marc

"Remember, no matter where you go...there you are"

==========

De:	Kevin Stead
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Automated Backup Options for Pinnacle 8.0d
Fecha:	miércoles, 21 de marzo de 2007 23:18:11
Archivos adjuntos:	

To the list, what are your methods of having an automated backup that runs daily Tue-Sat at 2am or overnight sometime for your Pinnacle Information? I know that Pinnacle doesn't allow you to set a standard time and set a static backup for extended calendar days, only one instance at a time. I would like your input on what has worked and what hasn't and have you tested your backups to the system?

"Patience accomplishes its object, while hurry speeds to its ruin."

Kevin Stead
Project Development Analyst
Clinical Systems Administrator
Department of Radiation Oncology

Information & Communication Services
Application Programming & Project Management Group
UC Davis Health System

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916-762-2979 - PGR
9167622979@myairmail.com - Text Pager
kevin.stead@ucdmc.ucdavis.edu

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De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Failed IMRT Plans
Fecha:	jueves, 22 de marzo de 2007 12:15:34
Archivos adjuntos:	

We have had a few cases with too high a discrepance. We re-optimised them and they came within tolerance to measured values. They were all planned with eclipse though ;-)

Really not a good idea to start treatment without a completed QA. Too many factors come into play with IMRT planning.

What if someone accidently changed the field size after import, while approving the fields? Then you found out about it a few days later during your QA? Part of the volume would have been underdosed. Then what if there were to be a recurrance in exactly that area? - Just not worth the risk.

Ian

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Barrett Marc
Gesendet: Dienstag, 20. März 2007 18:46
An: pinnacle-users@explode.unsw.edu.au
Betreff: Failed IMRT Plans

Good Day List,

I am interested, just out of curiosity, if anyone would be willing to share there IMRT plan failure rate (approx. is fine).

By "Failure" I mean a plan that for whatever reason (QA failed, unable to verify point dose or independent MU check, machine or MLC unable to deliver, yadda, yadda...) was not able to be initiated and the patient was treated by another means (3D CRT, convensional, etc).

Thanks in advance,

Marc

"Remember, no matter where you go...there you are"

De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Automated Backup Options for Pinnacle 8.0d
Fecha:	jueves, 22 de marzo de 2007 13:17:30
Archivos adjuntos:	

Hi Kevin,

We use ftp voyager to backup (syncronize) our patient data to a windows server. This solution easy, reliable and cheap. It sends me an email report when the job is done too. No hung or failed cron jobs. We have been very happy with this solution so far.

You just need some server space and $25 for the ftp voyager license. Syncback-SE is another piece of software that can probably do it too. I use this to sync our Impac root to our backup application server every night. It also has an ftp function - but I haven't tested it. Very inexpensive and it sends a daily email report as well.

Note:
Windows doesn't allow ":" in filenames, so this gets converted to "_". This is a small evil, since it only affects the logfiles and not software functionality from our tests. Also, the file ownership might have to be changed after restoring data. This too is a very small evil which is easily corrected after restoring data.

I like the fact that I get status emails every day with regards to my backups. Anyone have a cron job that does this?

Ian

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Kevin Stead
Gesendet: Mittwoch, 21. März 2007 23:10
An: pinnacle-users@explode.unsw.edu.au
Betreff: Automated Backup Options for Pinnacle 8.0d

To the list, what are your methods of having an automated backup that runs daily Tue-Sat at 2am or overnight sometime for your Pinnacle Information?
I know that Pinnacle doesn't allow you to set a standard time and set a static backup for extended calendar days, only one instance at a time. I would like your input on what has worked and what hasn't and have you tested your

backups to the system?

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Kevin Stead
Project Development Analyst
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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	tian chen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Failed IMRT Plans
Fecha:	jueves, 22 de marzo de 2007 14:20:40
Archivos adjuntos:	

Hi there,
we started IMRT in one of our sites a few months ago. We use ADAC (version 6.4) and Simens Primus. For some reason, the QA measurement are always in the low side, meaning always less than what they are supposed to be, for all cases (prostate, H&N, etc). I checked TMR and output factor . They are ok. Any body out there have ideas or same experience with that? Thanks a lot for sharing .

De: Plenkovich, Dinko PhD

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Failed IMRT Plans

Fecha: jueves, 22 de marzo de 2007 14:27:03

Archivos adjuntos:

Are you taking into account the beam attenuation by the treatment couch and the couch rails?

Dinko Plenkovich, Ph.D.
dinko@post.harvard.edu
(785) 270-4930

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** tian chen
> **Sent:** Thursday, March 22, 2007 8:07 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Failed IMRT Plans
>
> Hi there,
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>
> ---
>
> Don't get soaked. Take a quick peek at the forecast with theYahoo! Search weather shortcut.

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Automated Backup Options for Pinnacle 8.0d
Fecha:	jueves, 22 de marzo de 2007 14:49:47
Archivos adjuntos:	

At our site we have the Pinnacle directories on a SAN. The disks are Raid 50 (raided and mirrored raid arrays), nightly tape backups are performed by IBM software that came with the SAN. It backs up to 3 copies of any file (essentially if a file has changed from the last backup, it is backed up). The tape backups are only kept for a month though, so we do a monthly backup through Pinnacle.

If I recall correctly the pinnacle backup utility makes a script, and sets a cron job. I'm not sure, if you choose all the institutions you wanted backed up, if it still goes into each of the institutions and adds the patients to a list in the script, or if it just schedules something like:
tar the institution
gzip the result
ftp to backup area

If it just mentions the institution, I imagine you could just copy the script somewhere, and call it from cron every day. I've had to do some restores manually, and when I untarred the backup it was just a complete copy of the directory structure that is in pinnacle_patient_expansion, so I suspect if you schedule a institution backup the script just lists the institution. If you tried just doing the tar, gzip, ftp manually I think it would work but you'd have to make sure that no one is using Pinnacle because I think it puts locks on parts of stuff if they are (from doing a find command on the server I get a bunch of permission denied even as root during clinical hours). I don't think it would be a 'clean' way to disconnect users, but just stopping the nfsd service would stop the clients from being able to talk to the server, thus ensuring no one is using Pinnacle. (I don't recommend this, and I'm sure Philips wouldn't like it, but it probably would work)

For the permissions issues I can think of two solutions. If you modify your scripts to use scp (secure copy) and I think sftp (secure ftp) as well, a -P flag preserves file permissions. The second option being, make a nfs share on another unix box, link the server to it and just use normal cp which preserves rights on the 'same' box (as far as cp is concerned the shared directory will be part of the Pinnacle server). You might have issues if user accounts don't exist on the other server if you ever wanted to look at the files, while logged into the backup server, in which case you'd have to point that server to the /export/home directory on the Pinnacle server so it would be aware of all the user accounts (this would work for a Sun system anyways, I'm not sure what say AIUX

server would think of Solaris home directories). Hope this helps.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Norton Ian
Sent: Thursday, March 22, 2007 6:53 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: AW: Automated Backup Options for Pinnacle 8.0d

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-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Kevin Stead
Gesendet: Mittwoch, 21. März 2007 23:10
An: pinnacle-users@explode.unsw.edu.au
Betreff: Automated Backup Options for Pinnacle 8.0d

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Clinical Systems Administrator
Department of Radiation Oncology

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9167622979@myairmail.com - Text Pager
kevin.stead@ucdmc.ucdavis.edu

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##

##
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members, the list has been configured so that messages can only be
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account will not be distributed unless that account is also subscribed.
##

De:	Wichman, Brian D
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Failed IMRT Plans
Fecha:	jueves, 22 de marzo de 2007 15:37:17
Archivos adjuntos:	

I have been utilizing IMRT since 1997, using Corvus, Helios, and Pinnacle. I estimate that I've been involved in over 1000 IMRT cases during that time. I have had exactly one plan that ultimately failed QA due to a discrepancy between the phantom plan and TPS predicted dose distribution. That was a Corvus plan around 1999-2000. Correcting MU settings due to absolute dose differences was relatively common for Pinnacle H&N IMRT plans prior to the current Varian rounded leaf model. Since that new model, I've never needed to make a MU correction.

There have been countless times that QA results have not matched the predicted distribution. In every time but the one mentioned above, a cause other than incorrect plan calculation was found. Phantoms have been set up incorrectly, films and chambers misplaced, incorrect MU settings given, predicted values calculated incorrectly, planar doses calculated incorrectly, MLC patterns exported to R&V incorrectly, MLC minimum leaf gap not included, carriage shift miscalculation, etc. etc. We recently had a case where the QA was performed between the time the verification orthogonal films were taken and treatment began. During the acquisition of the orthogonal films, the lead therapist captured table values for treatment. Somehow while capturing table values, she accidentally added a dynamic wedge to a field in the R&V. This was easily caught during QA. It would have also been caught at the time of the physicist check of the plan, or during the therapist check.

As time has passed and the IMRT case experience has piled up, the emphasis of the QA has shifted for me. Back in the early years, the whole concept was new, and we didn't know if the calculational algorithms were robust. The emphasis then was to prove that the absolute dose and dose distribution given to the patient (phantom) was what was predicted by the TPS. With the volumes of data collected since then, we know that if you correctly model your accelerator in your TPS then you will get accurate results for an IMRT plan.

The emphasis is now much more on the downstream aspects - moving the

plan information to the R&V and making sure the MLC's move correctly during treatment. In the olden days of IMRT, the R&V systems didn't support IMRT, so we pulled up MLC files by hand from floppy disks and moded up the accelerators by hand. This involved a high level of involvement from the therapists (and often physicists looking over their shoulder) and made them very cognizant of what was being treated. Today, with the R&V running the show, a therapist is much less likely to know if the MLC pattern being used for a field is correct. The data transfer aspect is probably the single most important part of today's IMRT QA.

MLC QA is also important, don't misunderstand me. But, with the accuracy of modern MLC's and secondary feedback systems to detect problems, there is less of a chance of MLC based error. A routine MLC QA system should detect any MLC drifting, if the vendor software doesn't catch it first.

If you've made it this far, you're probably expecting a conclusion. For me, the conclusion is that IMRT QA is the perfect case study for risk-based QA. Determine where the highest risks of error are and concentrate efforts on that area. My perfect IMRT QA program would be thus: 1) send plan from TPS to R&V 2) immediately before the first treatment, send plan data from R&V and CT data from TPS to a third, independent software platform to perform a verification calculation 3) perform routine MLC QA. Of course, at this point we're still analyzing every field on every patient with MapCheck, since that's what the US payers demand for reimbursement.

Brian Wichman, MS, DABR
Chief Medical Physicist, RSO
Kansas City Cancer Centers

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Barrett Marc
Gesendet: Dienstag, 20. März 2007 18:46
An: pinnacle-users@explode.unsw.edu.au
Betreff: Failed IMRT Plans

Good Day List,

I am interested, just out of curiosity, if anyone would be willing to share there IMRT plan failure rate (approx. is fine).

By "Failure" I mean a plan that for whatever reason (QA failed, unable to verify point dose or independent MU check, machine or MLC unable to deliver, yadda, yadda...) was not able to be initiated and the patient was treated by another means (3D CRT, convensional, etc).

Thanks in advance,
Marc

"Remember, no matter where you go...there you are"

De: Allen Williams

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Failed IMRT Plans

Fecha: jueves, 22 de marzo de 2007 15:56:09

Archivos adjuntos:

Also upgrading to Pinnacle 7.4 or higher will allow you to better model MLC transmission/leakage. This can change values by a couple percent for ion chamber readings. Our typical values are nearly always within 2%. I have seen on one occasion where the MLC segment egdes lined up over the chamber in one field (out of nine) and it read 5% lower than the plan. We also observed this same feature in one of the Mapcheck detector readouts in the same place. A real effect but only local to a very small region. The planar dose was calc'd with 0.2 cm grid and indicated a dip but not as great as measured. We didn't consider the overall plan to be a failure.

Allen Williams, Ph.D.
Northwest Medical Physics Center

>From: "Plenkovich, Dinko PhD" <Plenkovi@stormontvail.org>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: RE: Failed IMRT Plans
>Date: Thu, 22 Mar 2007 08:24:32 -0500
>
>Are you taking into account the beam attenuation by the treatment couch and
>the couch rails?
>
>Dinko Plenkovich, Ph.D.
>dinko@post.harvard.edu
>(785) 270-4930
>
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of tian chen
>Sent: Thursday, March 22, 2007 8:07 AM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Failed IMRT Plans
>
>
>Hi there,
>we started IMRT in one of our sites a few months ago. We use ADAC (version
>6.4) and Simens Primus. For some reason, the QA measurement are always in
>the low side, meaning always less than what they are supposed to be, for
>all cases (prostate, H&N, etc). I checked TMR and output factor . They are
>ok. Any body out there have ideas or same experience with that? Thanks a
>lot for sharing .
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> _____
>
>Don't get soaked. Take a
><http://tools.search.yahoo.com/shortcuts/?fr=oni_on_mail&#news> quick peek
>at the forecast
>with the Yahoo!
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>**

De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Is your IMRT QA done before the patient starts?
Fecha:	jueves, 22 de marzo de 2007 18:57:26
Archivos adjuntos:	

> Is your IMRT QA done before the patient starts? We just initiated a policy
> where we are doing the IMRT QA within the first 3 days of patient treatment.
> I must say that I do not agree with this either, but it was no my decision
> to make. Any other opinions is greatly appreciated.

If you require it, and assuming that you've done all your QA except the measurement hybrid plan QA itself, IMHO, that would depend on
1. the dose per fraction
2. the total dose
3. the complexity of the plan itself
4. whether you have validated that the machine will do what you want it to do, before the first tx.

For example, if there was a prostate plan, i'd be very comfortable with the measurement QA performed after the first tx if
1. d/fx <=200 cGy/fx
2. # fractions > 20
or
3. simple multi-field co-planar fields with no problems with heterogeneities, metallic artifacts, etc. few segments.

I would not be okay if
1. d/fx > 200 cGy/fx (or whatever you normally see... 180 down there for many)
2..# fractions < 10
or
3. hip-prosthesis, resulting in non-conventional beam arrangements, implants of some type, etc.
4. haven't test-run the plan with the R/V system

Why 10 or 20 fractions? Why d/fx > 200 cGy/fx? Subjective measures.

If something went Pete Tong for the first fraction, a correction (re-plan, etc) could be made very quickly but only if there is enough time/fractions to allow for it. As for the 200 cGy/fx limit, the radiobiological response of normal tissues would be 'different' from what we normally expect, which makes possible side effects from a treatment contentious. I wouldn't want an errant IMRT plan to further confound the issue if that were the case.

We haven't implemented such a policy just yet, but are considering it seriously.

Parminder S. Basran, PhD, MCCPM
Toronto-Sunnybrook Regional Cancer Centre

De:	Silgen, Patrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Follow-up Question:
Fecha:	viernes, 23 de marzo de 2007 16:44:33
Archivos adjuntos:	

Pat,

If I might ask, was the decision for the following made by a physician, a physicist, a group/committee, or someone else?

"We just initiated a policy where we are doing the IMRT QA within the first 3 days of patient treatment. I must say that I do not agree with this either, but it was no my decision to make."

I would be uncomfortable if this decision was made if I was the one doing the QA.

Thanks.

Pat Silgen, Medical Physicist
Methodist Hospital Minnesota

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Pat Meek
Sent: Tuesday, March 20, 2007 3:25 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Follow-up Question:

I would say that average should be a week (5 working days). With that being said our site is more aggressive than that with 3-4 days being the norm. I don't agree with this personally, but our doctors are the driving force behind that. I would like to ask another question to our group of listers:

Is your IMRT QA done before the patient starts? We just initiated a policy where we are doing the IMRT QA within the first 3 days of patient treatment.

I must say that I do not agree with this either, but it was no my decision to make. Any other opinions is greatly appreciated.

Thanks.

Pat

>From: "Barrett Marc" <Marc.Barrett@hcahealthcare.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: Follow-up Question:
>Date: Tue, 20 Mar 2007 14:21:32 -0500
>
>Hey again list,
>
>As a follow-up; about how long do you go from time patient is consulted

>by physician to time IMRT treatment begins (3, 4, 5 days, etc).
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>Reason I'm asking these questions is we have just beginning our IMRT
>program and I'm curious what I can expect (or not) and what I can let
>our Dr. know about what other sites do (on average).
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>Thanks again.
>Marc
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>"Remember, no matter where you go...there you are"
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##

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Follow-up Question:
Fecha:	viernes, 23 de marzo de 2007 19:25:04
Archivos adjuntos:	

Pat,

Yes, I agree. This new protocol was made by our new physcist who just started working at our facility. It applies to all IMRT plans including H & N. Of course, this was welcomed with open arms by the physician because he can now start patients faster than he used to be able to.

I welcome other's comments.

Pat Meek

>From: "Silgen, Patrick" <Patrick.Silgen@parknicollet.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: RE: Follow-up Question:
>Date: Fri, 23 Mar 2007 10:31:39 -0500
>
>Pat,
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> >Reply-To: pinnacle-users@explode.unsw.edu.au
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> >Date: Tue, 20 Mar 2007 14:21:32 -0500
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>5.5%* 30 year fixed mortgage rate. Good credit refinance. Up to 5 free
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De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Follow-up Question:
Fecha:	viernes, 23 de marzo de 2007 19:57:51
Archivos adjuntos:	

I'm curious if the idea is that you'll catch a problem in time to adjust the plan for the remaining fractions. Probably okay for simple problems, but if you end up with a real big hot spot, you can't exactly take the dose back.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Pat Meek
Sent: Friday, March 23, 2007 1:17 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Follow-up Question:

Pat,

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Pat Meek

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> >To: <pinnacle-users@explode.unsw.edu.au>
> >Subject: Follow-up Question:
> >Date: Tue, 20 Mar 2007 14:21:32 -0500
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De:	Ravi Errabolu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: RE RPC H&N Phantom -Point dose measurements
Fecha:	lunes, 26 de marzo de 2007 18:49:44
Archivos adjuntos:	

Dear Hugo
First of all let me thank you for your thought provoking comments.

1. I measured 2x2 3x3 and 5x5 MLC fields with 10x10 jaw opening and I compared the doses to Pinnacle same set up doses and they are less than 1%.

2. I have not done any thorough check on PTW Pin point chamber that I am using for my measurements. This is probably my next step.

3. We are using step and shoot IMRT. I just happened to check mu linearity. I am very impressed with the result. At 1 mu I got about 2% error and at 2 mu the error is 1% above this 0%error.

What I found over this week is my measurements are falling on the maximum value of the Pinnacle dose. But I am not sure why they are not falling on mean dose.

I would greatly appreciate your input in this

regards
Ravi

>>> hugo.tremblay@ssss.gouv.qc.ca 3/19/2007 4:14 PM >>>

(See attached file: C.htm)
Hello,

Very difficult by email but you can look at the following points:

1- If you measured your output factors with the jaw only, you should verify output factors for small MLC field with the jaws at 20x20. The gaussian heigth (GH) and width (GW) will influence Pinnacle calculations for small MLC field within a relatively large jaw field. The GH and GW affect not only small MLC field but also rectangular fields. You have

to be careful with these parameters for MUs calculations. As an example for 6 MV Varian linac, if the GH goes from 0.06 to 0.08, the calculated dose for a 2x2 MLC field into a 20x20 (jaw positions) will change by about 3%. For the same example but for the jaws only, the calculated dose does not change for the same GH variation.

2- Some pin point chambers can overestimate the dose where low energy radiation is present. This can increase your reference field reading (example 10x10 at depth of 10) making your small field OFs lower. If your small fields OFs are lower, Pinnacle will calulate more MUs than required and thus overdose your patients. You should use a 5x5 reference field size and a normalisation depth of 5 cm (4 or 6 MV) to avoid problems with pin point chambers OFs measurements.

3- Are you using Sliding Window or step and shoot ? Have you test the linearity of the accelerator for low MUs? Our old Varian Linac has a poor +3% non-linearity at 4 MU segments.

If 1, 2 and 3 add up, you can easily reach 5-6%...

Again, very difficult by email...

Good luck,

Hugo

##

De:	Jill Brooks
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	anyone scheduled for the Wed 10am est challenge plan review session
Fecha:	miércoles, 28 de marzo de 2007 15:50:53
Archivos adjuntos:	

Hello all

I am just searching for information on signing into the 10 am challenge session review today. I have received my conformation of being scheduled to attend the session, however when I checked my e-mail when I got in the office this morning I never received my instructions on how to log into the session.

Any help will be appreciated

Thank you

Jill

Jill Brooks, RT(T), CMD

Dosimetrist

Lynn Cancer Institute - West Campus

Boca Raton Community Hospital

561-883-7509

thereof. Thank you.

De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: anyone scheduled for the Wed 10am est challenge plan review session
Fecha:	miércoles, 28 de marzo de 2007 16:09:19
Archivos adjuntos:	image001.jpg

Jill,

I apologize if you did not receive the instructions.

To participate, please follow the directions provided below:

To join the Audio portion of the Conference, dial 866-312-3499 extension 2505.

To join the Web portion of this Conference call, click here.

Verify compatibility of your browser for Web Conferencing! Click here.

If you have any questions, please don't hesitate to contact us. Like I mentioned, these are approved for both MDCB and ASRT credits.

Thanks!

vicki

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager
Radiation Oncology Resources, Inc.

Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Jill Brooks
Sent: Wednesday, March 28, 2007 9:31 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: anyone scheduled for the Wed 10am est challenge plan review session

Hello all

I am just searching for information on signing into the 10 am challenge session review today. I have received my conformation of being scheduled to attend the session, however when I checked my e-mail when I got in the office this morning I never received my instructions on how to log into the session.

Any help will be appreciated

Thank you

Jill

Jill Brooks, RT(T), CMD

Dosimetrist

Lynn Cancer Institute - West Campus

Boca Raton Community Hospital

561-883-7509

De:	Matthew Williams
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Scripting question - modifying plan info
Fecha:	martes, 03 de abril de 2007 9:38:50
Archivos adjuntos:	

I am writing a script related to plan approval and need to modify the contents of the plan comment field from within the script. Is there a way to do this once you have opened a plan.

I can access (but not change) the other plan information i.e. PlanInfo.PatientName, PlanInfo.Physicist, PlanInfo.Institution, and can not find an equivalent for PlanInfo.Comment.

Matthew Williams, PhD.
Medical Physicist

Illawarra Cancer Care Centre
The Wollongong Hospital
Private Mail Bag 8808
South Coast Mail Centre NSW 2521
Ph: +61 2 4222 5704
Fax: +61 2 4222 5793

De:	Lederer, Ernst
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Scripting question - modifying plan info
Fecha:	martes, 03 de abril de 2007 16:03:08
Archivos adjuntos:	

Mathew,

try this

```
Store.FreeAt.TmpComment = "";
Store.At.TmpComment = SimpleString {};
Store.StringAt.TmpComment = "Your New Comment";
PlanInfo.Comment = Store.At.TmpComment.String;
Store.FreeAt.TmpComment = "";
```

Good Luck
Ernst

Ernst Lederer RT., C.M.D.
Dosimetrist, Treatment Planning Team

Regional Cancer Centre of the
Hopital Regional Sudbury Regional Hospital
41 Ramsey Lake Road
Sudbury, Ontario P3E 5J1
Tel: (705) 522-6237 Ext. 2158
Fax.: (705) 523-7329
e-mail: elederer@hrsrh.on.ca

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Matthew
Williams

Sent: 2007-Apr-03 03:16
To: pinnacle-users@explode.unsw.edu.au
Subject: Scripting question - modifying plan info

I am writing a script related to plan approval and need to modify the contents of the plan comment field from within the script. Is there a way to do this once you have opened a plan.

I can access (but not change) the other plan information i.e. PlanInfo.PatientName, PlanInfo.Physicist, PlanInfo.Institution, and can not find an equivalent for PlanInfo.Comment.

Matthew Williams, PhD.
Medical Physicist

Illawarra Cancer Care Centre
The Wollongong Hospital
Private Mail Bag 8808
South Coast Mail Centre NSW 2521
Ph: +61 2 4222 5704
Fax: +61 2 4222 5793

De:	Hargis, Dorothy A
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	hospital AMS
Fecha:	martes, 03 de abril de 2007 16:33:55
Archivos adjuntos:	

Is there anyone that has an interface with a hospital AMS?

Dorothy Hargis
Manager Barren River Regional Cancer Center
103 Trista Lane
Glasgow, KY 42141
(270)651-2478
hargda@chc.net

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Online Manuals
Fecha:	martes, 03 de abril de 2007 16:36:50
Archivos adjuntos:	

Hi all. I remember there used to be all of the documentation for various versions of pinnacle online. I can not seem to find it anymore. Can someone point me in the right direction?

Thanks.

pat

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Online Manuals
Fecha:	martes, 03 de abril de 2007 16:52:57
Archivos adjuntos:	

It's on the install CDs. I copy it off and put it on a network share so the dosimetrists can pull it up from their PCs adjacent to their Pinnacle workstations.

Dave

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> patmeek@hotmail.com 4/3/2007 10:21 AM >>>

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versions of pinnacle online. I can not seem to find it anymore. Can someone point me in the right direction?

Thanks.

pat

unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

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##

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Online Manuals
Fecha:	martes, 03 de abril de 2007 18:14:55
Archivos adjuntos:	

Thanks Dave, but I remember there being an extensive library of manuels and instruction books online that Philips offered. Anyone remember that web site?

Pat

>From: "Dave Lockman" <Dave.Lockman@sparrow.org>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: Re: Online Manuals
>Date: Tue, 03 Apr 2007 10:31:51 -0400
>
>It's on the install CDs. I copy it off and put it on a network share so
>the dosimetrists can pull it up from their PCs adjacent to their
>Pinnacle workstations.
>
>Dave
>
>David Lockman, D.Sc.
>Medical Physicist
>Sparrow Hospital
>1215 E Michigan Ave
>Lansing, MI 48912
>517-364-2163
>dave.lockman@sparrow.org
>
> >>> patmeek@hotmail.com 4/3/2007 10:21 AM >>>
>
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>Thanks.

>
>pat
>
>_____
>Exercise your brain! Try Flexicon.
>http://games.msn.com/en/flexicon/default.htm?icid=flexicon_hmemailtaglineapril07
>
>
>
>
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account will not be distributed unless that account is also subscribed.
##

De:	Royal, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Online Manuals
Fecha:	martes, 03 de abril de 2007 18:55:39
Archivos adjuntos:	

Go to the Philips Incenter site, Incenter.medical.philips.com/. You need a username and password.

They have all the manuals, application notes, advisory letters, etc.

Click on Service Library --> Radiation Oncology (PROS). Then select Pinnacle, and click your version from the drop-down list.

Jim Royal
Nebraska Methodist Hospital
Omaha, NE

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Pat Meek
Sent: Tuesday, April 03, 2007 10:59 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Online Manuals

Thanks Dave, but I remember there being an extensive library of manuels and
instruction books online that Philips offered. Anyone remember that web

site?

Pat

>From: "Dave Lockman" <Dave.Lockman@sparrow.org>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: Re: Online Manuals
>Date: Tue, 03 Apr 2007 10:31:51 -0400

>
>It's on the install CDs. I copy it off and put it on a network share
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>the dosimetrists can pull it up from their PCs adjacent to their
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>David Lockman, D.Sc.
>Medical Physicist
>Sparrow Hospital
>1215 E Michigan Ave
>Lansing, MI 48912
>517-364-2163
>dave.lockman@sparrow.org
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> >>> patmeek@hotmail.com 4/3/2007 10:21 AM >>>
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>Hi all. I remember there used to be all of the documentation for
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>http://games.msn.com/en/flexicon/default.htm?icid=flexicon_hmemailtagli
neapril07
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>
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account will not be distributed unless that account is also subscribed.
##

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	ps-to-pdf
Fecha:	jueves, 05 de abril de 2007 3:24:39
Archivos adjuntos:	

Dear paperless experts,

Please share your knowledge regarding ps-to-pdf conversion in the framework of Gostscript and GSview.

When I use the built-in printer driver on the Pinnacle side, the created ps documents (which contain isodose distributions) look fine after transfer to PC when viewed using GSview. Unfortunately, after ps-to-pdf conversion, the quality of pdf images is typically poor. In addition, after conversion I normally observe changes in colors with the effect of unintended colors of isodose lines.

I considered different resolutions within GSview during ps-to-pdf conversion with no apparent improvement in image quality. My attempts to utilize different pdfwrite settings within GSview didn't pay off either.

Does anyone know answers to the following questions:
1) Is there a Unix printer driver which will result in better quality of converted images?
2) Are there settings within GSview which one should use to improve resulting image quality?

Vadim Kuperman, Ph.D.

Note: To avoid non-delivery error messages being sent to all list
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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: ps-to-pdf
Fecha:	jueves, 05 de abril de 2007 6:38:04
Archivos adjuntos:	

I use ghost script on the SUN but it's the same on Windows.
To get a good resolution use -dPDFSETTINGS=/prepress

ps2pdf13 -sPAPERSIZE=a4 -dPDFSETTINGS=/prepress $Pfad/$1/$Heute.ps $Pfad/$1/$Heute.pdf

Bjørne

Vadim Kuperman schrieb:
> Dear paperless experts,
>
> Please share your knowledge regarding ps-to-pdf
> conversion in the framework of Gostscript and GSview.
>
>
> When I use the built-in printer driver on the Pinnacle
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>
>
> Vadim Kuperman, Ph.D.
>
>
>
>

>

> Don't pick lemons.
> See all the new 2007 cars at Yahoo! Autos.
> http://autos.yahoo.com/new_cars.html
>
>
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###

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AVI Captures
Fecha:	jueves, 05 de abril de 2007 10:59:15
Archivos adjuntos:	e.vdieren.vcf

Dear All,

Is is possible to do / export an AVI capture of the IMRT movie loop in Pinnacle?
I've seen something this being done on Unix Silicon Graphics systems, but never
on SunOS. Any help appreciated.

sincerely
Erik

De:	Joon Ho Park
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: AVI Captures
Fecha:	jueves, 05 de abril de 2007 14:21:29
Archivos adjuntos:	

Hello,

In the early days of IMRT, I have seen people using static captures and then turning them into a loop using power point or animated gifs of sort... I am not aware of any neat program on Solaris that will do it for you automatically, however.

Good luck with it.

Joon Park.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of e.vdieren
Sent: Thursday, April 05, 2007 4:50 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: AVI Captures

Dear All,

Is is possible to do / export an AVI capture of the IMRT movie loop in Pinnacle?
I've seen something this being done on Unix Silicon Graphics systems, but never on SunOS. Any help appreciated.

sincerely
Erik

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ps-to-pdf
Fecha:	jueves, 05 de abril de 2007 15:20:18
Archivos adjuntos:	

I'm not sure about GSview, in a linux environment I've used ps2pdf with no problems, good thing with that suite(its GPL so is free, not sure if their is a windows version or not), but it definitely has configuration settings, and it also comes with dvi2ps, dvi2pdf (to convert from LaTex output to either of those formats).

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Vadim Kuperman
Sent: Wednesday, April 04, 2007 9:04 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: ps-to-pdf

Dear paperless experts,

Please share your knowledge regarding ps-to-pdf conversion in the framework of Gostscript and GSview.

When I use the built-in printer driver on the Pinnacle side, the created ps documents (which contain isodose distributions) look fine after transfer to PC when viewed using GSview. Unfortunately, after ps-to-pdf conversion, the quality of pdf images is typically poor. In addition, after conversion I normally observe changes in colors with the effect of unintended colors of isodose lines.

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Vadim Kuperman, Ph.D.

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##

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: ps-to-pdf
Fecha:	jueves, 05 de abril de 2007 15:49:40
Archivos adjuntos:	Generic Procedure for Pinnacle plans to IMPAC.pdf

---

Hello,

I organized our transition to paperless a little over a year ago. I made a step by step for our group and I have attached it to this message. It can seem a little tedious at first, but as with any computer process, once you have done it a few times you get faster. E-mail me if you have any questions.

Bryan Murray, CMD

>>> Vadim Kuperman <vadimkuperman@yahoo.com> 4/4/2007 8:03 PM >>>
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Vadim Kuperman, Ph.D.

De:	Wamala Muhamudu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ps-to-pdf
Fecha:	jueves, 05 de abril de 2007 16:12:03
Archivos adjuntos:	Ps2pdf.pdf

Hello Vadim,

I've found that if you use the wrapper scripts, i.e pdf2ps, it's very difficult to control the quality of the pdf printouts and you get very poor quality in your printouts... you have to use "gs" directly.

For example to use "gs" directly, it would look like:

gs -dNOPAUSE -dBATCH -dSAFER <USER_OPTIONS> -sOutputFile=<OUTPUTFILE>
-sDEVICE=pdfwrite -c <PARAMS_IN> -f <ps file>;

USER_OPTIONS - This variable is used to feed Acrobat Distiller 5 parameters,defined in the DistillerParameters document included in the Acrobat SDK, the PS2PDF script. See the attached PS2PDF.PDF document include in this directory. For example:
USER_OPTIONS="-dCompatibilityLevel=1.4 -dDownsampleColorImages=false"

PARAMS_IN - The arrays AlwaysEmbed and NeverEmbed and image parameter dictionaries ColorACSImageDict,ColorACSImageDict, ColorImageDict, GrayACSImageDict, GrayImageDict, MonoImageDict cannot be specified on the ps2pdf command line. For information about these variables, see the attached PS2PDF.PDF document. For example: PARAMS_IN="/AlwaysEmbed [/Helvetica /Times-Roman]"

The only thing that I've found challenging is that the converted PDF files are larger than we would like... I'm currently working on this.

I hope this helps.

Moe Wamala
Programmer/Analyst
Juravinski Cancer Centre at Hamilton Health Sciences

-----Original Message-----

From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Vadim Kuperman
Sent: Wednesday, April 04, 2007 9:04 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: ps-to-pdf

Dear paperless experts,
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Vadim Kuperman, Ph.D.

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##

De:	rob rice
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: ps-to-pdf
Fecha:	viernes, 06 de abril de 2007 15:43:30
Archivos adjuntos:	

Hello, Vadim.
Don't use GSView, use PDFCreator. It's a Windows XP freeware app that does an excellent job converting the *.ps files into *.pdf. That's what we use; it works very well.

-Rob Rice
Huntsville, AL

--- Vadim Kuperman <vadimkuperman@yahoo.com> wrote:

> Dear paperless experts,
>
> Please share your knowledge regarding ps-to-pdf
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> Don't pick lemons.
> See all the new 2007 cars at Yahoo! Autos.
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##

De:	Blake Dirksen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: ps-to-pdf
Fecha:	viernes, 06 de abril de 2007 16:49:22
Archivos adjuntos:	

Question for everyone...

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blake
Medical Physicist, Mason City, IA

>From: rob rice <jrobinrice@yahoo.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Re: ps-to-pdf
>Date: Fri, 6 Apr 2007 06:22:15 -0700 (PDT)
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> Don't use GSView, use PDFCreator. It's a Windows
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De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: ps-to-pdf
Fecha:	viernes, 06 de abril de 2007 17:30:50
Archivos adjuntos:	

We had the same problem. It seemed that when we put a pdf file directly in the eScan directory, the pdf-tif conversion was buggy (pages were completely missing, images corrupted, etc.). We use a third-party software to convert the pdf's to tif before putting them in IMPAC. This software also has some nice compression features which make the tif size about the same as the pdf. Our plans on average are about 500 KB for a 2D plan, 1 MB for a typical 3D plan, and IMRT plans about 2 MB.

Bryan

>>> "Blake Dirksen" <mercyphysics@hotmail.com> 4/6/2007 9:44 AM >>>
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##

De: Pat Meek

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: ps-to-pdf

Fecha: viernes, 06 de abril de 2007 19:46:14

Archivos adjuntos:

I haven't had problems with IMPAC converting pdf to tiff myself. I guess I am just lucky. Mosaiq ver 1.3 will support pdf from what I have heard and it will be out this summer or fall. With pdf creator, I have experienced that the tiff files it creates take much more memory than is reasonable unless you print to black and white. I also use pdf creator to serve as a "printer" to impac. It seems to work well.

Pat

>From: "Blake Dirksen" <mercyphysics@hotmail.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Re: ps-to-pdf
>Date: Fri, 06 Apr 2007 09:44:13 -0500
>
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>Exercise your brain! Try Flexicon.
>http://games.msn.com/en/flexicon/default.htm?icid=flexicon_hmemailtaglineapril07
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De:	Hendee, Eric
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ps-to-pdf
Fecha:	viernes, 06 de abril de 2007 21:30:39
Archivos adjuntos:	

There are certainly many options out there to do this and .ps to .tif would save a step but watch out for huge image files.
Two other quick things to consider...
1. It is likely that the version of pdf2tif that Impac is running is obsolete and will have problems converting. We went straight to http://colorpilot.com to get the latest version and it works much better. (BTW, our "printing" process is automatic, a couple HotScript buttons in Pinnacle).
2. Just to stir the pot a little... We've been "paper-less" for a few years now, and are already starting to question why we are doing even that. Especially if the doc looks at the plan on Pinnacle and "approves" of it there. Of course for billing we need an officially approved plan that we can recall if/when desired, but we are starting to formulate a process to do that within the planning system (physician approval, lock plan, archive after treatment). So, we anticipate being "pdf-less" and "tif-less" at some point in the near future.
Eric

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Blake Dirksen
Sent: Friday, April 06, 2007 9:44 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: ps-to-pdf

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De:	Metzger
A:	pinnacle;
Cc:	
Asunto:	MU-problem
Fecha:	martes, 10 de abril de 2007 11:37:01
Archivos adjuntos:	metzger.vcf

---

dear listers,
I just checked a plan including a small field (4.8 equ.square, 18X, 20.50cm radiol. depth, 45.6cGy at Isocenter) from 270 degree an its opposing field from 90 degree (4.7 equ.square, 18X, 19.51cm radiol. depth, 45.7cGy at Isocenter). Actually its a prostate patient - no implant everything looks symmetrically. There is a little gas in the rectum but with respect to the isocenter approximatly symmetrically.
From my external MU-programm I would expect a difference of about 3% which I checked also against my base-data. Pinnacle gives me 77.0 MU for both fields! The difference of output-factor and tpr due to the different equivalent squares should be about 0.5%
Of course this is not clinicaly relevant, but perhaps someone has an idea what else I should check.
(pinnacle version 7.4f)
Martin

--

De:	Metzger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: RE MU-problem
Fecha:	martes, 10 de abril de 2007 15:50:08
Archivos adjuntos:	metzger.vcf

---

all beams hetero

hugo.tremblay@ssss.gouv.qc.ca schrieb:
> (See attached file: C.htm)
> (See attached file: metzger.vcf)
>
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>
> Hello,
>
> All beam hetero or homo?
>
> H
>
>
> *Metzger <metzger@strahlentherapie-coburg.de>*
> Envoyé par : owner-pinnacle-users@explode.unsw.edu.au
>
> 04/10/2007 05:23 AM
> Veuillez répondre à
> pinnacle-users@explode.unsw.edu.au
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> A
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Asunto:	Re: RE MU-problem
Fecha:	martes, 10 de abril de 2007 17:15:01
Archivos adjuntos:	

Metzger,

I am not 100% certain what you are asking so I am going to spell out what I think the question/problem is then throw my 2 cents into the mix, that way if I understood the question wrong I will not confuse the issue for others.

I am guessing that because the plan is SAD setup 2 parallel opposed fields with similar blocks but with 1 cm difference in depth that you are concerned about why you do not see a difference in monitor units due to the difference in depth.

Here are the things to try and check:

1. Turn off Hetero in Pinnacle: Because these are your laterals they are going through bone, and depending on the CT and the orientation of the patient (may not be as straight as you would like) the beams may have different equivalent depths. Most secondary MU check programs take the equivalent depths from Pinnacle and give you the MUs based on non CT based homogeneous physics with the equivalent depth, and because of this they cannot fully take into consideration the other physical processes, i.e. backscatter, fluence and or spectrum changes, etc...

2. Check the point in reference to the block edges: I understand that the measurement is at isocenter, but that does not always mean that isocenter is in the center of the unblocked area. This can be a challenge for small fields, and 4.7/4.8 cm^2 fields are pretty small < 2.5 cm diameter circle. I am assuming with an area so small that you are using cerr blocks and not mlc. mlc even with the ultra fine leaves of modern collimators will have strange physics for blocking that small due to the leaf edges.

3. Check to see if the blocks are both custom: What I mean by this is that for parallel opposed beams if you have drawn 2 similar blocks instead of just copying the beams and blocks then the difference in the blocks could make a slight difference in the MU, usually < 1 MU difference, but it could be the difference in rounding to the next MU, and remember that when you are work with small MUs 1 MU > 1 %.

4. When the machine was modeled in Pinnacle was the gantry position dependence modeled into it? There is a slight change in output at different gantry angles. Most if not all physicists verify that this is < 2% during their annuals. While the +/- 2% may not make up for the change, it may add to the other unknowns. Though I really am not sure how many people model this into the planning system, and I am not certain that Pinnacle has the ability to take the gantry dependence into account, so this is probably not the culprit, but thought it might be worth mentioning.

Finally evaluate what you are seeing, You say that your secondary MU verification says that the fields should be ~ 3% different from each other, but what does that equate to in MU? +/- 3% of 77 MU -> 79.31 MU and 74.76 MU, these would round to 79 and 75 MU. Is 2 MU when part of a multi-field treatment plan significant (I am assuming that these are 2 of at least a 4 field if not 6 or 8 field plan)? Probably not. Though I do understand your concern, if these are off, how can we be sure the others are on? I have to think that the treatment planning system should be closer than the secondary MU

verification program.

Anyway I hope that I understood your problem/question and that I did not waste mine and everyone else's time with this response. But if this is your question, then I think that checking these things will lead you closer to finding yur answer.

Cameron

On 4/10/07, **Metzger** <metzger@strahlentherapie-coburg.de> wrote:

> all beams hetero
>
> hugo.tremblay@ssss.gouv.qc.ca schrieb:
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> > (See attached file: metzger.vcf)
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> >
> > Hello,
> >
> > All beam hetero or homo?
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> > *Metzger <metzger@strahlentherapie-coburg.de>*
> > Envoyé par : owner-pinnacle-users@explode.unsw.edu.au
> >
> > 04/10/2007 05:23 AM
> > Veuillez répondre à
> > pinnacle-users@explode.unsw.edu.au
> >
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> >
> > A
> > pinnacle <pinnacle-users@explode.unsw.edu.au>
> > cc
> >
> > Objet
> > MU-problem
> >
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> >
> > dear listers,

> I just checked a plan including a small field (4.8 equ.square, 18X,
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> (pinnacle version 7.4f)
> Martin
>
> --
>

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De:	Yenice, Kamil
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT/DMPO questions
Fecha:	martes, 10 de abril de 2007 17:56:25
Archivos adjuntos:	

We are using Pinnacle 8.0 DMPO to treat a large prostate bed + nodes. If I allow DMPO to split the fields with a 1cm or 2cm junction I get large hot spots at the field junctions. Does anyone know of a way to minimize this problem?

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Hania Al-Hallaq, Ph.D.

Instructor

University of Chicago Medical Center

Department of Radiation and Cellular Oncology

5758 South Maryland Avenue

Chicago, IL 60637

Ph.: 773-702-3309

FAX: 773-834-7299

De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT/DMPO questions
Fecha:	martes, 10 de abril de 2007 18:13:07
Archivos adjuntos:	image001.jpg

Dr. Al-Hallaq,

We use the technique that Philips talks about quite frequently with our wide pelvis and head and neck plans. We do have some clinical sites that do not want this technique used in the head and neck region due to the increased transmission. We have other clinical sites that are okay with this being used in all regions.

To go about using this technique, first run your plan in intensity modulation to set your field widths. Next, set all of your beams to DMPO and tell the system not to move the jaws or split the fields. You will then see that your MLC's are meeting in the center of the field rather than under the jaw. A downfall is that there **is** a max width that you can treat. If you have a max width over 28-29 cm and your try this technique you will get an instant fatal system error once you set the optimization method to DMPO. We have seen some head and neck plans that just do not come back adequately after going to DMPO. In these cases we have used either the limited field technique or split field technique.

Another option you might want to try is just limiting your field size to 14 on all beams. All of your PTV will not be covered in every beam but as long as you have a sufficient number of beams (usually 7) your plan should turn out okay. Please feel free to contact me if you have any questions.

Regards,

Radiation Oncology Resources

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager

Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Yenice, Kamil
Sent: Tuesday, April 10, 2007 11:40 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT/DMPO questions

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Instructor

University of Chicago Medical Center

Department of Radiation and Cellular Oncology

5758 South Maryland Avenue

Chicago, IL 60637

Ph.: 773-702-3309

FAX: 773-834-7299

De:	Hobie Shackford
A:	Pinnacle Users List; IMPAC List;
Cc:	
Asunto:	Alternate IMPAC import route for pdf files
Fecha:	martes, 10 de abril de 2007 19:10:02
Archivos adjuntos:	

I have followed the various threads involving getting Pinnacle plans into IMPAC but since all involved the eScan module that we do not have I filed them away for future use. Then this past weekend as I was filling out our IMRT verification report template in IMPAC eScribe it dawned on me that I was working in Word. Word can imbed a pdf file in it's document.

I tried generating a MAPCHECK report as a pdf file (an option on the print preview window) then I clicked on the command string Insert/Object/Create from File to browse to the report pdf file. When I selected the file, clicked OK the report was placed in the report as an icon (another computer just inserted a box with the file name). If you double click on the icon the report opens up in Acrobat Reader (I put that instruction in the eScribe doc).

I then tried this with a plan exported and converted as discussed in the most recent Pinnacle thread (using PDFCreator). In this case the first page of the report showed up on the IMPAC eScribe document. Double clicking on the report page opened the whole report in Acrobat. The plan was a simple 2-beam test case and I added a DVH page and a page of 2-D images (4 on 1) and the entire combined document (eScribe doc plus imbedded plan pdf)came up to 1.6 MB.

The only issue I had with the pdf plan report was that the images came out slightly compressed in the horizontal direction. Is this normal?

Hobie Shackford
NorthMain Radiation Oncology
Providence, RI

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT/DMPO questions
Fecha:	miércoles, 11 de abril de 2007 2:10:52
Archivos adjuntos:	

We are currently using dmpo and not splitting fields. DMPO seems to be smart enough to "smear" the MLC junction so that there are no unwanted "hot spots" in the plan. These have been consistanly verified with film dosimetry and processed in our RIT software. We used to split fields before we were aware that DMPO could do the job. We did not experience the hot spots that you are referencing. Good luck!

Pat

>From: "Yenice, Kamil" <kyenice@radonc.bsd.uchicago.edu>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: IMRT/DMPO questions
>Date: Tue, 10 Apr 2007 10:40:04 -0500
>
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>
>Hania Al-Hallaq, Ph.D.
>
>Instructor

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>
>5758 South Maryland Avenue
>
>Chicago, IL 60637
>
>Ph.: 773-702-3309
>
>FAX: 773-834-7299
>
>
>

De:	jianrong dai
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT/DMPO questions
Fecha:	miércoles, 11 de abril de 2007 3:38:49
Archivos adjuntos:	

The apparent cause of hot spots is beam splitting. But the real cause may be something else. One highly possible cause is that the optimization does not converge. For a large target, the number of optimization parameters (ie, the number of pencil beams) may increase to more than 10,000, or even more than 20,000. For such cases, you need to increase the number of convolutions to 30, or even 40. Otherwise, the optimization process may not converge,and you may get hot spots/cold spots in the target.

Jianrong

--- "Yenice, Kamil" <kyenice@radonc.bsd.uchicago.edu> wrote:

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> Instructor
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> 5758 South Maryland Avenue
>
> Chicago, IL 60637
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> FAX: 773-834-7299

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>

De:	Matthew Williams
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT/DMPO questions
Fecha:	miércoles, 11 de abril de 2007 3:52:31
Archivos adjuntos:	

We currently use DMPO to treat without split fields on our Varian EX. Our IMRT verifications show that there is leaf-end leakage present in the field, Pinnacle predicts the leakage but with our current beam and MLC model it is underestimated by approximately 10-15%, plus it is highly dependent on the mechanical calibration of the MLC.

The positioning of the closed leaf-pairs in DMPO are determined based on the mid-points of the top-most and bottom most leaf-openings. In theory closed leaf-ends from multiple segments can be superimposed onto each other, and we have observed closed leaf-ends from multiple segments placed within 1-2mm of each other creating a narrow strip of unintentional high dose through the centre of the field, which fortunately in this case was running parallel to and not coinciding with the spinal cord. The total dose resulting from this strip was approximately 3-4 Gy (from memory), which we informed our Oncologist of and had them approve prior to treatment. We have informally been told that there maybe future development of DMPO to provide a more "intelligent" method of placing the closed leaf pairs so as to avoid large local leakage.

Matthew Williams, PhD.
Medical Physicist

Illawarra Cancer Care Centre
The Wollongong Hospital
Private Mail Bag 8808
South Coast Mail Centre NSW 2521
Ph: +61 2 4222 5704
Fax: +61 2 4222 5793

From: owner-pinnacle-users@explode.unsw.edu.au

[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Yenice, Kamil
Sent: Wednesday, 11 April 2007 1:40 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT/DMPO questions

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addresses contained within.

This email, and the files transmitted with it, are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you are not the intended recipient, you are not permitted to distribute or use this email or any of its attachments in any way. We also request that you advise the sender of the incorrect addressing.

This email message has been virus-scanned. Although no computer viruses were detected, South Eastern Sydney and Illawarra Area Health Service accept no liability for any consequential damage resulting from email containing any computer viruses.

De:	Metzger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: RE MU-problem (closing remarks)
Fecha:	miércoles, 11 de abril de 2007 13:24:53
Archivos adjuntos:	metzger.vcf

First thanks to all who replied!

Apparently some technical informations missed:
- the equivalent square of 4.8 resp. 4.7 cm was meant to be a length not an area (smallest field diameter is 3.4 cm)
- my dose reference point coincides with the isocenter
- the dose point for both lateral beams in question are slightly asymmetric with respect to nearest field boundary (1.5 cm versus 1.9 cm distance)
- the trial consists of 4 beams with gantry angles of 0° / 180° / 270° / 90°; one isocenter
- weighting was set to dose not to MU (the indicated MU's refer to identical dose)
- I calculated internally with a dose 10 times larger, so rounding errors are in my case less than 0.2 %
- accelerator is Siemens Primus with MLC; 1cm leaf width at isocenter
- grid resolution 4mm in every dimension; CT-slice distance 3 mm
- dose engine: adaptive convolve

As Cameron suggested I calculated the same trial homogeneous for all beams and moreover compared dose engines 'cc convolution ' (CC) and 'adaptive convolve' (AC). With it I have 4 different calculation types: (AC-homo/CC-homo/AC-hetero/CC-hetero) for every of my 4 fields. As result I looked at the difference of the MU/cGy between Pinnacle and my external MU-program stated in percent. Rounding errors are less than 0.2 %. AC-hetero was my initial setup.

I found following differences (gantry 0° / 180° / 270° / 90°):

AC-homo	-0.9%	-0.9%	-1.6%	-1.6%	
CC-homo	-0.4%	-0.3%	-0.8%	-0.8%	
AC-hetero	-0.2%	+0.2%	+0.5%	-3.1%	!!!
CC-hetero	+0.2%	+0.2%	+0.1%	-0.1%	

Everything looks fine except AC-hetero, gantry 90° which was my initial problem. And in this case my external MU program seems to be consistent

with input data. So I don't really know what's going wrong. My only poor conclusion from this is: Don't trust a computer.

Martin

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> (pinnacle version 7.4f)
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De:	Simpson, Larry D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: POTENTIAL SPAM: Re: RE MU-problem (closing remarks)
Fecha:	miércoles, 11 de abril de 2007 14:29:28
Archivos adjuntos:	

Martin

...do you have a high density skin marker on the skin at the 90deg gan angle, that 'shadows' the 'point'[calcvoxel] of calculation done at this iso 'point'[calcvoxel]?

Regards,...Larry

Larry D. Simpson, Ph.D., DABR, DABMP
Chief, Medical Physics
Helen F. Graham Cancer Center
Newark DE 19713
(302) 545-3870 ... Cell
- LSimpson@ChristianaCare.org -

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Metzger
Sent: Wednesday, April 11, 2007 7:14 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: POTENTIAL SPAM: Re: RE MU-problem (closing remarks)

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De:	Metzger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Re: RE MU-problem (closing remarks)
Fecha:	miércoles, 11 de abril de 2007 16:13:15
Archivos adjuntos:	metzger.vcf

---

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> ##
> To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
> unsubscribe pinnacle-users <e-mail address>
> to majordomo@explode.unsw.edu.au.
>
> Note: To avoid non-delivery error messages being sent to all list
> members, the list has been configured so that messages can only be
> sent from a subscribed account. Messages sent from a users secondary
> account will not be distributed unless that account is also subscribed.
>
##
>
>

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De:	Cameron Ditty
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Re: RE MU-problem (closing remarks)
Fecha:	miércoles, 11 de abril de 2007 17:25:12
Archivos adjuntos:	

Martin,

By checking with all of the different modifiers you should have eliminated setup up errors, but just in case check to see if you have the tray factor somehow in for that beam. I think for Siemens the tray factor for 18x ~ 2+ %. I would not expect this because it should show up in the other calculations unless you did not re-export it to the external MU verification program, and the others were exported fine. Also with Pinnacle, if you made changes i.e. removing a block/tray but did not save it before you sent it it would export the plan before the change, then of course the other plans would have exported with the change. It is a long shot, but something that happens fairly frequently(the save not save thing anyway). So I would re-export your original plan if you have not done so already just in case. Also, if you are not sick of looking into this, the actual MUs calculated and not just % diff may be informative about what is happening.

Cameron

On 4/11/07, **Metzger** <metzger@strahlentherapie-coburg.de> wrote:

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> asymmetric with respect to nearest field boundary (1.5 cm versus 1.9 cm
> distance)
> - the trial consists of 4 beams with gantry angles of 0° / 180° / 270°
> / 90°; one isocenter
> - weighting was set to dose not to MU (the indicated MU's refer to
> identical dose)
> - I calculated internally with a dose 10 times larger, so rounding
> errors are in my case less than 0.2 %
> - accelerator is Siemens Primus with MLC; 1cm leaf width at isocenter
> - grid resolution 4mm in every dimension; CT-slice distance 3 mm
> - dose engine: adaptive convolve
>
> As Cameron suggested I calculated the same trial homogeneous for all
> beams and moreover compared dose engines 'cc convolution ' (CC) and
> 'adaptive convolve' (AC). With it I have 4 different calculation types:
> (AC-homo/CC-homo/AC-hetero/CC-hetero) for every of my 4 fields. As
> result I looked at the difference of the MU/cGy between Pinnacle and my
> external MU-program stated in percent. Rounding errors are less than 0.2
> %. AC-hetero was my initial setup.
>
> I found following differences (gantry 0° / 180° / 270° / 90°):
> AC-homo - 0.9% -0.9% -1.6% -1.6%
> CC-homo -0.4% -0.3% -0.8% -0.8%
> AC-hetero -0.2% +0.2% +0.5% -3.1% !!!
> CC-hetero +0.2% +0.2% +0.1% -0.1%
>
> Everything looks fine except AC-hetero, gantry 90° which was my initial
> problem. And in this case my external MU program seems to be consistent
> with input data. So I don't really know what's going wrong. My only poor
> conclusion from this is: Don't trust a computer.
>
> Martin
>
>
>
>> dear listers,
>> I just checked a plan including a small field (4.8 equ.square, 18X,
>> 20.50cm radiol. depth, 45.6cGy at Isocenter) from 270 degree an its
>> opposing field from 90 degree (4.7 equ.square, 18X, 19.51cm radiol.
>> depth, 45.7cGy at Isocenter). Actually its a prostate patient - no
>> implant everything looks symmetrically. There is a little gas in the
>> rectum but with respect to the isocenter approximatly symmetrically.
>> From my external MU-programm I would expect a difference of about 3%
>> which I checked also against my base-data. Pinnacle gives me 77.0 MU for
>> both fields! The difference of output-factor and tpr due to the

>> different equivalent squares should be about 0.5%
>> Of course this is not clinicaly relevant, but perhaps someone has an
>> idea what else I should check.
>> (pinnacle version 7.4f)
>> Martin
>>
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>
>
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##
>
>

De:	Metzger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: RE MU-problem (closing remarks)
Fecha:	jueves, 12 de abril de 2007 8:45:49
Archivos adjuntos:	metzger.vcf

Our MU-program is not smart enough to detect automatically if there is an tray. And actually I calculated without tray (it's an MLC field). But it could be an possible error. The actual MUs for both fields in Pinnacle are 77. Field 90° would be 74.6 MU.

Martin

Cameron Ditty schrieb:
> Martin,
>
> By checking with all of the different modifiers you should have
> eliminated setup up errors, but just in case check to see if you have
> the tray factor somehow in for that beam. I think for Siemens the
> tray factor for 18x ~ 2+ %. I would not expect this because it should
> show up in the other calculations unless you did not re-export it to
> the external MU verification program, and the others were exported
> fine. Also with Pinnacle, if you made changes i.e. removing a
> block/tray but did not save it before you sent it it would export the
> plan before the change, then of course the other plans would have
> exported with the change. It is a long shot, but something that
> happens fairly frequently(the save not save thing anyway). So I would
> re-export your original plan if you have not done so already just in
> case. Also, if you are not sick of looking into this, the actual MUs
> calculated and not just % diff may be informative about what is
> happening.
>
> Cameron
>
> On 4/11/07, *Metzger* <metzger@strahlentherapie-coburg.de
> <mailto:metzger@strahlentherapie-coburg.de>> wrote:
>
> no, the skin marker is at least 10 cm outside the field
>
> Simpson, Larry D. schrieb:
> > Martin

> >
> > ...do you have a high density skin marker on the skin at the
> 90deg gan angle, that 'shadows' the 'point'[calcvoxel] of
> calculation done at this iso 'point'[calcvoxel]?
> >
> > Regards,...Larry
> >
> > Larry D. Simpson, Ph.D., DABR, DABMP
> > Chief, Medical Physics
> > Helen F. Graham Cancer Center
> > Newark DE 19713
> > (302) 545-3870 ... Cell
> > - LSimpson@ChristianaCare.org <mailto:LSimpson@ChristianaCare.org> -
> >
> >
> > -----Original Message-----
> > From: owner-pinnacle-users@explode.unsw.edu.au
> <mailto:owner-pinnacle-users@explode.unsw.edu.au>
> [mailto:owner-pinnacle-users@explode.unsw.edu.au
> <mailto:owner-pinnacle-users@explode.unsw.edu.au>] On Behalf Of
> Metzger
> > Sent: Wednesday, April 11, 2007 7:14 AM
> > To: pinnacle-users@explode.unsw.edu.au
> <mailto:pinnacle-users@explode.unsw.edu.au>
> > Subject: POTENTIAL SPAM: Re: RE MU-problem (closing remarks)
> >
> >
> >
> > First thanks to all who replied!
> >
> > Apparently some technical informations missed:
> > - the equivalent square of 4.8 resp. 4.7 cm was meant to be a
> length not
> > an area (smallest field diameter is 3.4 cm)
> > - my dose reference point coincides with the isocenter
> > - the dose point for both lateral beams in question are slightly
> > asymmetric with respect to nearest field boundary (1.5 cm versus
> 1.9 cm
> > distance)
> > - the trial consists of 4 beams with gantry angles of 0° / 180°
> / 270°
> > / 90°; one isocenter
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> >
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> > result I looked at the difference of the MU/cGy between Pinnacle
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> >
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> > CC-homo -0.4% -0.3% -0.8% -0.8%
> > AC-hetero -0.2% +0.2% +0.5% -3.1% !!!
> > CC-hetero +0.2% +0.2% +0.1% -0.1%
> >
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> >
> > Martin
> >
> >
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> >> both fields! The difference of output-factor and tpr due to the
> >> different equivalent squares should be about 0.5%
> >> Of course this is not clinicaly relevant, but perhaps someone
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> >> (pinnacle version 7.4f)
> >> Martin
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De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Annotation Software
Fecha:	martes, 17 de abril de 2007 17:27:04
Archivos adjuntos:	

Hello List Members,

Can anyone recommend inexpensive/free easy to use windows software which will provide some basic annotation features for Pinnacle isodose line pictures for presentation purposes?

Thanks,

Joe Herrick
Reno, Nevada

De:	Cameron Ditty
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Annotation Software
Fecha:	martes, 17 de abril de 2007 17:29:28
Archivos adjuntos:	

Check out Inkscape, you can get it from download.com. It will convert your images to vector graphics. This will allow you to resize with very minimal pixelization, annotate, then export it to different image formats. The best part is it's price, free.

Cameron

On 4/17/07, **Joe Herrick** <herrick_js@hotmail.com> wrote:

> Hello List Members,
>
> Can anyone recommend inexpensive/free easy to use windows software which will provide some basic annotation features for Pinnacle isodose line pictures for presentation purposes?
>
> Thanks,
>
> Joe Herrick
> Reno, Nevada

De:	Hanson, Benjamin
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Pinnacle Plan Parameters
Fecha:	martes, 17 de abril de 2007 21:22:41
Archivos adjuntos:	

I'm wondering if anyone could help me out and explain to me a few of the parameters listed when you print out a Pinnacle Plan. On the sheet that lists paramters for Beam Setup, Beam Geometry, Collimators, Modifiers, and Dose, a few of the Dose parameters are confusing. What exactly do the following parameters specify?:

Model - under one beam of the example plan I'm looking at, it says *13.7012 cm and the other beam says Multiple
Models.
Total Transmission Factor - is listed as 1.000 but exactly what is this transmission through and encompass?
Meas Ref Point Dose (cGy/MU) - is listed as "--"

I've consulted the pdfs on the cds that we have for Pinncacle but they don't really go into detail unless I'm overlooking something. Any help would be greatly appreciated.

Thanks You,
Ben Hanson, MS
Physicist

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De:	Richards, Paul
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Plan summary sheet question
Fecha:	martes, 17 de abril de 2007 21:58:40
Archivos adjuntos:	

Hello all,

Is it possible to have the "daily dose" print out on the "Plan Summary Sheet" when the plan is IMRT ... just like it does when the plan is 3-D?

Is it possible to change the field sizes in the "Plan Eval DRR's" section to any field size? (It defaults to 10x10 and I would like to set this smaller at times)

Thanks!

Paul Richards, BS,CMD,RT(T)
prichards@stfranciscare.org
Radiation Oncology/Physics
Saint Francis Hospital
860.714.1519 direct
860.714.4763 common area

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De:	Lana Kruger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Plan summary sheet question
Fecha:	martes, 17 de abril de 2007 22:00:23
Archivos adjuntos:	

Hi Paul,
In the plan eval window, right click, select the tool that looks like a field with a crosshair, then click and drag the x or y jaw to the size you would like, the only disadvantage is that you can't assym the jaws. Hope this helps.
Lana

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Richards, Paul
Sent: Tuesday, April 17, 2007 1:43 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Plan summary sheet question

Hello all,

Is it possible to have the "daily dose" print out on the "Plan Summary Sheet" when the plan is IMRT ... just like it does when the plan is 3-D?

Is it possible to change the field sizes in the "Plan Eval DRR's" section to any field size? (It defaults to 10x10 and I would like to set this smaller at times)

Thanks!

Paul Richards, BS,CMD,RT(T)
prichards@stfranciscare.org
Radiation Oncology/Physics
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De:	Potari, Vassiliki
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Adac to Mapcheck
Fecha:	miércoles, 18 de abril de 2007 21:24:02
Archivos adjuntos:	

Hi all

We are using Pinnacle v.7.4f. We recently bought a Mapcheck to use for IMRT QA. In the instructions for creating a qa plan to be imported to Mapcheck, it says that we should add a dose plane for each beam and select the "Phantom" option. So far, we've been adding only one plane and selecting "Primary data".
Does anybody have any input on this?

Thank you very much,

Vassiliki Potari
Department of Radiation Oncology
Danbury Hospital
Danbury, CT

De: rkover1@comcast.net

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: Adac to Mapcheck

Fecha: miércoles, 18 de abril de 2007 21:54:57

Archivos adjuntos:

We use "Primary Data" for the composite film: all beams at their respective gantry angles, and "Phantom" for the individual field films, each pointing straight down. Note: we use films instead of MapCheck, so I would select the "Phantom" option in your case.

doc

> ---------- Original message ----------
> From: "Potari, Vassiliki" <Vassiliki.Potari@danhosp.org>
>
> > Hi all
> >
> > We are using Pinnacle v.7.4f. We recently bought a Mapcheck to use for IMRT QA.
> > In the instructions for creating a qa plan to be imported to Mapcheck, it says
> > that we should add a dose plane for each beam and select the "Phantom" option.
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> > Does anybody have any input on this?
> >
> > Thank you very much,
> >
> > Vassiliki Potari
> > Department of Radiation Oncology
> > Danbury Hospital
> > Danbury, CT
> >
> >
> >
> >
> >

De:	Ostapiak Orest
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Adac to Mapcheck
Fecha:	miércoles, 18 de abril de 2007 22:16:45
Archivos adjuntos:	

We add a single plane and use the "Primary data" option as well. This is fine as long as you have first copied your plan to a Phantom CT data set that represents your actual irradiation geometry.

Orest.
Juravinski Cancer Centre,
Hamilton, ON.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Potari, Vassiliki
Sent: Wednesday, April 18, 2007 3:16 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Adac to Mapcheck

Hi all

We are using Pinnacle v.7.4f. We recently bought a Mapcheck to use for IMRT QA. In the instructions for creating a qa plan to be imported to Mapcheck, it says that we should add a dose plane for each beam and select the "Phantom" option. So far, we've been adding only one plane and selecting "Primary data".
Does anybody have any input on this?

Thank you very much,

Vassiliki Potari
Department of Radiation Oncology
Danbury Hospital
Danbury, CT

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De:	Potari, Vassiliki
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	More on Adac to Mapcheck
Fecha:	miércoles, 18 de abril de 2007 23:25:39
Archivos adjuntos:	

Hi again,
Thanks for all the responses.
Let me take a step back and describe the QA plan process as I think can be done for Mapcheck.

To simulate the Mapcheck and 10cm added solid water buildup, I scanned a solid water phantom, and created a reference point right at the geometric center and at a depth of 10cm from the surface of the phantom, corresponding to the center detector. The distance from that point to the table is 3cm, as the total bascatter of the instrument plate is 2.7g/cm2. (When I irradiate the Mapcheck, I am going to add 8cm of solid water, as the inherent build up to the detector junction is 2g/cm2).
The length and width of the solid water slabs are slightly over those of Mapcheck , but i don't think that this is going to make a big difference in the scatter conditions.
I would copy the patient plan to this phantom, set the beam angles to 180 (gantry on top), set my Px to total Mus, set me grid resolution to as large as possible,(it won't take 0.1cm, maybe .2cm) and compute.
Then I was going to add a single plane, select Primary data and sample trial,set my SSD to 90cm, my SPD to 100cm and compute.
We have been following the same process with a different phantom.

Is this correct for Mapcheck?

Thank you all again,

Vassiliki

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##

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: More on Adac to Mapcheck
Fecha:	jueves, 19 de abril de 2007 14:19:51
Archivos adjuntos:	

What's wrong with using the planar dose function in IMRT, adding one plane per field, setting SPD, SSD, resolution, and calculate?
Seems a whole lot easier. The output is in cGy/MU.

Also - Sun recommends using no more than 5 cm of stuff on top to reduce the radiation dose to the electronics.

Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Potari, Vassiliki
Sent: Wednesday, April 18, 2007 3:20 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: More on Adac to Mapcheck

Hi again,
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##

De:	DAVID E WEIMER
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Adac to Mapcheck
Fecha:	jueves, 19 de abril de 2007 14:20:34
Archivos adjuntos:	

Vassiliki,

When I first started doing IMRT QA on Pinnacle plans, I was told to use Primary Data and not Phantom. At the time, I was doing film an each individual field, with the gantry at 180 (up at our center). But now I cannot remember why I was told to use Primary and not Phantom. I have asked and will get back to you with a response.

Since I had a case to QA, I also used Phantom for one of the fields and compared it to what was acquired on MapCheck. It passed, but it just does not look like what I am getting on mapcheck or what I was getting when scanning films.

Dave Weimer
Sentara CarePlex Hospital
Hampton, Virginia

>>> "Potari, Vassiliki" <Vassiliki.Potari@danhosp.org> 4/18/2007 3:16 PM >>>
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Vassiliki Potari
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Danbury Hospital
Danbury, CT

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members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Adac to Mapcheck
Fecha:	jueves, 19 de abril de 2007 14:49:00
Archivos adjuntos:	

If I had to guess, I would say that the spatial frequencies you see on film and mapcheck are higher than what Pinnacle predicts. We generally do scanning with chambers with a few mm diameter, and make the Pinnacle model based on these smudged profiles.

Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of DAVID E WEIMER
Sent: Thursday, April 19, 2007 6:16 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Adac to Mapcheck

Vassiliki,

When I first started doing IMRT QA on Pinnacle plans, I was told to use Primary Data and not Phantom. At the time, I was doing film an each individual field, with the gantry at 180 (up at our center). But now I cannot remember why I was told to use Primary and not Phantom. I have asked and will get back to you with a response.

Since I had a case to QA, I also used Phantom for one of the fields and compared it to what was acquired on MapCheck. It passed, but it just does not look like what I am getting on mapcheck or what I was getting when scanning films.

Dave Weimer
Sentara CarePlex Hospital
Hampton, Virginia

>>> "Potari, Vassiliki" <Vassiliki.Potari@danhosp.org> 4/18/2007 3:16 PM >>>

Hi all

We are using Pinnacle v.7.4f. We recently bought a Mapcheck to use for IMRT QA.
In the instructions for creating a qa plan to be imported to Mapcheck, it says that we should add a dose plane for each beam and select the "Phantom" option. So far, we've been adding only one plane and selecting "Primary data".
Does anybody have any input on this?

Thank you very much,

Vassiliki Potari
Department of Radiation Oncology
Danbury Hospital
Danbury, CT

##
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##

De:	Montgomery, Wendy
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT/DMPO questions
Fecha:	jueves, 19 de abril de 2007 15:42:18
Archivos adjuntos:	

Yes, we do have a solution for your problem. 1. DMPO is limited in it's ability for large fields. As anyone would know with IMRT you need to spread your fields out equally so every beam gets an individual view of the PTV. Individuals that use set beams that are not spread most certainly will optimize a percentage of the time but will be limited on occasion based upon gradients which you are now seeing. DMPO with large PTV's will produce large gradients due to the fact that the software was developed to minimize segments. I would not use DMPO in this situation, I would go ahead and spread my beams 50 degrees apart and let the beams split, use standard optimization and then convert seperately. If you have any questions with this procedure, please give me a call @ 229-291-1087.

Ken Morse, CMD

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Yenice, Kamil
Sent: Tue 4/10/2007 11:40 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT/DMPO questions

We are using Pinnacle 8.0 DMPO to treat a large prostate bed + nodes. If I allow DMPO to split the fields with a 1cm or 2cm junction I get large hot spots at the field junctions. Does anyone know of a way to minimize this problem?

Also, Philips support told me that DMPO could treat this tumor without splitting the fields. Does anyone currently use this technique and if so, what are the pitfalls you've encountered? My mapcheck measurements do show that there is more leakage at MLC junctions than calculated by Pinnacle. We are trying to determine the clinical significance of such leakage?

Hania Al-Hallaq, Ph.D.

Instructor

University of Chicago Medical Center

Department of Radiation and Cellular Oncology

5758 South Maryland Avenue

Chicago, IL 60637

Ph.: 773-702-3309

FAX: 773-834-7299

De:	kidphysics@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Using Pinnacle with MapCheck
Fecha:	jueves, 19 de abril de 2007 19:46:13
Archivos adjuntos:	

Vassiliki,

Let me share some of our ideas on ADAC/MapCheck QA with you.

The MapCheck measuring array is arranged in a plane perpendicular to the central ray of the beam at a certain water equivalent depth. We use 5cm plastic buildup in addition to the inherent buildup in the device. In testing the system initially, I found that adding the 5cm results in much better agreement than no buildup. To calculate the dose mapping at that measurement plane using ADAC, the Planar Dose Function (Utilities>Planar Dose) can be used. What the planar dose function does is calculate the dose mapping in a plane perpendicular to the central ray at the distance and water equivalent depth you specify. It is therefore gantry angle independent. What I mean by this is you can calculate the planar dose at any gantry angle and measure the dose mapping with MapCheck at that or any other angle. The planar dose angle and measurement gantry angle do not need to be the same. Since we measure all beams with 0 degree gantry angle and 0 degree collimator, we actually copy the calculation trial, assign the name "MapCheck" to it and set all the gantry and collimator angles to 0. We export that trial to the Record and Verify system and use it for the MapCheck testing. If we had the Isocenter Mounting System for MapCheck that mounts the unit directly to the head or would override the R&V to allow treatment of the beam at 0 degrees, we wouldn't even bother making another trial.

To calculate planar doses:

Utilities>Planar Dose

In the Dose table:
Resolution: 0.2
Dimension X: 110
Dimension Y: 110
(this sets the calculation window to the size of the MapCheck with

2mm resolution)

In the Plane tab:
Put in the name of your beam
Choose the correct beam associated with it
Choose "Phantom" in the dropdown menu
Here's the tricky part...enter the SPD and SSD. The definitions and calculation techniques are in the MapCheck user's manual.

Make sure you use ASCII as the output type
Enter the directory and file name. Note: under the p3rtp directory we created a mapcheck directory and for each new patient we create a subdirectory with the patient's name and creation date. Trust me…. you save a lot of headaches doing this.

Note: the above can be scripted and will save you lots of time.

Hope this helps,

Bob

Robert W. Luthmann, Ph.D.
OakWood Center Radiation Oncology
Mechanicsburg, PA
717-691-3235

Robert W. Luthmann, Ph.D.
OakWood Center Radiation Oncology
Mechanicsburg, PA
717-691-3235

De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Beam Data Collection for Siemens Virtual Wedge
Fecha:	jueves, 19 de abril de 2007 19:55:09
Archivos adjuntos:	

Hi Pinnacle and Siemens Users,

I am getting ready to collect data for beam modeling for Siemens Virtual Wedge in Pinnacle. My plan is to measure the recommended scan data as specified by Philips with the Wellhofer LDA-99 (linear diode array) in the Blue Water Tank. My question is, does anyone have a recommendation for number of monitor units to use for each wedge profile?

I am concerned because the number of MU's will determine the dose rate variation during radiation and if the low or high dose rate page is used for soft pot settings (along with beam energy, field size, and wedge angle of course). Although these soft pot settings are identical for the high and low dose rate pages and the machine has been tested to verify wedge delivery accuracy throughout the dose rate range, I am slightly uncomfortable with just picking some kind of clinically relevant but also somewhat random number of MU's to use during beam profile measurements. Is 100 MU for all wedge angles and all field sizes reasonable or am I missing something? (note Siemens Virtual Wedge Factors are approx 1.00 relative to same open field size)

I would greatly appreciate any comments or suggestions from others who have collected beam profile data for Siemens Virtual Wedge.

Thanks,

Joe Herrick
Reno, NV

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##

De:	Wang, Xiaofang
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Using Pinnacle with MapCheck
Fecha:	jueves, 19 de abril de 2007 21:18:15
Archivos adjuntos:	

What is the tolerance (discrepancy in ?mm, ?%, passing rate)?
Thanks.
X.Wang
Physics, Sudbury, Canada

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** kidphysics@aol.com
Sent: Thursday, April 19, 2007 1:38 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Using Pinnacle with MapCheck

Vassiliki,

Let me share some of our ideas on ADAC/MapCheck QA with you.

The MapCheck measuring array is arranged in a plane perpendicular to the central ray of the beam at a certain water equivalent depth. We use 5cm plastic buildup in addition to the inherent buildup in the device. In testing the system initially, I found that adding the 5cm results in much better agreement than no buildup. To calculate the dose mapping at that measurement plane using ADAC, the Planar Dose Function (Utilities>Planar Dose) can be used. What the planar dose function does is calculate the dose mapping in a plane perpendicular to the central ray at the distance and water equivalent depth you specify. It is therefore gantry angle independent. What I mean by this is you can calculate the planar dose at any gantry angle and measure the dose mapping with MapCheck at that or any other angle. The planar dose angle and measurement gantry angle do not need to be the same. Since we measure all beams with 0 degree gantry angle and 0 degree collimator, we actually copy the calculation trial,

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Resolution: 0.2
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Note: the above can be scripted and will save you lots of time.

Hope this helps,

Bob

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OakWood Center Radiation Oncology
Mechanicsburg, PA
717-691-3235

Robert W. Luthmann, Ph.D.

OakWood Center Radiation Oncology
Mechanicsburg, PA
717-691-3235

****

De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Plan summary sheet question
Fecha:	lunes, 23 de abril de 2007 16:25:57
Archivos adjuntos:	

Richards, Paul schrieb:
> Hello all,
>
> Is it possible to have the "daily dose" print out on the "Plan Summary
> Sheet" when the plan is IMRT ... just like it does when the plan is 3-D?
>
> Is it possible to change the field sizes in the "Plan Eval DRR's"
> section to any field size? (It defaults to 10x10 and I would like to set
> this smaller at times)

If you want to change the Field Size to a Fix Value e.G. 0cm you can
manage it by scripts

```
WindowList .OrthoDRRs .Create = "Plan Eval DRRs...";
WindowList .QABeamWindowLevel .StateList .Current = 1;
// Select 2nd Point as IZ
TrialList .Current .QABeamList .# "*".Isocenter = 1;
// Select CtToDensityTable
TrialList .Current .QABeamList .# "*".FilmImageList .Current
.NormalDRRSpecs .CtToDensityTable = "Nur Knochen";
TrialList .Current .QABeamList .# "*".FilmImageList .Current
.NormalDRRSpecs .RayInterpolationMode .ShortName = "Smoothest";
// Change Jaw Position
TrialList .Current .QABeamList .# "*".CPManager .LeftJawPosition = 0;
TrialList .Current .QABeamList .# "*".CPManager .TopJawPosition = 0;
```

Bjørne

> Thanks!
>
> Paul Richards, BS,CMD,RT(T)
> prichards@stfranciscare.org
> Radiation Oncology/Physics
> Saint Francis Hospital

> 860.714.1519 direct
> 860.714.4763 common area
>
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account will not be distributed unless that account is also subscribed.
##

De:	tspeck@nrad.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Rectal volume/prostateIMRT
Fecha:	lunes, 23 de abril de 2007 20:26:02
Archivos adjuntos:	

RTOG calls for rectal volume start from anus and contour 15cm above. Others use contour level of PTV+ 4 slices (1 cm) above and below PTV. These seem very different to me when evaluation DVH 50% volume receiving <= 3000. Can anyone comment on what theya re using in clininc? I would usually go by RTOG Thx!

De:	Paule Charland
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT/DMPO questions
Fecha:	martes, 24 de abril de 2007 17:17:46
Archivos adjuntos:	

Hello,

We're just about to start prostate IMRT. I'm new to DMPO and my first impression is that most of the segments don't do much work (MLC oscillates around the starting open position, noise basically). I increase the max number of segments and the software uses them all. I'm confused. How are people using DMPO for prostate? Or is it better to use optimize/modulate first and do the MLC sequencing after?

thanks for any help on that.

Paule

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Montgomery, Wendy
> **Sent:** Thursday, April 19, 2007 9:32 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: IMRT/DMPO questions
>
> Yes, we do have a solution for your problem. 1. DMPO is limited in it's ability for large fields. As anyone would know with IMRT you need to spread your fields out equally so every beam gets an individual view of the PTV. Individuals that use set beams that are not spread most certainly will optimize a percentage of the time but will be limited on occasion based upon gradients which you are now seeing. DMPO with large PTV's will produce large gradients due to the fact that the software was developed to minimize segments. I would not use DMPO in this situation, I would go ahead and spread my beams 50 degrees apart and let the beams split, use standard optimization and then convert seperately. If you have any questions with this procedure, please give me a call @ 229-291-1087.

Ken Morse, CMD

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Yenice, Kamil
Sent: Tue 4/10/2007 11:40 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT/DMPO questions

We are using Pinnacle 8.0 DMPO to treat a large prostate bed + nodes. If I allow DMPO to split the fields with a 1cm or 2cm junction I get large hot spots at the field junctions. Does anyone know of a way to minimize this problem?

Also, Philips support told me that DMPO could treat this tumor without splitting the fields. Does anyone currently use this technique and if so, what are the pitfalls you've encountered? My mapcheck measurements do show that there is more leakage at MLC junctions than calculated by Pinnacle. We are trying to determine the clinical significance of such leakage?

Hania Al-Hallaq, Ph.D.

Instructor

University of Chicago Medical Center

Department of Radiation and Cellular Oncology

5758 South Maryland Avenue

Chicago, IL 60637

Ph.: 773-702-3309

FAX: 773-834-7299

De:	Montgomery, Wendy
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT/DMPO questions
Fecha:	martes, 24 de abril de 2007 19:58:48
Archivos adjuntos:	

Paule,

I have talked to several individuals about DMPO, as you can see larger fields create hot spots throughout the medium in the patient. As you also know, limiting segments creates a gradient larger than one would desire. If you were just starting off with prostates with IMRT, I would suggest optimization/ conversion and staying away from DMPO. If you have a question, give me a call.

Ken Morse, CMD
229-291-1087

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Paule Charland
Sent: Tue 4/24/2007 10:57 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT/DMPO questions

Hello,

We're just about to start prostate IMRT. I'm new to DMPO and my first impression is that most of the segments don't do much work (MLC oscillates around the starting open position, noise basically). I increase the max number of segments and the software uses them all. I'm confused. How are people using DMPO for prostate? Or is it better to use optimize/modulate first and do the MLC sequencing after?

thanks for any help on that.

Paule

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Sent: Thursday, April 19, 2007 9:32 AM
To: pinnacle-users@explode.unsw.edu.au
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Ken Morse, CMD

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Yenice, Kamil
Sent: Tue 4/10/2007 11:40 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT/DMPO questions

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Hania Al-Hallaq, Ph.D.

Instructor

University of Chicago Medical Center

Department of Radiation and Cellular Oncology

5758 South Maryland Avenue

Chicago, IL 60637

Ph.: 773-702-3309

FAX: 773-834-7299

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DMPO questions
Fecha:	martes, 24 de abril de 2007 20:24:35
Archivos adjuntos:	

Paule,

From our experience, DMPO creates dose distributions superior to those produced by the conventional approach. FYI, when we plan prostate with DMPO we normally use 6X, 5 beams, 5-7 segments per beam. This combination of energy/beams/segments is normally sufficient to generate the required dose distribution. Typically, hot spot in the PTV is within 5-10% of the mean dose to the PTV.

Another attractive feature of DMPO is a frequently observed reduction in the total number of MUs as compared to the conventional approach. We are currently using DMPO generated prostate plans with 400-500 MUs.

If you have problems with DMPO, you might want to contact David Granville or Freddie Cordell from the application part of ADAC support.

Vadim Kuperman, Ph.D.

--- "Montgomery, Wendy" <wmontgom@ppmh.org> wrote:

> Paule,
>
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> you can see larger fields create hot spots
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> From: owner-pinnacle-users@explode.unsw.edu.au on
> behalf of Paule Charland
> Sent: Tue 4/24/2007 10:57 AM
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> Subject: RE: IMRT/DMPO questions
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> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au]On
> Behalf Of Montgomery, Wendy
> Sent: Thursday, April 19, 2007 9:32 AM
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>
>
> Hania Al-Hallaq, Ph.D.
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>

De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DMPO questions
Fecha:	martes, 24 de abril de 2007 20:48:53
Archivos adjuntos:	

Paule,
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Regards,
Vicki

Victoria LaCerba, MS, CMD, RT(T)
Clinical Services Manager
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Vadim Kuperman
Sent: Tuesday, April 24, 2007 2:21 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: DMPO questions

Paule,

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Vadim Kuperman, Ph.D.

--- "Montgomery, Wendy" <wmontgom@ppmh.org> wrote:

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> Ken Morse, CMD
> 229-291-1087
>
>
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> From: owner-pinnacle-users@explode.unsw.edu.au on
> behalf of Paule Charland
> Sent: Tue 4/24/2007 10:57 AM
> To: pinnacle-users@explode.unsw.edu.au

> Subject: RE: IMRT/DMPO questions
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> [mailto:owner-pinnacle-users@explode.unsw.edu.au]On
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> Sent: Thursday, April 19, 2007 9:32 AM
> To: pinnacle-users@explode.unsw.edu.au
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> From: owner-pinnacle-users@explode.unsw.edu.au on
> behalf of Yenice, Kamil
> Sent: Tue 4/10/2007 11:40 AM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: IMRT/DMPO questions
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De:	Li Ding
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DMPO questions
Fecha:	martes, 24 de abril de 2007 21:02:35
Archivos adjuntos:	

Paule,

We have done a couple of thousand prostate IMRT plans with DMPO. Our typical settings are: 7 fields, 40 segments, min 5 MU and 4cm2. We have got very good dose uniformities. But DMPO does not work very well for very large targets.

Li Ding, MS
RBOI Ocala Florida

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Victoria LaCerba
Sent: Tuesday, April 24, 2007 2:35 PM
To: pinnacle-users@explode.unsw.edu.au
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De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DMPO questions
Fecha:	martes, 24 de abril de 2007 21:32:22
Archivos adjuntos:	

We also use DMPO exclusively at three centers. Sometimes our dosimetrists will initially optimize with Intensity Modulation once before running DMPO, but our final plan is always generated via DMPO. We have not noticed any problems with dose homogeneity as initially described in this thread. I am looking at a prostate plan right now with 7 beams, 429 total MU's, 69 total segments (70 max), 3 cm min seg area, and 3 minimum segment MU's. This is very typical for our prostate IMRT plans.

Joe Herrick
Reno, NV

>From: "Victoria LaCerba" <vlacerba@roresources.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: RE: DMPO questions
>Date: Tue, 24 Apr 2007 11:35:17 -0700
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De:	Blake Dirksen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DMPO questions
Fecha:	miércoles, 25 de abril de 2007 1:33:45
Archivos adjuntos:	

Paule,
I am going to jump on the DMPO bandwagon as well. (prostates: 7 field set up ,maximum segments=50) We get better plans in MUCH less time and they QA slightly better then before DMPO (possibly due to the fewer MU as mentioned earlier or due to a new phantom we built at the same time... ok it's probably the phantom). We also have noticed the lack of variation in the segments but if the docs love the distribution and it QA's well...

We've also had some success with larger field plans using DMPO and like the time saving that allows us to run multiple trials more efficiently.

When we first got DMPO we ran a LOT of prostate practice plans just playing with the settings to see what really impacted the dose distribution. My suggestion would be to pick a few parameters that matter and run a set of plans to get a feel for how low you can set the segment parameter till you start to notice a degradation in the plan. (you might be surprised how low you can go and get a decent prostate plan!)

blake

>From: "Li Ding" <LDing@rboi.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: RE: DMPO questions
>Date: Tue, 24 Apr 2007 14:43:38 -0400
>
>Paule,
>
>We have done a couple of thousand prostate IMRT plans with DMPO. Our
>typical settings are: 7 fields, 40 segments, min 5 MU and 4cm2. We have
>got very good dose uniformities. But DMPO does not work very well for
>very large targets.
>
>Li Ding, MS

>RBOI Ocala Florida
>
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Victoria
>LaCerba
>Sent: Tuesday, April 24, 2007 2:35 PM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: RE: DMPO questions
>
>Paule,
> I fully agree with Dr. Kuperman. We use DMPO on almost all of our
>plans. With DMPO we see a far superior dose distribution, fewer monitor
>units, and we can use fewer total number of segments. Very rarely do we
>see a hot spot hotter than 10% like we used to see pre-DMPO. On
>prostates we also usually use 5-7 beams with a max of 10 segments per
>beam. You can run the plan several times with different segments and do
>a comparison. You will find that you can see a happy medium that is
>clinically acceptable. The only plans that we sometimes do not use DMPO
>on are breast plans. Please feel free to contact me if you have any
>other questions.
>
>Regards,
>Vicki
>
>
>Victoria LaCerba, MS, CMD, RT(T)
>Clinical Services Manager
>Radiation Oncology Resources, Inc.
>Direct: 503.883.4111 x 713
>Toll-free: 866.312.3499 x 713
>
>vlacerba@roresources.com
>www.roresources.com
>
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Vadim
>Kuperman
>Sent: Tuesday, April 24, 2007 2:21 PM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: DMPO questions
>
>Paule,
>
>From our experience, DMPO creates dose distributions superior to those

>produced by the conventional approach. FYI, when we plan prostate with
>DMPO we normally use 6X, 5 beams, 5-7 segments per beam. This
>combination of energy/beams/segments is normally sufficient to generate
>the required dose distribution.
>   Typically, hot spot in the PTV is within 5-10% of the mean dose to the
>PTV.
>
>Another attractive feature of DMPO is a frequently observed reduction in
>the total number of MUs as
>compared to the conventional approach.   We are
>currently using DMPO generated prostate plans with 400-500 MUs.
>
>If you have problems with DMPO, you might want to contact David
>Granville or Freddie Cordell from the application part of ADAC support.
>
>
>
>Vadim Kuperman, Ph.D.
>
>
>--- "Montgomery, Wendy" <wmontgom@ppmh.org> wrote:
>
> > Paule,
> >
> > I have talked to several individuals about DMPO, as you can see larger
>
> > fields create hot spots throughout the medium in the patient. As you
> > also know, limiting segments creates a gradient larger than one would
> > desire. If you were just starting off with prostates with IMRT, I
> > would suggest optimization/conversion and staying away from DMPO.
> > If you have a question, give me a call.
> >
> > Ken Morse, CMD
> > 229-291-1087
> >
> >
> > _____
> >
> > From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Paule
> > Charland
> > Sent: Tue 4/24/2007 10:57 AM
> > To: pinnacle-users@explode.unsw.edu.au
> > Subject: RE: IMRT/DMPO questions
> >
> >
> > Hello,

> >
> > We're just about to start prostate IMRT. I'm new to DMPO and my first
> > impression is that most of the segments don't do much work (MLC
> > oscillates around the starting open position, noise basically). I
> > increase the max number of segments and the software uses them all.
> > I'm confused. How are people using DMPO for prostate? Or is it better
> > to use optimize/modulate first and do the MLC sequencing after?
> >
> > thanks for any help on that.
> >
> > Paule
> >
> >
> >
> >
> > -----Original Message-----
> > From: owner-pinnacle-users@explode.unsw.edu.au
> > [mailto:owner-pinnacle-users@explode.unsw.edu.au]On
> > Behalf Of Montgomery, Wendy
> > Sent: Thursday, April 19, 2007 9:32 AM
> > To: pinnacle-users@explode.unsw.edu.au
> > Subject: RE: IMRT/DMPO questions
> >
> >
> > Yes, we do have a solution for your problem. 1.
> > DMPO is limited in it's ability for large fields.
> > As anyone would know with IMRT you need to spread your fields out
> > equally so every beam gets an individual view of the PTV. Individuals
>
> > that use set beams that are not spread most certainly will optimize a
> > percentage of the time but will be limited on occasion based upon
> > gradients which you are now seeing. DMPO with large PTV's will
> > produce large gradients due to the fact that the software was
> > developed to minimize segments. I would not use DMPO in this
> > situation, I would go ahead and spread my beams 50 degrees apart and
> > let the beams split, use standard optimization and then convert
> > seperately. If you have any questions with this procedure, please
> > give me a call @ 229-291-1087.
> >
> > Ken Morse, CMD
> >
> >
> >
> > _____
> >
> > From: owner-pinnacle-users@explode.unsw.edu.au on behalf of

>Yenice,
> > Kamil
> > Sent: Tue 4/10/2007 11:40 AM
> > To: pinnacle-users@explode.unsw.edu.au
> > Subject: IMRT/DMPO questions
> >
> >
> >
> > We are using Pinnacle 8.0 DMPO to treat a large prostate bed +
>nodes.
> > If I allow DMPO to split the fields with a 1cm or 2cm junction I get
> > large hot spots at the field junctions. Does anyone know of a way to
> > minimize this problem?
> >
> >
> >
> > Also, Philips support told me that DMPO could treat this tumor
> > without splitting the fields. Does anyone currently use this technique
>
> > and if so, what are the pitfalls you've encountered? My mapcheck
> > measurements do show that there is more leakage at MLC junctions than
> > calculated by Pinnacle. We are trying to determine the clinical
> > significance of such leakage?
> >
> >
> >
> > Hania Al-Hallaq, Ph.D.
> >
> > Instructor
> >
> > University of Chicago Medical Center
> >
> > Department of Radiation and Cellular Oncology
> >
> > 5758 South Maryland Avenue
> >
> > Chicago, IL 60637
> >
> > Ph.: 773-702-3309
> >
> > FAX: 773-834-7299
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> >
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##

De:	Joe Grant
A:	Pinnacle users;
Cc:	
Asunto:	electron modeling for surface blocking
Fecha:	jueves, 26 de abril de 2007 20:48:34
Archivos adjuntos:	

I'm working on a new electron model to enable us to use Pinnacle MU's for electron plans. I have added measured
output factors and added matching depth dose curves for a large number of block templates. I have square fields
down to 2x2 for every cone size (3x3 for the larger ones).
My question is – is there a way to model lead cutout surface blocking? Or for that matter, is there a way to reflect
surface blocking in planning?

Any ideas are appreciated. Ones that work even more.

Thanks-

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

De:	jfwochos@gundluth.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: retrospective gating
Fecha:	jueves, 26 de abril de 2007 21:22:56
Archivos adjuntos:	

If there are any kind, generous Pinnacle Users out there who would be willing to be contacted by me concerning their use of retrospective respiratory gating, please send me you name & contact info.

thanks
john

John F Wochos, MS, DABR
Radiation Oncology Dept (EB1-001)
Gundersen Lutheran Medical Center
1900 South Ave.
La Crosse, WI 54601
(608)775-2593
FAX (608)775-5578
jfwochos@gundluth.org

De:	Myler Uwe
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: electron modeling for surface blocking
Fecha:	jueves, 26 de abril de 2007 23:13:12
Archivos adjuntos:	

Hi Joe,
I am faced with the same task. However, I have not been able to come up with a decent Pinnacle model that allows me to calculate monitor units accurately enough. Homogeneous in water works ok, but then we purchased a few bone and lung phantom slabs, made up a few geometries with those and regular polystyrene phantom slabs, scanned those in the CTsim and compared Pinnacle results with ion chamber measurements. Not too good. At this point my activities are at a halt anyway, since there is supposed to be a bug in Pinnacle's electron dose algorithm, and I am still waiting for the fix.

Besides from open fields, I was also trying to use cerrobend inserts at 95 cm from the source (we have Varian machines) In order to model that properly, I thought that I just have to define a new machine with the block tray at that distance. However, it seems that even if I type in 95 cm as the block to source distance, the program puts the tray at 90 cm. Very odd. I circumvented this problem by defining cerrobend cutouts as density overriding ROIs at the proper position (i.e. 95 cm), which of course is quite cumbersome. Another shortcoming of the Pinnacle electron algorithm is that the maximum density it can handle is only 3 g/cm^3, so in order to define a beam limiting opening, I have to make them out of 3 g/cm^3 material, and therefore about 3.5 times thicker than in real life. I apply the same technique for Pb on skin, which looks somewhat ridiculous. Apart from that there is an issue with beam divergence, making peripheral electrons going through only part of the mock "!
Pb", and therefore not getting attenuated as much as they would with real Pb.

Anyway, I would be very interested myself in how other colleagues have dealt with these problems.
Thanks!

Uwe Myler, Ph.D., DABR
Juravinski Cancer Centre
Hamilton, Ontario
(905) 387-9711 x 67011

##

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##

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: electron modeling for surface blocking
Fecha:	viernes, 27 de abril de 2007 0:12:37
Archivos adjuntos:	

Uwe, thank you for that info. We currently use RadCalc to generate MU's for treatment. In my mind, the only real reasons for doing this exercise at all are to take into account 1) heterogeneities 2) oblique incidence and 3) non-standard SSD's - all pretty routine clinical issues - so you've dampened my enthusiasm by at least one-third.

Are others out there seeing these same problems? Is this an inherent issue with the PB algorithm? I understand that Pinnacle may be launching an electron MC algorithm but I don't know when.

Mark, are you out there?

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Myler Uwe
Sent: Thursday, April 26, 2007 4:05 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: electron modeling for surface blocking

Hi Joe,
I am faced with the same task. However, I have not been able to come up with a decent Pinnacle model that allows me to calculate monitor units accurately enough. Homogeneous in water works ok, but then we purchased a few bone and lung phantom slabs, made up a few geometries with those and regular polystyrene phantom slabs, scanned those in the CTsim and compared Pinnacle results with ion chamber measurements. Not too good. At this point my activities are at a halt anyway, since there is supposed to be a bug in Pinnacle's electron dose algorithm, and I am

still waiting for the fix.

Besides from open fields, I was also trying to use cerrobend inserts at 95 cm from the source (we have Varian machines) In order to model that properly, I thought that I just have to define a new machine with the block tray at that distance. However, it seems that even if I type in 95 cm as the block to source distance, the program puts the tray at 90 cm. Very odd. I circumvented this problem by defining cerrobend cutouts as density overriding ROIs at the proper position (i.e. 95 cm), which of course is quite cumbersome. Another shortcoming of the Pinnacle electron algorithm is that the maximum density it can handle is only 3 g/cm^3, so in order to define a beam limiting opening, I have to make them out of 3 g/cm^3 material, and therefore about 3.5 times thicker than in real life. I apply the same technique for Pb on skin, which looks somewhat ridiculous. Apart from that there is an issue with beam divergence, making peripheral electrons going through only part of the mock "! Pb", and therefore not getting attenuated as much as they would with real Pb.

Anyway, I would be very interested myself in how other colleagues have dealt with these problems.
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De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: electron modeling for surface blocking
Fecha:	sábado, 28 de abril de 2007 5:47:19
Archivos adjuntos:	

Our experience has been identical to Uwe's in Hamilton. We have not been able to move ahead
with a model suitable for clinical use when using parameters suggested by Philips, or even using modified model
parameters which slightly improve the penumbra at depth. IMHO, a dose calculation has much greater value
in heterogeneities/oblique geometries. My understanding that the heterogeneity algorithm is inherently 1D, which
would explain why it fails miserably in geometries like breast IMCs/heart/lung.

Even Theraplan Plus's electron algorithm performs marginally better than the Pinnacle model.

I hope someone is listening... :)

Parminder S. Basran
Toronto-Sunnybrook Regional Cancer Centre

----- Original Message ----
From: Joe Grant <jgrant@carti.com>
To: pinnacle-users@explode.unsw.edu.au
Sent: Thursday, April 26, 2007 5:57:12 PM
Subject: RE: electron modeling for surface blocking

Uwe, thank you for that info. We currently use RadCalc to generate MU's
for treatment. In my mind, the only real reasons for doing
this exercise at all are to take into account 1) heterogeneities 2)
oblique incidence and 3) non-standard SSD's - all pretty routine
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E. Joseph (Joe) Grant, M.S., D.A.B.R
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C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Myler Uwe
Sent: Thursday, April 26, 2007 4:05 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: electron modeling for surface blocking

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##

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: electron modeling for surface blocking
Fecha:	lunes, 30 de abril de 2007 19:34:45
Archivos adjuntos:	

Well this is very discouraging, particularly since this requires a not insignificant amount of time to implement. I would like to clarify the methods I used to see if they match others who've done it. I based it
almost entirely on the paper by McNutt and Tome' in Medical Dosimetry 27:3 , p. 209-213, 2002. If I summarized the paper properly, the gist is this:

You measure a ton of output factors for varying square cutout sizes and SSD's. These are matched with the PDD's for the same cutout at 100 SSD.
Pinnacle takes these measured OF's and splits them into OF_p (predicted) and OF_c (corrected), same as it does for photons.
The OF_c accounts for variations in collimator setting with cone/ energy, and it is used to scale the calculated pencil beam dose.
The supposed advantage is the output factor can be used to calculate MU's for any field size, SSD or depth; while the pencil beam algorithm will take care of surface irregularity, obliquity and heterogeneity.

If I understand the responses, the PB algorithm fails the hetero and obliquity test. And the best advice is to continue using an independent cGy/MU (other than Pinnacle) calculation?

One other question – obliquity and heterogeneity shift the position of Dmax, or the Dmax shoulder. So how do you choose a calc point in the presence of either?

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Parminder S. Basran
Sent: Friday, April 27, 2007 10:34 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: electron modeling for surface blocking

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De:	Mike Howard
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Mike Howard is out of the office.
Fecha:	martes, 01 de mayo de 2007 11:16:19
Archivos adjuntos:	

I will be out of the office starting 04/30/2007 and will not return until 05/04/2007.

I will be out of the office and will have no access to e-mail. For a quick response please contact Jo Campbell.

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Exporting plan information to a file
Fecha:	viernes, 04 de mayo de 2007 20:04:53
Archivos adjuntos:	

Could someone tell me how to export plan info to a file? I tried sending it to ADACRTP_SCP but I cannot locate this directory in Pinnacle.

Thanks in advance,

Bryan

Bryan Murray, BSRT (T), CMD
Medical Dosimetrist
UT Southwestern Medical Center at Dallas
Department of Radiation Oncology
5801 Forest Park Road
Dallas, TX 75390-9183
(214)645-8544 Telefax (214)645-7617

De:	Alberto Pérez Rozos
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Exporting plan information to a file
Fecha:	viernes, 04 de mayo de 2007 20:31:01
Archivos adjuntos:	

If you use export to ADACRTP_SCP I think that the file will be in the DICOM import directory (In my system /files/network/DICOM)

Do you want the file in DICOM format or you want other format?

Regards,

Alberto Perez
Medical Physicist
H. Virgen de la Victoria. Malaga. Spain

-----Mensaje original-----
De: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] En nombre de Bryan Murray
Enviado el: viernes, 04 de mayo de 2007 19:43
Para: pinnacle-users@explode.unsw.edu.au
Asunto: Exporting plan information to a file

Could someone tell me how to export plan info to a file? I tried sending it to ADACRTP_SCP but I cannot locate this directory in Pinnacle.

Thanks in advance,

Bryan

Bryan Murray, BSRT (T), CMD
Medical Dosimetrist
UT Southwestern Medical Center at Dallas Department of Radiation Oncology
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Dallas, TX 75390-9183
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De:	Chihray Liu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Exporting plan information to a file
Fecha:	viernes, 04 de mayo de 2007 20:34:50
Archivos adjuntos:	

Brian;

It is at /autoDataSets/DICOM. Sometime this directory is hidden, you have to type "cd / autoDataSets/DICOM" to make it appear.

Chihray Liu, Ph.D.
Associate Professor
Department of Radiation Oncology
University of Florida
Office: (352)265-8217

----- Original Message ----
From: Bryan Murray <Bryan.Murray@UTSouthwestern.edu>
To: pinnacle-users@explode.unsw.edu.au
Sent: Friday, May 4, 2007 1:43:24 PM
Subject: Exporting plan information to a file

Could someone tell me how to export plan info to a file? I tried sending it to ADACRTP_SCP but I cannot locate this directory in Pinnacle.

Thanks in advance,

Bryan

Bryan Murray, BSRT (T), CMD
Medical Dosimetrist
UT Southwestern Medical Center at Dallas
Department of Radiation Oncology
5801 Forest Park Road
Dallas, TX 75390-9183
(214)645-8544 Telefax (214)645-7617

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Exporting plan information to a file
Fecha:	viernes, 04 de mayo de 2007 21:12:35
Archivos adjuntos:	

Okay, that directory is the same one that contains all the patient image data from our CT. Since the files are not labeled, it is hard to tell what is what. My ftp software has a time stamp which helps somewhat. Our goal is to be able to export Plan, POI, ROI, and images to a cd. This is for our Varian cone beam unit. That machine is not connected to our network because of firewalls. We are trying to work around this by exporting the files to a directory, ftp'ing that info to a pc, and then burning to a cd that can be loaded on the computer.

Ideas?

TIA,

Bryan

De:	Mark Phillips
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Exporting plan information to a file
Fecha:	viernes, 04 de mayo de 2007 21:32:48
Archivos adjuntos:	

Bryan,
My suggestion is that you get Varian to provide a secure internet connection and then you transmit the information the way it was intended--electronically. By the way, ftp is not a very secure method and so all the good that is being accomplished with your firewall may be undone by your workaround.

In my opinion, the manufacturer of the equipment is obligated to provide a secure connection without reducing the functionality of the equipment.

Mark

Bryan Murray wrote:
> Okay, that directory is the same one that contains all the patient image data from our CT. Since the files are not labeled, it is hard to tell what is what. My ftp software has a time stamp which helps somewhat. Our goal is to be able to export Plan, POI, ROI, and images to a cd. This is for our Varian cone beam unit. That machine is not connected to our network because of firewalls. We are trying to work around this by exporting the files to a directory, ftp'ing that info to a pc, and then burning to a cd that can be loaded on the computer.
>
> Ideas?
>
> TIA,
>
> Bryan
>
>
>
>

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> account will not be distributed unless that account is also subscribed.
>
##

--

Mark H. Phillips, Ph.D.
Professor, Department of Radiation Oncology
Box 356043
University of Washington
Seattle, WA 98195-6043

(office) 206.598.6219
(fax) 206.598.6218

www.radonc.washington.edu/faculty/mark/

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Exporting plan information to a file
Fecha:	viernes, 04 de mayo de 2007 21:38:40
Archivos adjuntos:	

Gah. My solution would be to bring your hospital's and Varian's IT groups together to open up the necessary access in the firewall, and remind them that it hasn't been 1970 for a few years now. A firewall to secure the linac is reasonable, but there has to be a balance.

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> Bryan.Murray@UTSouthwestern.edu 5/4/2007 2:57:39 PM >>>
Okay, that directory is the same one that contains all the patient image data from our CT. Since the files are not labeled, it is hard to tell what is what. My ftp software has a time stamp which helps somewhat. Our goal is to be able to export Plan, POI, ROI, and images to a cd. This is for our Varian cone beam unit. That machine is not connected to our network because of firewalls. We are trying to work around this by exporting the files to a directory, ftp'ing that info to a pc, and then burning to a cd that can be loaded on the computer.

Ideas?

TIA,

Bryan

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##

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Exporting plan information to a file
Fecha:	viernes, 04 de mayo de 2007 21:38:58
Archivos adjuntos:	

I'm not exactly clear on what "type" of export you want or need on that CD you are burning. DICOM-RT? RTOG?

What does the Varian cone beam want?

Answer those questions first then people here can help.

Steve Thompson, M.S., DABR
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
ph 209-572-7237
fax 209-526-5280
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Bryan Murray
Sent: Friday, May 04, 2007 11:58 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Exporting plan information to a file

Okay, that directory is the same one that contains all the patient image data from our CT. Since the files are not labeled, it is hard to tell what is what. My ftp software has a time stamp which helps somewhat. Our goal is to be able to export Plan, POI, ROI, and images to a cd. This is for our Varian cone beam unit. That machine is not connected to our network because of firewalls. We are trying to work around this by exporting the files to a directory, ftp'ing that info to a pc, and then burning to a cd that can be loaded on the computer.

Ideas?

TIA,

Bryan

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Exporting plan information to a file
Fecha:	viernes, 04 de mayo de 2007 22:10:48
Archivos adjuntos:	

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Thanks,

Bryan

De:	Willcut, Virgil
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Exporting plan information to a file
Fecha:	viernes, 04 de mayo de 2007 22:34:00
Archivos adjuntos:	

We simply export them to IMPAC and from IMPAC they go to the 4-D workstation (no structure sets until the Varian OBI patch gets released). We have to read the DICOM isocenter coordinates of the beams in the RT Plan object we export to IMPAC using a DICOM reader and manually enter them into Site Setup in IMPAC, but other than that it works. Be aware that manual entry of these coordinates is dangerous in that if they are manually entered incorrectly you guarantee a perfect misalignment, so we always do a 2-D/2-D MV or kV match on day one to make sure the isocenter is really in the correct location.

Virgil Willcut

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Exporting plan information to a file
Fecha:	viernes, 04 de mayo de 2007 23:05:24
Archivos adjuntos:	

Firewall needs to allow connections from the static IPs of your Pinnacle stations to the Varian OBI PC on port 104, and vice-versa (if you want to send a CBCT back to Pinnacle).

Dave

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> Bryan.Murray@UTSouthwestern.edu 5/4/2007 3:57:23 PM >>>
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Thanks,

Bryan

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De:	Lars Ewell
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Exporting plan information to a file
Fecha:	viernes, 04 de mayo de 2007 23:05:53
Archivos adjuntos:	

Chihray,

Greetings.

Yes, the way that it was explained to me is that /autoDataSets/DICOM directory is an 'automounting' directory which points to /files/network. If it is not used within a certain amount of time, it will be unmounted at which point it will no longer be visible.

By forcing to display the directory via the 'cd' command you list below (or 'ls' for that matter), you mount the directory and thereby make its' contents visible.

This is unix/solaris and is independent from pinnacle.

regards,

Lars

Lars Ewell
Assistant Professor
Department of Radiation Oncology
University of Arizona School of Medicine
PO Box 245081
Tucson, AZ 85724-5081

Phone: (520)626-5769
Fax: (520)626-9328
email: lewell@email.arizona.edu
www: http://www.u.arizona.edu/~lewell/

> ----- Original Message -----
> **From:** Chihray Liu
> **To:** pinnacle-users@explode.unsw.edu.au
> **Sent:** Friday, May 04, 2007 11:22 AM
> **Subject:** Re: Exporting plan information to a file

Brian;

It is at /autoDataSets/DICOM. Sometime this directory is hidden, you have to type "cd /autoDataSets/DICOM" to make it appear.

Chihray Liu, Ph.D.
Associate Professor
Department of Radiation Oncology
University of Florida
Office: (352)265-8217

----- Original Message ----
From: Bryan Murray <Bryan.Murray@UTSouthwestern.edu>
To: pinnacle-users@explode.unsw.edu.au
Sent: Friday, May 4, 2007 1:43:24 PM
Subject: Exporting plan information to a file

Could someone tell me how to export plan info to a file? I tried sending it to ADACRTP_SCP but I cannot locate this directory in Pinnacle.

Thanks in advance,

Bryan

Bryan Murray, BSRT (T), CMD
Medical Dosimetrist
UT Southwestern Medical Center at Dallas
Department of Radiation Oncology
5801 Forest Park Road
Dallas, TX 75390-9183
(214)645-8544 Telefax (214)645-7617

De:	Myler Uwe
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Exporting plan information to a file
Fecha:	sábado, 05 de mayo de 2007 10:07:42
Archivos adjuntos:	

Hi Bryan,

we have the same setup (Pinnacle, Impac/Mosaic, Varian) and we, too, are currently working on the problem of getting the planning CTs (including isocenter, etc) from Pinnacle to the cone beam part of the Varian OBI program. So far, we have had no success, either.

Our Varian service technician just set up a new cone beam CT unit, and demonstrated that the planning CT - cone beam CT fusion and subsequent couch shifting indeed work. But this could only be achieved by him downloding a mock "planning CT" file via memory stick directly onto the OBI PC. Any attempt to bring in a patient file via Impac failed, and he was at the end of his wisdom, too.

I have to admit that I am quite ignorant as far as these specific IT questions are concerned, and have to rely on the help of a couple of more knowledgeable colleagues, who are in the process of looking into this. But by all means, if someone has encountered this problem, and already found a solution, please share your insights!

Have a nice weekend.

Uwe Myler
Hamilton, Ontario

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Bryan Murray
Sent: Friday, May 04, 2007 3:57 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Exporting plan information to a file

My apologies to the group as I realize my postings are a bit ambiguous. As of now, we are able to achieve cone beam images on our SynergyS machine and this has worked

very well. We are a Pinnacle / IMPAC MA 8.3 outfit. For reasons unknown by me, our Varian cone beam unit has not been working (the cone beam part). When we export to SynergyS (xvi), which is connected to our Pinnacle, it is under the DICOM - RT tab (ROI, POI, and plan info). You must also send the ct images under the "images" tab. This is the same information that is needed on the Varian, however, it is not connected to Pinnacle. This may be a very simple question that I am making sound difficult. I was only transferring (copying) files from the Pinnacle to the PC to use the burner on the PC (done locally). Does anyone have the same setup, Pinnacle / IMPAC / Varian, that is using cone beam ct and can share their process?

Thanks,

Bryan

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De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Exporting plan information to a file
Fecha:	sábado, 05 de mayo de 2007 16:33:49
Archivos adjuntos:	

You have to be connected to a sequencer through the network. Otherwise no treatment sessions would be transmitted. IMPAC gets to 4D, OBI gets to 4D, means IMPAC gets to OBI.

Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Bryan Murray
Sent: Friday, May 04, 2007 12:58 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Exporting plan information to a file

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Ideas?

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De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Exporting plan information to a file
Fecha:	sábado, 05 de mayo de 2007 16:33:59
Archivos adjuntos:	

We use Pinnacle/IMPAC/Varian and can do cone beam CT.
1. Export the images to IMPAC.
2. Export the poi/roi/plan to IMPAC. Its important to do all three.
3. Import the plan into IMPAC. Isocenter values will be in Site Setup.
Make sure you choose a patient orientation and approve the site setup.
4. Make a field in IMPAC that is of type CT.
5. At the sequencer the 1st time you send the plan, the Treatment Readiness checklist will alert you that the CT/Structures are not loaded. Click ok, then in the treatment delivery window, Right mouse click and select "Load Reference Data". This loads the data to the c:\impac\data folder on the SEQ. Folders are the patient MR. Each folder will have a RS and another folder with a long number name which is the CT.
6. The CBCT files are kept in a directory on the D drive of the OBI.

Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Myler Uwe
Sent: Friday, May 04, 2007 9:39 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Exporting plan information to a file

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I have to admit that I am quite ignorant as far as these specific IT questions are concerned, and have to rely on the help of a couple of more knowledgeable colleagues, who are in the process of looking into this. But by all means, if someone has encountered this problem, and already found a solution, please share your insights!

Have a nice weekend.

Uwe Myler
Hamilton, Ontario

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Sent: Friday, May 04, 2007 3:57 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Exporting plan information to a file

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De: Mike Gallamore

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Exporting plan information to a file

Fecha: lunes, 07 de mayo de 2007 20:22:10

Archivos adjuntos:

Actually hidden isn't quite correct. Had a system crash a couple weeks ago. Sun rep pointed out some unix stuff that was new to me. Directory is probably automounted. The automounter does what it name implies, when a directory is cd'ed into it mounts it, and will time out the mount and remove it over some time. So until you cd into the directory it actually isn't part of the servers file system. The beauty of this approach is you could automount the same directory from a bunch of servers, automount will ping the servers and mount the one that replies the quickest. Quite beautiful actually, as this implements load balancing and failover transparently. You can even specify conditions so that doctor's mount stuff from one server, physics from another transparently based on client name, user name, ip etc, so you have a clinical/research installation transparently mounted for example.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Chihray Liu
Sent: Friday, May 04, 2007 2:23 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Exporting plan information to a file

Brian;

It is at /autoDataSets/DICOM. Sometime this directory is hidden, you have to type "cd / autoDataSets/DICOM" to make it appear.

Chihray Liu, Ph.D.
Associate Professor
Department of Radiation Oncology
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From: Bryan Murray <Bryan.Murray@UTSouthwestern.edu>
To: pinnacle-users@explode.unsw.edu.au
Sent: Friday, May 4, 2007 1:43:24 PM
Subject: Exporting plan information to a file

Could someone tell me how to export plan info to a file? I tried sending it to ADACRTP_SCP but I cannot locate this directory in Pinnacle.

Thanks in advance,

Bryan

Bryan Murray, BSRT (T), CMD
Medical Dosimetrist
UT Southwestern Medical Center at Dallas
Department of Radiation Oncology
5801 Forest Park Road
Dallas, TX 75390-9183
(214)645-8544 Telefax (214)645-7617

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Exporting plan information to a file
Fecha:	lunes, 07 de mayo de 2007 20:33:31
Archivos adjuntos:	

We have a Varian OBI setup here, just got it. You have to have either Eclipse or Somavision, and unless your at Varis 7.4.24 or above with your clients already this will require a database upgrade, and every client on the site to be upgraded as well (old clients can't talk to the new db). I believe Aria isn't supposed to require SomaVision/ Eclipse to work. We had to twist Varian's arm, but they ended up giving us a pc and a license for Somavision so we had a listener for the dicom images (holding back the release of the funds for the OBI seemed to do the trick :)). Our arguement pretty much was that CBCT was useless without having access to the CT set that the patient was planned against. Philips was quite helpful in setting it up for us. We are running Pinnacle 7.4f. It is a very simple process to setup a AE target (but I'd recommend still have them to do it so they stay current with your site), they did it remotely for me in less than 1hr from initial call.

The process is you add the listener server to /etc/hosts, and a script to a configuration directory for pinnacle. As of 3 weeks ago Philips told me that they don't export Dicom RT format images, just Dicom (this includes 8.0). That is why Varian says you must import the plan, ROI, and images together using Somavision/Eclipse. That way the db knows they are all one plan. Also you need to make sure that the images are orientated head to foot. The dicom listener on Varis end is 'premiscous' (if you haven't heard that term, don't worry Philips had never heard it either). Essentially Varian's listener doesn't care about the AE title of the sender or what AE title you call it, if you try talking in port 104 and are talking dicom that is all it cares, it ignores sender/reciever info.

Below is a process FAQ I made for my site:

1. Remote into the pinnacle server as root
2. cd to /etc
3. edit the file hosts add a line with the IP, host name, and how you want the host and optionally a comment preceded by a #. The file format should be pretty self explanatory. Here is a snippet of the hosts file:
172.17.XX.X vdcmd #Varis Image Server
172.17.XX.XX fluffy #Varis Server (host name IP obscured for security)
4. add a file into usr/local/adacnew/PinnacleStatic/DICOM ending in .scp. ADAC uses the format resourcename_port_hostname.scp which is probably a good idea for

simplicity. An example file follows:

PRINT
RT
DERIVED
[VDCMD]
PORT_NUMBER = 104
HOST_NAME = vdcmd
SERVICE_LIST = ADACSCUServiceList

Note: you need to close launchpad, and reopen pinnacle to see the new changes (you'll have a new option in your export ROI, POI tab, and in the export DICOM image tab).

Hope this helps.

Mike Gallamore, BSc (Physics)
Programmer Analyst,
Grand River Regional Cancer Center
(519)749-4300 X5792

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Bryan Murray
Sent: Friday, May 04, 2007 2:58 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Exporting plan information to a file

Okay, that directory is the same one that contains all the patient image data from our CT. Since the files are not labeled, it is hard to tell what is what. My ftp software has a time stamp which helps somewhat. Our goal is to be able to export Plan, POI, ROI, and images to a cd. This is for our Varian cone beam unit. That machine is not connected to our network because of firewalls. We are trying to work around this by exporting the files to a directory, ftp'ing that info to a pc, and then burning to a cd that can be loaded on the computer.

Ideas?

TIA,

Bryan

the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

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sent from a subscribed account. Messages sent from a users secondary
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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De: Karuppusamy, Venkatesan

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Pinnacle backup file size limitation

Fecha: lunes, 07 de mayo de 2007 20:47:46

Archivos adjuntos:

I have a patient that has multiple plans in pinnacle and the file size is approximately 2.4GB. When I did a backup of this particular patient, I got an error message that read the file size is too large; the maximum allowed is 1.5GB. Contacted the Pinnacle technical support and they don't have an answer yet. Has anybody encountered similar issues? Any ideas. Thank you.

Venky
Medical Dosimetrist
UPMC Cancer center
Uniontown, PA 15401

De:	Bernstein, Kenneth
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle backup file size limitation
Fecha:	lunes, 07 de mayo de 2007 20:53:20
Archivos adjuntos:	

You can copy the plan without dose information and then back it up.

Good luck,
Ken Bernstein
Mercy Medical Center DSM

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Karuppusamy, Venkatesan
Sent: Monday, May 07, 2007 1:43 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle backup file size limitation

> I have a patient that has multiple plans in pinnacle and the file size is approximately 2.4GB. When I did a backup of this particular patient, I got an error message that read the file size is too large; the maximum allowed is 1.5GB. Contacted the Pinnacle technical support and they don't have an answer yet. Has anybody encountered similar issues? Any ideas. Thank you.
>
> Venky
> Medical Dosimetrist
> UPMC Cancer center
> Uniontown, PA 15401

De:	Kevin Stead
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle backup file size limitation
Fecha:	lunes, 07 de mayo de 2007 20:54:32
Archivos adjuntos:	

My only remedy was to have my Physics/Dosimetry team remove some of the duplicate CT Sets in the plan and then try it.

"Patience accomplishes its object, while hurry speeds to its ruin."

Kevin Stead
Project Development Analyst
Clinical Systems Administrator
Department of Radiation Oncology

Information & Communication Services
Application Programming & Project Management Group
UC Davis Health System

4501 X Street 0128
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916-734-7765
916-703-5069 - FAX
916-762-2979 - PGR
9167622979@myairmail.com - Text Pager
kevin.stead@ucdmc.ucdavis.edu

> "Karuppusamy,
> Venkatesan"

<karuppusamyv@upmc.edu> Sent by: owner-pinnacle-users@explode.unsw.edu.au

To <pinnacle-users@explode.unsw.edu.au>

cc

Subject Pinnacle backup file size limitation

05/07/2007 11:45 AM

Please respond to pinnacle-users@explode.unsw.edu.au

I have a patient that has multiple plans in pinnacle and the file size is approximately 2.4GB. When I did a backup of this particular patient, I got an error message that read the file size is too large; the maximum allowed is 1.5GB. Contacted the Pinnacle technical support and they don't have an answer yet. Has anybody encountered similar issues? Any ideas. Thank you.

Venky
Medical Dosimetrist
UPMC Cancer center
Uniontown, PA 15401

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle backup file size limitation
Fecha:	lunes, 07 de mayo de 2007 21:07:18
Archivos adjuntos:	

I have had the Dosimetrists copy the plan into another file, then split the treatment plans into unique parts for each plan
<i.e. plan 1 and 2 in archive A then plans 3 and 4 in archive B>

When I create the DVD for the patient I copy both files to the same DVD so they can see both records for recovery. Then I document, Document, DOCUMENT the results.

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN 55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com
No trees were killed in the creation of this message.
However, Billions of electrons were terribly inconvenienced.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bernstein, Kenneth
Sent: Monday, May 07, 2007 1:50 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle backup file size limitation

You can copy the plan without dose information and then back it up.

Good luck,
Ken Bernstein
Mercy Medical Center DSM

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Karuppusamy, Venkatesan
Sent: Monday, May 07, 2007 1:43 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle backup file size limitation

I have a patient that has multiple plans in pinnacle and the file size is approximately 2.4GB. When I did a backup of this particular patient, I got an error message that read the file size is too large; the maximum allowed is 1.5GB. Contacted the Pinnacle technical support and they don't have an answer yet. Has anybody encountered similar issues? Any ideas. Thank you.

Venky
Medical Dosimetrist
UPMC Cancer center
Uniontown, PA 15401

De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle backup file size limitation
Fecha:	lunes, 07 de mayo de 2007 21:13:38
Archivos adjuntos:	image001.jpg

Venky,
We had this same thing happen to us with a very large head and neck plan. We were told that is was probably because there was a max threshold of 1500 MB in our LaunchPad Init. By setting this limit low, it keeps the backup from failing, by causing too large of tar files etc. We had never changed anything on our system so we don't know how this was possible except maybe that this was a change that happened when we installed 8.0. We called Philips and they changed the limit in our system. I hope this helps.

Regards,
vicki

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Karuppusamy, Venkatesan
Sent: Monday, May 07, 2007 2:43 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle backup file size limitation

I have a patient that has multiple plans in pinnacle and the file size is approximately 2.4GB. When I did a backup of this particular patient, I got an error message that read the file size is too large; the maximum allowed is 1.5GB. Contacted the Pinnacle technical support and they don’t have an answer yet. Has anybody encountered similar issues? Any ideas. Thank you.

Venky
Medical Dosimetrist
UPMC Cancer center
Uniontown, PA 15401

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Exporting plan information to a file
Fecha:	lunes, 07 de mayo de 2007 21:15:03
Archivos adjuntos:	

They are controlling the linac so it can only talk to Varian's database. You can have other clients talk to the database and input the data for you. Since you have to transmit the data anyways, to the database makes more sense. Unfortunately if you don't have the latest and greatest version of Varian's software, you have to manually push the data from Pinnacle, and then pull from a shared/local folder on the Varis side. Not to pretty but works. A nice thing is that Vision/SomaVision reads the files metadata and uses it do preselect the patient to import the data to for you, so you don't have to play around with random file numbers like you would probably have to do if you tried to get CT data from where your CT puts it manually.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Mark Phillips
Sent: Friday, May 04, 2007 3:20 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Exporting plan information to a file

Bryan,
My suggestion is that you get Varian to provide a secure internet connection and then you transmit the information the way it was intended--electronically. By the way, ftp is not a very secure method and so all the good that is being accomplished with your firewall may be undone by your workaround.

In my opinion, the manufacturer of the equipment is obligated to provide a secure connection without reducing the functionality of the equipment.

Mark

Bryan Murray wrote:
> Okay, that directory is the same one that contains all the patient image data from our CT. Since the files are not labeled, it is hard to tell what is what. My ftp software has a time stamp which helps somewhat. Our goal is to be able to export Plan, POI, ROI, and images to a cd. This is for our Varian cone beam unit. That machine is not connected

to our network because of firewalls. We are trying to work around this by exporting the files to a directory, ftp'ing that info to a pc, and then burning to a cd that can be loaded on the computer.
>
> Ideas?
>
> TIA,
>
> Bryan
>
>
>
>

--

Mark H. Phillips, Ph.D.
Professor, Department of Radiation Oncology
Box 356043
University of Washington
Seattle, WA 98195-6043

(office) 206.598.6219
(fax) 206.598.6218

www.radonc.washington.edu/faculty/mark/

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De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Exporting plan information to a file
Fecha:	lunes, 07 de mayo de 2007 21:18:38
Archivos adjuntos:	

See my recent post. SomaVision/Eclipse solves this problem, and in my opinon Varian owes every customer that doesn't have Aria yet a SV workstation and license. It should take about 1 week for them to get it on site for you. See previous post, on hints on twisting their arm into giving it to you. CBCT is useless if you can't compare the CT the patient was planned on to the one you take on Varis end. They sold you on CBCT knowing this functionality wasn't available with your current architecture, but I'm sure they mentioned how great the features of the CBCT on the OBI unit was. They owe you the functionality they sold you (and actual cost to them is ~2000 for a Dell workstation), which by the way is a pretty sweet box (Core 2 Duo 2.4Ghz 2GB RAM).

The 7.4.24 upgrade wasn't trivial on our end, it was a full day job and took a couple months to get scheduled. The first attempt failed half way through and had to be retried (they said our site was unusual that the problem we had they seen a lot going to Aria but never to 7.4.24 (essentially our Varian HL7 interface complained about an illegal character set). So all told your looking at 1 week to a few months depending where your software is at.

Another work around to the Varian firewall (but you didn't hear it from me). Get an external USB wireless internet card. Have your IS department configure it to be on the network. For safety make sure that they use the MAC address of the wireless card as part of there network access granting. That way you won't have a problem with anything trying to ping the treatment units internal network card when it is operational as the MAC address won't be on the network anymore. Anyways the result is, physics needs the computer on the network for something plug in the network card download your stuff, unplug it, viola MICAP + common sense network access when needed. As it is a medical device I would strongly recommend not having the computer attached to the the network (remove the USB wireless card) before you actually treat with the machine.

P.S. Varian will not open the necessary access (nor, imho should they). If you open TCP/IP, FTP, telnet etc to the box you expose it to the noise on the network. A lot of sites have crappy IS departments (we do). Every once in a while they manage to bring our network down. One of the ways a network goes down is by a computer having a bad network card that broadcasts too much, binding up network switches and in general causing havoc, known as a network storm. What you have with the 4D treat and OBI

machines are machines trying to do real time control of the linac/OBI. If they get busy replying to pings, or someone gets the bright idea to ftp into the box while it is used clinically, 'bad stuff happens'. Interlocks might/should save you but still not a good idea.

Varian may not have told you, but we found out because we were originally opposed (all the way up to CIO level) to a firewall someone else controls, but MICAP (linac firewall architecture) isn't the end point. Varian wants to move to the point where you won't even be able to see the start menu on the 4DTC. You will turn the box on, it will show you your 4D Treat and that is it. No other apps will be visible to the user. Also, they want to move your image server and database server behind their one switch/ firewall. We've had the machine with OBI on our site go down twice because of network issues related to users using Vision and other apps on the 4DTC, I removed them, now it only runs 4DTC and things are much more stable. This box is trying to talk to the linac console, mlc microcontroller, OBI, and OBI reconstructor on the low 10's of milliseconds scale. If you think your computer is slow when you try to check your Outlook while opening a webpage, think how this bad boy fee!
ls.

Also it is safer to go the SomaVision/Eclipse route, after the import the data is in your database, so any backup/failover solutions you have on your database (we have a SAN so redundant disk, redundant network, tape backup nightly, soon we will have a failover server as well) will cover your CT sets. As a bonus it makes the work flow a lot nicer as it will show up in Vision as an image (actually you'll have an image for each slice in Vision) so it will be viewable by anyone with Varis access on your site.

Mike Gallamore, BSc (Physics)
Programmer Analyst,
Grand River Regional Cancer Center
(519)749-4300 X5792
-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Dave Lockman
Sent: Friday, May 04, 2007 3:26 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Exporting plan information to a file

Gah. My solution would be to bring your hospital's and Varian's IT groups together to open up the necessary access in the firewall, and remind them that it hasn't been 1970 for a few years now. A firewall to secure the linac is reasonable, but there has to be a balance.

David Lockman, D.Sc.
Medical Physicist
Sparrow Hospital

1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> Bryan.Murray@UTSouthwestern.edu 5/4/2007 2:57:39 PM >>>
Okay, that directory is the same one that contains all the patient image data from our CT. Since the files are not labeled, it is hard to tell what is what. My ftp software has a time stamp which helps somewhat. Our goal is to be able to export Plan, POI, ROI, and images to a cd. This is for our Varian cone beam unit. That machine is not connected to our network because of firewalls. We are trying to work around this by exporting the files to a directory, ftp'ing that info to a pc, and then burning to a cd that can be loaded on the computer.

Ideas?

TIA,

Bryan

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De:	Karuppusamy, Venkatesan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle backup file size limitation
Fecha:	lunes, 07 de mayo de 2007 21:24:04
Archivos adjuntos:	image001.jpg

Thank you all for your valuable inputs.

Venky
Medical Dosimetrist
UPMC Cancer center
Uniontown, PA 15401

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Groess, Greg J
Sent: Monday, May 07, 2007 3:04 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle backup file size limitation

I have had the Dosimetrists copy the plan into another file, then split the treatment plans into unique parts for each plan
<i.e. plan 1 and 2 in archive A then plans 3 and 4 in archive B>

When I create the DVD for the patient I copy both files to the same DVD so they can see both records for recovery. Then I document, Document, DOCUMENT the results.

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN 55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com

However, Billions of electrons were terribly inconvenienced.

Venky,
We had this same thing happen to us with a very large head and neck plan. We were told that is was probably because there was a max threshold of 1500 MB in our LaunchPad Init. By setting this limit low, it keeps the backup from failing, by causing too large of tar files etc. We had never changed anything on our system so we don't know how this was possible except maybe that this was a change that happened when we installed 8.0. We called Philips and they changed the limit in our system. I hope this helps.

Regards,
vicki

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager
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vlacerba@roresources.com
www.roresources.com

My only remedy was to have my Physics/Dosimetry team remove some of the duplicate CT Sets in the plan and then try it.

"Patience accomplishes its object, while hurry speeds to its ruin."

Kevin Stead
Project Development Analyst
Clinical Systems Administrator

Department of Radiation Oncology

Information & Communication Services
Application Programming & Project Management Group UC Davis Health System

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916-703-5069 - FAX
916-762-2979 - PGR
9167622979@myairmail.com - Text Pager
kevin.stead@ucdmc.ucdavis.edu

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bernstein, Kenneth
Sent: Monday, May 07, 2007 1:50 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle backup file size limitation

You can copy the plan without dose information and then back it up.

Good luck,
Ken Bernstein
Mercy Medical Center DSM

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Karuppusamy, Venkatesan
Sent: Monday, May 07, 2007 1:43 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle backup file size limitation

> I have a patient that has multiple plans in pinnacle and the file size is approximately 2.4GB. When I did a backup of this particular

patient, I got an error message that read the file size is too large; the maximum allowed is 1.5GB. Contacted the Pinnacle technical support and they don’t have an answer yet. Has anybody encountered similar issues? Any ideas. Thank you.

Venky
Medical Dosimetrist
UPMC Cancer center
Uniontown, PA 15401

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle backup file size limitation
Fecha:	lunes, 07 de mayo de 2007 21:42:10
Archivos adjuntos:	

If you setup an NTFS share on a PC on your network and then mount it on the Pinnacle box you can backup to a Unix file on that share. The system will automatically split the backup based on the file size limitations of the tar files themselves if it is for multiple patients (e.g. automatically create one tar file for patients 1,2,3, and 4 and a second tar file for patients 5, 6, and 7 if the tar file will be too large) or for a single patient it will complete the backup without issue as long as the PC has enough space available on the hard drive. I have never had an issue doing it this way for very large patient files. Hope this helps

Michael Tallhamer MS
Medical Physicist
Rocky Mountain Cancer Centers

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Karuppusamy, Venkatesan
Sent: Monday, May 07, 2007 12:43 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle backup file size limitation

> I have a patient that has multiple plans in pinnacle and the file size is approximately 2.4GB. When I did a backup of this particular patient, I got an error message that read the file size is too large; the maximum allowed is 1.5GB. Contacted the Pinnacle technical support and they don't have an answer yet. Has anybody encountered similar issues? Any ideas. Thank you.
>
> Venky
> Medical Dosimetrist
> UPMC Cancer center
> Uniontown, PA 15401

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle backup file size limitation
Fecha:	lunes, 07 de mayo de 2007 21:57:50
Archivos adjuntos:	

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-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Kevin
Stead
Sent: Monday, May 07, 2007 2:52 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Pinnacle backup file size limitation

My only remedy was to have my Physics/Dosimetry team remove some of the duplicate CT Sets in the plan and then try it.

"Patience accomplishes its object, while hurry speeds to its ruin."

Kevin Stead
Project Development Analyst
Clinical Systems Administrator
Department of Radiation Oncology

Information & Communication Services

Application Programming & Project Management Group
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916-703-5069 - FAX
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9167622979@myairmail.com - Text Pager
kevin.stead@ucdmc.ucdavis.edu

"Karuppusamy, Venkatesan" <karuppusamyv@upmc.edu> Sent by: owner-pinnacle-users@explode.unsw.edu.au

To <pinnacle-users@explode.unsw.edu.au>

cc

Subject Pinnacle backup file size limitation

05/07/2007 11:45 AM

Please respond to pinnacle-users@explode.unsw.edu.au

I have a patient that has multiple plans in pinnacle and the file size is approximately 2.4GB. When I did a backup of this particular patient, I got an error message that read the file size is too large; the maximum allowed is 1.5GB. Contacted the Pinnacle technical

support and they don’t have an answer yet. Has anybody encountered similar issues? Any ideas. Thank you.

Venky
Medical Dosimetrist
UPMC Cancer center
Uniontown, PA 15401

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##

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle backup file size limitation
Fecha:	lunes, 07 de mayo de 2007 22:02:16
Archivos adjuntos:	image001.jpg

I believe Pinnacle/Sun mounts the backup directory /tmp on your swap device. Swap devices are typically set to be equal to the amount of RAM installed, let me guess you have 1.5GB RAM on your server? Had similar issue on our Varian Sybase database, they had it set to use 100MB of RAM (perhaps a default) even though the server had much more RAM. Took a site visit to do a performance evaluation to find the problem, changed a couple enteries in the database and presto our systems fast again.

Mike Gallamore, BSc (Physics)
Programmer Analyst,
Grand River Regional Cancer Center
(519)749-4300 X5792

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Victoria LaCerba
> **Sent:** Monday, May 07, 2007 2:53 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Pinnacle backup file size limitation
>
> Venky,
> We had this same thing happen to us with a very large head and neck plan. We were told that is was probably because there was a max threshold of 1500 MB in our LaunchPad Init. By setting this limit low, it keeps the backup from failing, by causing too large of tar files etc. We had never changed anything on our system so we don't know how this was possible except maybe that this was a change that happened when we installed 8.0. We called Philips and they changed the limit in our system. I hope this helps.
>
> Regards,
> vicki

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Karuppusamy, Venkatesan
Sent: Monday, May 07, 2007 2:43 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle backup file size limitation

I have a patient that has multiple plans in pinnacle and the file size is approximately 2.4GB. When I did a backup of this particular patient, I got an error message that read the file size is too large; the maximum allowed is 1.5GB. Contacted the Pinnacle technical support and they don't have an answer yet. Has anybody encountered similar issues? Any ideas. Thank you.

Venky
Medical Dosimetrist
UPMC Cancer center
Uniontown, PA 15401

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle backup file size limitation
Fecha:	martes, 08 de mayo de 2007 15:05:36
Archivos adjuntos:	

Some flavors of Unix have a file size limit of 2GB. Some of you might be running into that issue. There are switches that can be set to increase this but they would need to be set by Philips or someone who really knows what they want to do.

The Limit is 2GB for a single file. Sometimes, I have the Dosimetrists split the plan into 2 segments, TAR them separately and burn them to the same DVD so the staff can recover the entire record if needed. I also include Physics for each TAR I create.

For nightly backup, I run a tape of the \PrimaryPatients directory to the SDLT drive using CRON. I have to accept the fact that it is a current state tape and that some records might be open. For archive I use Pinnacle and back each archive up to a TAR file in the \home\p3rtp directory. I then FTP them off to a Windows workstation and burn to DVD.

These single patient backups take about 3-5 minutes to create and allow me to unlock the DB as needed for regular system work. Staff can continue to plan during the backup but, they cannot open a record or save one during the backup. I just check with them before starting and keep the times short.

Greg

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Sent: Monday, May 07, 2007 2:54 PM
To: pinnacle-users@explode.unsw.edu.au
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-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Kevin Stead
Sent: Monday, May 07, 2007 2:52 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Pinnacle backup file size limitation

My only remedy was to have my Physics/Dosimetry team remove some of the duplicate CT Sets in the plan and then try it.

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Project Development Analyst
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kevin.stead@ucdmc.ucdavis.edu

"Karuppusamy, Venkatesan" <karuppusamyv@upm c.edu>
To
<pinnacle-users@explode.unsw.edu.au>
Sent by: owner-pinnacle-us ers@explode.unsw. edu.au
cc

Subject
Pinnacle backup file size limitation

05/07/2007 11:45 AM

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De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle backup file size limitation
Fecha:	jueves, 10 de mayo de 2007 0:32:48
Archivos adjuntos:	

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Liu rico
Sent: Wednesday, May 09, 2007 9:58 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle backup file size limitation
Pinnacle will not see the patient if you just simply copy it back
if
that patient is
not registered in a file named LDPD. If you like
you can edit that file and register that patient, but I would like
to
do the following
way:
1) add an institution(do not edit it, it will show it's
institution
number.101
for example)
2) add a new patient (do not edit it, it also show the patient's
number,1001 for
example)
These two steps will automatically register a patient to the LDPD
file.
3) copy everything from the DVD to directoy:

/pinnacle_patient_expansion/NewPatients/Institution_101/Mount_0/Patient_
1001

Mike:
Yep that should work as well. If your planning on making changes to the
plan/patient file though you will want to use the original patient ID
number. There is a few places in the directory and Institution file
where the patient ID is. If your restored patient files have a previous
ID in it, and you have it in a new ID folder, pinnacle may get confused.

I was thinking more of the path I take when doing a manual restore. There you have a patient ID already in the backup folder, you have to make sure you put it in the right place. There you really have to be careful as your using numbers in the existing range. So if you type wrong, changes can be overwriting a different patients info (new CT set for example my appear as image set on whoever is supposed to have the id). I think your method is better as your making a patient ID that hasn't been assigned yet, and the previous number for the patient shouldn't have been reused so worst case should be that the restored patient doesn't work until you correct the plan/patient file in the restored directory. Good stuff, I think I'll use that in the future.

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	eTRAB software for review and backup
Fecha:	jueves, 10 de mayo de 2007 4:16:51
Archivos adjuntos:	

Medical Physics Support has recently developed eTRAB software for electronic review, archival and backup. The program runs on a PC. No additional software (i.e., scripts, programs etc.) is needed on the treatment planning workstation. In addition to the plan review option, eTRAB provides options for remote file transfer to a PC (including backup files, mapcheck files etc.). eTRAB allows multiple users with different security privileges. eTRAB can work with any treatment planning system (e.g., ADAC, Eclipse). I have used eTRAB for plan review and to backup 5 ADAC servers used by our dosimetry students.

When eTRAB is used for plan review, the reviewer (e.g., radiation oncologist, physicist etc.) can immediately view/approve/reject available plans including dose distributions, DVHs and DRRs. Each reviewed plan is electronically signed. eTRAB can be used as a stand alone program or as a way to transfer plans in pdf format to the utilized R&V system.

Info about eTRAB can be found on the Web:
www.mpsupport.com

Vadim Kuperman, Ph.D.

--- "Groess, Greg J" <Greg.Groess@allina.com> wrote:

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> Greg
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>
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> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On
> Behalf Of Mike
> Gallamore
> Sent: Monday, May 07, 2007 2:54 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: Pinnacle backup file size limitation
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> Behalf Of Kevin
> Stead
> Sent: Monday, May 07, 2007 2:52 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Re: Pinnacle backup file size limitation
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> Kevin Stead
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>
>
> Disclaimer: These opinions are my own and no one
> else's. My opinions
> are neither a tacit nor an overt endorsement from
> my employer on any
> subject .
> No warranty is expressed or implied.
>
>
>
>
> "Karuppusamy,
>
> Venkatesan"
>
> <karuppusamyv@upm
> To
> c.edu>
> <pinnacle-users@explode.unsw.edu.au
> Sent by: >
>
> owner-pinnacle-us

> cc
> ers@explode.unsw.
>
> edu.au
> Subject
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> limitation
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> 05/07/2007 11:45
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=== message truncated ===

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##

De:	MIKE ZHENG
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	How to list patient names in dicom files.
Fecha:	jueves, 10 de mayo de 2007 17:22:56
Archivos adjuntos:	

Hi, Bryan,

It is hard to associate the patient name to the dicom file name in /autoDataSets/DICOM directory just by looking at them. I used following commands to get a patient list in that directory
(assuming that each image set starts with *.1.img):
1. login as p3rtp
2. sh
3. for i in /autoDataSets/DICOM/*.1.img; do echo "$i `DICOMList $i |sed -n '/^0010,0010/{n;p;}'`"; done

Hope it helps.

Regards,

Mike Zheng

Department of Radiation Oncology
University of Maryland Medical Systems

>>> "Bryan Murray" <Bryan.Murray@UTSouthwestern.edu> 5/4/2007 2:57 PM >>>
Okay, that directory is the same one that contains all the patient image data from our CT. Since the files are not labeled, it is hard to tell what is what. My ftp software has a time stamp which helps somewhat. Our goal is to be able to export Plan, POI, ROI, and images to a cd. This is for our Varian cone beam unit. That machine is not connected to our network because of firewalls. We are trying to work around this by exporting the files to a directory, ftp'ing that info to a pc, and then burning to a cd that can be loaded on the computer.

Ideas?

TIA,

Bryan

This e-mail and any accompanying attachments may contain protected health information about an identified patient. State and federal law protect the confidentiality of this information. If the reader of this message is not the intended recipient; you are prohibited from using, disclosing, reproducing or distributing this information; you should immediately notify the sender by telephone or email and delete this e-mail.

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##

De:	Juan Diego Azcona
A:	Adac Pinnacle Users List;
Cc:	
Asunto:	Dicom RT export with couch angle in native coordinates
Fecha:	viernes, 11 de mayo de 2007 10:02:16
Archivos adjuntos:	

We have a couple of problems when trying to export from Adac Pinnacle to a Lantis Impac system using Dicom RT.
When using a couch value different to 0 (90 deg) it is exported as 270 deg. We specify the couch angle in native coordinates and Dicom RT converts the value to IEC and exports in IEC coordinates.

Finally the couch angle written in the file used by the linac for treatment is IEC while our linac uses native coordinates. Is there a workaround for fixing this problem?

Thanks in advance!

--

Juan Diego Azcona
Radiation Physicist
Department of Oncology
Clínica Universitaria
Universidad de Navarra
Avda. Pío XII, 36
31008 Pamplona
Navarra
Spain

Tel/Phone: 34 948 25 54 00 x4913
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##

De:	Krieger_T@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Dicom RT export with couch angle in native coordinates
Fecha:	viernes, 11 de mayo de 2007 11:52:49
Archivos adjuntos:	

Juan,

We use Oncentra Record instead of Lantis and have no such problems, because in Oncentra Record we have the possibility to define the linac coordinate system different from IEC. Maybe in Lantis there is a similar thing.

Hope this helps

Thomas Krieger

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Juan Diego Azcona
Gesendet: Freitag, 11. Mai 2007 09:50
An: Adac Pinnacle Users List
Betreff: Dicom RT export with couch angle in native coordinates

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De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Dicom RT export with couch angle in native coordinates
Fecha:	viernes, 11 de mayo de 2007 19:35:56
Archivos adjuntos:	

Juan,

I recently went through the process of converting one of our rogue linac couches from native to IEC to match our other linacs. I am not sure what linac vendor you use, but for Siemens, you have to make sure your couch configurations all match in Pinnacle, Lantis, and Coherence Therapist (or Primeview). You have to independently change the settings in all three places (and of course match your actual couch as well).

In your case, I would first double check your couch angle configuration in Pinnacle and Lantis and Coherence Therapist or Primeview for Siemens linacs (I'm not sure if there is a third location for couch settings for Varian and Elekta?). It seems to me like maybe they are not the same and this is why your are getting a flipped couch angle. I would be surprised if the DICOM RT was actually changing this angle if all of your software was properly configured?

Joe Herrick
Reno, NV

>From: Juan Diego Azcona <jazcona@unav.es>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: Adac Pinnacle Users List <pinnacle-users@explode.unsw.edu.au>
>Subject: Dicom RT export with couch angle in native coordinates
>Date: Fri, 11 May 2007 09:50:29 +0200
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>account will not be distributed unless that account is also subscribed.
>##

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.

##

De:	A.Schwennicke@gmx.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Dicom RT export with couch angle in native coordinates
Fecha:	domingo, 13 de mayo de 2007 9:12:19
Archivos adjuntos:	

Hello Juan,

in Version 6.1 and higher (Lantis and Impac) it is possible to create a Source-Machine for Import. The Source-Machine is between the "RTP-Data" and your clinical Machine. Ask your Application-Specialist from Lantis/Impac or take a look on the Impac-Homepage.

Alexander

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Krieger_T@klinik.uni-wuerzburg.de
Gesendet: Freitag, 11. Mai 2007 11:38
An: pinnacle-users@explode.unsw.edu.au
Betreff: AW: Dicom RT export with couch angle in native coordinates

Juan,

We use Oncentra Record instead of Lantis and have no such problems, because in Oncentra Record we have the possibility to define the linac coordinate system different from IEC. Maybe in Lantis there is a similar thing.

Hope this helps

Thomas Krieger

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Juan Diego Azcona
Gesendet: Freitag, 11. Mai 2007 09:50
An: Adac Pinnacle Users List
Betreff: Dicom RT export with couch angle in native coordinates

We have a couple of problems when trying to export from Adac Pinnacle to a Lantis Impac system using Dicom RT.
When using a couch value different to 0 (90 deg) it is exported as 270 deg.
We specify the couch angle in native coordinates and Dicom RT converts the value to IEC and exports in IEC coordinates.

Finally the couch angle written in the file used by the linac for treatment is IEC while our linac uses native coordinates. Is there a workaround for fixing this problem?

Thanks in advance!

--

Juan Diego Azcona
Radiation Physicist
Department of Oncology
Clínica Universitaria
Universidad de Navarra
Avda. Pío XII, 36
31008 Pamplona
Navarra
Spain

Tel/Phone: 34 948 25 54 00 x4913
Fax: 34 948 25 55 00
http://www.unav.es

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--

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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle Challenge Plan
Fecha:	lunes, 14 de mayo de 2007 17:26:09
Archivos adjuntos:	image001.jpg

Radiation Oncology Resources (ROR) is pleased to announce the winner of our Head and Neck Challenge Plan Session.

For all those who participated, thank you again. Conducting these challenge plans has several advantages;

- It is a great way for dosimetrists to test their skills,
- Initiates discussion about RTOG protocol 0225 and the new revised version – RTOG 0615,
- Creates discussion among dosimetrists and physicists about a tough treatment plan,
- Participants can get an idea of the different techniques that their colleagues around the world are using,
- Discover differences in contouring and the effect that it will have on the plan,
- Discover different techniques for dealing with the maximum field size limitation on a Varian accelerator
- A way to learn different optimization techniques for different results.

Our physicists who picked the winning plan had the following comments:

“This dosimetrist used some jawing to avoid shoulders (good), not too many split fields, and they utilized collimator rotation.”

The winner for this challenge plan is; Lana

Kruger from Allan Blair Cancer Center in Canada.

Congratulations to Lana and her facility who will be receiving the EMR Link• Grand Prize.

Stay tuned, we will be conducting another challenge plan by September with schedule reviews at ASTRO by appointment and web review.

Regards,

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

De:	John Coletti
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle Challenge Plan
Fecha:	lunes, 14 de mayo de 2007 17:43:31
Archivos adjuntos:	image001.jpg

Is there any way to post the plan for review?
Thanks,
John Coletti

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager
Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-free: 866.312.3499 x 713

vlacerba@roresources.com
www.roresources.com

De:	Hobie Shackford
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Export limitation
Fecha:	miércoles, 16 de mayo de 2007 14:18:01
Archivos adjuntos:	

If you open up the Monitor Unit window is the
Reference Point for the beam set to the prescription
point POI_2?

Hobie Shackford
NorthMain Radiation Oncology
Providence, RI

--- Tercier Pierre-Alain <tercierpa@hopcantfr.ch>
wrote:

> Hello dears,
>
> I want to export a beam where there is a big
> assymetry. The goal
> is to implement a separate verification for MUs.
>
> ...and I get a strange message (because in my
> opinion irrelevant). The
> final point is how to overcome the limite 1-9999 and
> for instance
> get 0-9999. Which would succeed in my case. If the
> isocenter is in
> the beam it's always ok but with such an assymetry
> it fails because
> it calculates the dose at isocenter and not at the
> prescription point.
>
> See the beam, prescription and isocentre points
> (prescription in green
> and iso in red color) on the 1st picture.
>
> The Script:
>
> ExportFileList .Directory =
> "/home/p3rtp/Export/tmp";
> RVExportName = "Export";
> RVDestination = "Local";
> WriteOpenRTPOutput = "Export R & V";
>
> The error message that appears on the 2nd image
>
> Thanks to all

>
> Pat
>
>
> --
> Dr. es Sciences, Phys. Méd. SSRPM
> TERCIER Pierre-Alain
> Service de Radio-oncologie tel: +41 26
> 4267681
> Hôpital Fribourgeois fax:
> +41 26 4267665
> Site de Fribourg
> CH-1708 Fribourg
>

De:	Krieger_T@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Export limitation
Fecha:	miércoles, 16 de mayo de 2007 14:18:23
Archivos adjuntos:	

Hi Pat,

Check out, whether your reference point for dose calculation is set to POI_2 (DOSE=>OPTIONS=>MONITOR UNITS) and that you deliver minimum 1 MU for this beam.

Regards
Thomas

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Tercier Pierre-Alain
Gesendet: Mittwoch, 16. Mai 2007 12:50
An: pinnacle-users@explode.unsw.edu.au
Betreff: Export limitation

Hello dears,

I want to export a beam where there is a big assymetry. The goal is to implement a separate verification for MUs.

...and I get a strange message (because in my opinion irrelevant). The final point is how to overcome the limite 1-9999 and for instance get 0-9999. Which would succeed in my case. If the isocenter is in the beam it's always ok but with such an assymetry it fails because it calculates the dose at isocenter and not at the prescription point.

See the beam, prescription and isocentre points (prescription in green and iso in red color) on the 1st picture.

The Script:

ExportFileList .Directory = "/home/p3rtp/Export/tmp"; RVExportName = "Export"; RVDestination = "Local"; WriteOpenRTPOutput = "Export R & V";

The error message that appears on the 2nd image

Thanks to all

Pat

--
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TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital Fribourgeois fax: +41 26 4267665
Site de Fribourg
CH-1708 Fribourg

De:	Tercier Pierre-Alain
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Export limitation
Fecha:	miércoles, 16 de mayo de 2007 14:19:03
Archivos adjuntos:	im01.jpg im02.jpg

Hello dears,

I want to export a beam where there is a big assymetry. The goal is to implement a separate verification for MUs.

...and I get a strange message (because in my opinion irrelevant). The final point is how to overcome the limite 1-9999 and for instance get 0-9999. Which would succeed in my case. If the isocenter is in the beam it's always ok but with such an assymetry it fails because it calculates the dose at isocenter and not at the prescription point.

See the beam, prescription and isocentre points (prescription in green and iso in red color) on the 1st picture.

The Script:

```
ExportFileList .Directory = "/home/p3rtp/Export/tmp";
RVExportName = "Export";
RVDestination = "Local";
WriteOpenRTPOutput = "Export R & V";
```

The error message that appears on the 2nd image

Thanks to all

Pat

--
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Service de Radio-oncologie tel: +41 26 4267681
Hôpital Fribourgeois fax: +41 26 4267665
Site de Fribourg

CH-1708 Fribourg

De:	Tercier Pierre-Alain
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Export limitation
Fecha:	miércoles, 16 de mayo de 2007 15:41:35
Archivos adjuntos:	im03.jpg

Hi,

Thanks for your fast answer. The problem is clearly IMHO
not here see the attached image, the problem is that the
WriteOpenRTPOutput = "Export R & V";
requires a dose to isocenter between [1:999] and even if
I get 19 MU and 0.2 Gy to the Point of prescription POI_2
the isocenter POI_1 receives a really low value in Gy.
I want to change this limit of range [1:999] to
the range [0:999] (In preferences "hidden" or through
a script).

So again thanks but it doesn't help that time!

Bye
Pat

--
Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
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Hôpital Fribourgeois fax: +41 26 4267665
Site de Fribourg
CH-1708 Fribourg

> -----Message d'origine-----
> De : owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] De la part
> de Krieger_T@klinik.uni-wuerzburg.de
> Envoyé : mercredi, 16. mai 2007 13:55
> À : pinnacle-users@explode.unsw.edu.au
> Objet : AW: Export limitation

>
> Hi Pat,
>
> Check out, whether your reference point for dose calculation
> is set to POI_2 (DOSE=>OPTIONS=>MONITOR UNITS) and that you
> deliver minimum 1 MU for this beam.
>
> Regards
> Thomas
>
> -----Ursprüngliche Nachricht-----
> Von: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag
> von Tercier Pierre-Alain
> Gesendet: Mittwoch, 16. Mai 2007 12:50
> An: pinnacle-users@explode.unsw.edu.au
> Betreff: Export limitation
>
> Hello dears,
>
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> goal is to implement a separate verification for MUs.
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> ...and I get a strange message (because in my opinion
> irrelevant). The final point is how to overcome the limite
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> case. If the isocenter is in the beam it's always ok but with
> such an assymetry it fails because it calculates the dose at
> isocenter and not at the prescription point.
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> The error message that appears on the 2nd image
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> Thanks to all
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> Pat
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>
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> Hôpital Fribourgeois fax: +41 26 4267665
> Site de Fribourg
> CH-1708 Fribourg
>
>
>

>

De:	Hobie Shackford
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Export limitation
Fecha:	jueves, 17 de mayo de 2007 2:58:10
Archivos adjuntos:	

The image you attached was not the monitor unit window Thomas and I were talking about. If the reference point in the Monitor Unit window is the isocenter (which I think is the default) it may be causing your problem.

We export offset fields like this to IMPAC using the Plan Export window so perhaps there is an issue with your script as you suggest. We also usually prescribe a dose to that offset calc point not monitor units but I don't see how that would matter.

Hobie Shackford
NorthMain Radiation Oncology
Providence, RI

--- Tercier Pierre-Alain <tercierpa@hopcantfr.ch> wrote:

> Hi,
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> not here see the attached image, the problem is that
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> Gy.
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> the range [0:999] (In preferences "hidden" or
> through
> a script).
>
> So again thanks but it doesn't help that time!
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> Bye
> Pat
>

> --
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> CH-1708 Fribourg
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> > -----Message d'origine-----
> > De : owner-pinnacle-users@explode.unsw.edu.au
> > [mailto:owner-pinnacle-users@explode.unsw.edu.au]
> De la part
> > de Krieger_T@klinik.uni-wuerzburg.de
> > Envoyé : mercredi, 16. mai 2007 13:55
> > À : pinnacle-users@explode.unsw.edu.au
> > Objet : AW: Export limitation
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> > Thomas
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> > -----Ursprüngliche Nachricht-----
> > Von: owner-pinnacle-users@explode.unsw.edu.au
> > [mailto:owner-pinnacle-users@explode.unsw.edu.au]
> Im Auftrag
> > von Tercier Pierre-Alain
> > Gesendet: Mittwoch, 16. Mai 2007 12:50
> > An: pinnacle-users@explode.unsw.edu.au
> > Betreff: Export limitation
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> > Site de Fribourg
> > CH-1708 Fribourg
>

##

De:	Tercier Pierre-Alain
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Export limitation (or my wrong interpretation of it)
Fecha:	viernes, 18 de mayo de 2007 10:32:49
Archivos adjuntos:	

Woaww!

This time i had it!
Sorry for my slow understanding. You are completely right.
The point in the Monitor Unit was wrong (POI_1 = isocenter
and not POI_2 = presciption). I was not aware of this
particularity (I have to think about it but my wrong understanding
was that the prescription point corresponds always to this Monitor
Unit windows point). It's not the case!

I will try do it by myself :
To get a corresponding synchronisation between the presciption point and this selected point in the "monitor unit window".

But sure if somebody knows a script to do this it would be great.

Thanks to all folks your're great!
Bye
Pat

--
Dr. es Sciences, Phys. Méd. SSRPM
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Hôpital Fribourgeois fax: +41 26 4267665
Site de Fribourg
CH-1708 Fribourg

> -----Message d'origine-----
> De : owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] De la part
> de Hobie Shackford
> Envoyé : jeudi, 17. mai 2007 02:43

> À : pinnacle-users@explode.unsw.edu.au
> Objet : RE: Export limitation
>
> The image you attached was not the monitor unit window
> Thomas and I were talking about. If the reference
> point in the Monitor Unit window is the isocenter
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> a dose to that offset calc point not monitor units but
> I don't see how that would matter.
>
> Hobie Shackford
> NorthMain Radiation Oncology
> Providence, RI
>
> --- Tercier Pierre-Alain <tercierpa@hopcantfr.ch>
> wrote:
>
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> > --
> > Dr. es Sciences, Phys. Méd. SSRPM
> > TERCIER Pierre-Alain
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> > Hôpital Fribourgeois fax:
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> >
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> > > -----Message d'origine-----
> > > De : owner-pinnacle-users@explode.unsw.edu.au
> > > [mailto:owner-pinnacle-users@explode.unsw.edu.au]
> > De la part
> > > de Krieger_T@klinik.uni-wuerzburg.de
> > > Envoyé : mercredi, 16. mai 2007 13:55
> > > À : pinnacle-users@explode.unsw.edu.au
> > > Objet : AW: Export limitation
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> > > deliver minimum 1 MU for this beam.
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> > > Regards
> > > Thomas
> > >
> > > -----Ursprüngliche Nachricht-----
> > > Von: owner-pinnacle-users@explode.unsw.edu.au
> > > [mailto:owner-pinnacle-users@explode.unsw.edu.au]
> > Im Auftrag
> > > von Tercier Pierre-Alain
> > > Gesendet: Mittwoch, 16. Mai 2007 12:50
> > > An: pinnacle-users@explode.unsw.edu.au
> > > Betreff: Export limitation
> > >
> > > Hello dears,
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> >
>

>
>
> _____
> _____
> Moody friends. Drama queens. Your life? Nope! - their life,
> your story. Play Sims Stories at Yahoo! Games.
> http://sims.yahoo.com/
>
>
>

De:	Francesco Meucci
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	
Fecha:	lunes, 21 de mayo de 2007 13:50:34
Archivos adjuntos:	

Hello,
I'am a new pinnacle user;
I need an information about dose calculation in particular about where dose is calculated;

The MU calculation is given by

MU=f(D_presc , ND)

D_presc = prescribed dose at PRESCRIPTION Point
ND = Normalized Dose at REFERENCE Point (ratio of dose at the prescription point to dose at reference point, as determined by convolution algorithm);

by default, the REF point is set at the isocenter ;
if isocenter is behind a block or in penumbra , of course I will set the Prescription Point in an open field far from block and penumbra, but: should I set ALSO the REFERENCE point far form blocks , penumbra etc? I think so; can you confirm?
Otherwise, which is the role of the REF Point? Is it important for a correct MU calculation or the only important point is the prescripion point?

thanks

f.meucci

De:	Tercier Pierre-Alain
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Export limitation (solution!? ;-)
Fecha:	lunes, 21 de mayo de 2007 15:01:37
Archivos adjuntos:	

And the final script solution I have found is:

The iterator script : Synchronise_All_PPrescription.Script
// Synchronise all beams point of references
TrialList .Current .BeamList .ChildrenEachCurrent.#"@" .Script.ExecuteNow = "/usr/local/adacnew/PinnacleSiteData/Scripts/Synchronise_PPrescription.Script";
// end

The called script: Synchronise_PPrescription.Script
// Find the prescription for that beam and make it current
Store.At.PrescriptionName = SimpleString{};
Store.At.PrescriptionName.AppendString= TrialList .Current .BeamList .Current .PrescriptionName.String;
TrialList .Current .PrescriptionList.MakeCurrent=Store.At.PrescriptionName;

// Find the point of prescription for that prescription
Store.At.PointDePrescription = SimpleString{};
Store.At.PointDePrescription.AppendString = TrialList .Current .PrescriptionList .Current.PrescriptionPoint;

// Make that point the PrescriptionPointName for that beam
TrialList .Current .BeamList .Current .PrescriptionPointName = Store.At.PointDePrescription;
//end for that beam

It could be shorter but i wanted to see the variable on the path ;-)
If I'm right after applying the 1st script (iterator) the point of prescrition (for all beams) will be the same as the ref. point in the Monitor Unit window (even there is more
than one prescription).

Thanks for all the helping people in that small (but deep) scripting exercise.

If you see any errors ;-) just tell me!

Bye
Pat

--
Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital Fribourgeois fax: +41 26 4267665
Site de Fribourg
CH-1708 Fribourg

> -----Message d'origine-----
> De : owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] De la part
> de Tercier Pierre-Alain
> Envoyé : vendredi, 18. mai 2007 10:24
> À : pinnacle-users@explode.unsw.edu.au
> Objet : RE: Export limitation (or my wrong interpretation of it)
>
> Woaww!
>
> This time i had it!
> Sorry for my slow understanding. You are completely right.
> The point in the Monitor Unit was wrong (POI_1 = isocenter
> and not POI_2 = presciption). I was not aware of this
> particularity (I have to think about it but my wrong understanding
> was that the prescription point corresponds always to this Monitor
> Unit windows point). It's not the case!
>
> I will try do it by myself :
> To get a corresponding synchronisation between the
> presciption point and this
> selected point in the "monitor unit window".
>
> But sure if somebody knows a script to do this it would be great.
>
> Thanks to all folks your're great!
> Bye
> Pat
>
> --
> Dr. es Sciences, Phys. Méd. SSRPM
> TERCIER Pierre-Alain

> Service de Radio-oncologie tel: +41 26 4267681
> Hôpital Fribourgeois fax: +41 26 4267665
> Site de Fribourg
> CH-1708 Fribourg
>
>
>
>
> > -----Message d'origine-----
> > De : owner-pinnacle-users@explode.unsw.edu.au
> > [mailto:owner-pinnacle-users@explode.unsw.edu.au] De la part
> > de Hobie Shackford
> > Envoyé : jeudi, 17. mai 2007 02:43
> > À : pinnacle-users@explode.unsw.edu.au
> > Objet : RE: Export limitation
> >
> > The image you attached was not the monitor unit window
> > Thomas and I were talking about. If the reference
> > point in the Monitor Unit window is the isocenter
> > (which I think is the default) it may be causing your
> > problem.
> >
> > We export offset fields like this to IMPAC using the
> > Plan Export window so perhaps there is an issue with
> > your script as you suggest. We also usually prescribe
> > a dose to that offset calc point not monitor units but
> > I don't see how that would matter.
> >
> > Hobie Shackford
> > NorthMain Radiation Oncology
> > Providence, RI
> >
> > --- Tercier Pierre-Alain <tercierpa@hopcantfr.ch>
> > wrote:
> >
> > > Hi,
> > >
> > > Thanks for your fast answer. The problem is clearly
> > > IMHO
> > > not here see the attached image, the problem is that
> > > the
> > > WriteOpenRTPOutput = "Export R & V";
> > > requires a dose to isocenter between [1:999] and
> > > even if
> > > I get 19 MU and 0.2 Gy to the Point of prescription

> > > POI_2
> > > the isocenter POI_1 receives a really low value in
> > > Gy.
> > > I want to change this limit of range [1:999] to
> > > the range [0:999] (In preferences "hidden" or
> > > through
> > > a script).
> > >
> > > So again thanks but it doesn't help that time!
> > >
> > > Bye
> > > Pat
> > >
> > > --
> > > Dr. es Sciences, Phys. Méd. SSRPM
> > > TERCIER Pierre-Alain
> > > Service de Radio-oncologie tel: +41 26
> > > 4267681
> > > Hôpital Fribourgeois fax:
> > > +41 26 4267665
> > > Site de Fribourg
> > > CH-1708 Fribourg
> > >
> > >
> > >
> > >
> > > > -----Message d'origine-----
> > > > De : owner-pinnacle-users@explode.unsw.edu.au
> > > > [mailto:owner-pinnacle-users@explode.unsw.edu.au]
> > > De la part
> > > > de Krieger_T@klinik.uni-wuerzburg.de
> > > > Envoyé : mercredi, 16. mai 2007 13:55
> > > > À : pinnacle-users@explode.unsw.edu.au
> > > > Objet : AW: Export limitation
> > > >
> > > > Hi Pat,
> > > >
> > > > Check out, whether your reference point for dose
> > > calculation
> > > > is set to POI_2 (DOSE=>OPTIONS=>MONITOR UNITS)
> > > and that you
> > > > deliver minimum 1 MU for this beam.
> > > >
> > > > Regards
> > > > Thomas

> > > >
> > > > -----Ursprüngliche Nachricht-----
> > > > Von: owner-pinnacle-users@explode.unsw.edu.au
> > > > [mailto:owner-pinnacle-users@explode.unsw.edu.au]
> > > Im Auftrag
> > > > von Tercier Pierre-Alain
> > > > Gesendet: Mittwoch, 16. Mai 2007 12:50
> > > > An: pinnacle-users@explode.unsw.edu.au
> > > > Betreff: Export limitation
> > > >
> > > > Hello dears,
> > > >
> > > > I want to export a beam where there is a big
> > > assymetry. The
> > > > goal is to implement a separate verification for
> > > MUs.
> > > >
> > > > ...and I get a strange message (because in my
> > > opinion
> > > > irrelevant). The final point is how to overcome
> > > the limite
> > > > 1-9999 and for instance get 0-9999. Which would
> > > succeed in my
> > > > case. If the isocenter is in the beam it's always
> > > ok but with
> > > > such an assymetry it fails because it calculates
> > > the dose at
> > > > isocenter and not at the prescription point.
> > > >
> > > > See the beam, prescription and isocentre points
> > > (prescription
> > > > in green and iso in red color) on the 1st picture.
> > > >
> > > > The Script:
> > > >
> > > > ExportFileList .Directory =
> > > "/home/p3rtp/Export/tmp";
> > > > RVExportName = "Export"; RVDestination = "Local";
> > > > WriteOpenRTPOutput = "Export R & V";
> > > >
> > > > The error message that appears on the 2nd image
> > > >
> > > > Thanks to all
> > > >
> > > > Pat

> > > >
> > > >
> > > > --
> > > > Dr. es Sciences, Phys. Méd. SSRPM
> > > > TERCIER Pierre-Alain
> > > > Service de Radio-oncologie tel: +41 26
> > > 4267681
> > > > Hôpital Fribourgeois fax:
> > > +41 26 4267665
> > > > Site de Fribourg
> > > > CH-1708 Fribourg
> > >
> >
> >
> >
> > _____
> > _____
> > Moody friends. Drama queens. Your life? Nope! - their life,
> > your story. Play Sims Stories at Yahoo! Games.
> > http://sims.yahoo.com/
> >
> >
> >
>
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> > ##
> > #########
> >
>
>
>
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> ##
> #########
>

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##

De:	Chavaree, David
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	10 MV Beam Data
Fecha:	martes, 22 de mayo de 2007 20:20:44
Archivos adjuntos:	

Pinnacle Users,

We are currently constructing a new vault that will house a Varian 10 MV beam – an energy we do not currently have. In an attempt to get a jump start on the modeling I would like to respectfully ask if anyone would be willing to share a FULL ASCII Varian 10 MV data set for P3 v7.4f. The goal is to develop a model that we would only need to tweak after collecting our own data as opposed to starting from scratch. Please respond to me privately rather than the list at chavared@exempla.org

Many thanks in advance to any and all willing to assist.

Dave

De:	Scott Dube
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Delineation of Parotid Gland
Fecha:	martes, 22 de mayo de 2007 21:03:09
Archivos adjuntos:	

I'm looking for an atlas or a definition which helps delineate the parotid gland. The big question is, "How deep do they go?". This obviously has a huge impact on IMRT planning when the PTV closley borders or even overlaps the parotids.

Please share your reference if you have one. Thanks muchly.

De:	Fuller, Charles J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Delineation of Parotid Gland
Fecha:	martes, 22 de mayo de 2007 22:26:17
Archivos adjuntos:	

Scott,

I've used the "Pocket Atlas of Body CT Anatomy" , by W.Richard Webb and Michael B. Gotway, but I have to warn you it barely covers the parotid as that is as far superior as this publication covers.

I think the parotids are usually fairly well defined by CT, but I've only drawn them myself once or twice. On those occasions, I made sure the Radiation Oncologist was happy with the result.

I think it pays to have a few references like the "Pocket Atlas" around the department.

The Radiation Oncologist should be defining them for you, in my opinion. The amount of overlap of the PTV and the parotid is a clinical judgment that has to be assessed for every case.

To the best of my recollection, we have been trying to limit them to 2000 cGy to less than a third of the parotid. To put it another way, two thirds of the gland gets no more than 2000 cGy. Again, this is a clinical judgment that needs to be made for each case.

Hope this helps.

Charlie Fuller

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Scott Dube
Sent: Tuesday, May 22, 2007 2:58 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Delineation of Parotid Gland

I'm looking for an atlas or a definition which helps delineate the parotid gland. The big question is, "How deep do they go?". This obviously has a huge impact on IMRT planning when the PTV closley borders or even overlaps the parotids.

Please share your reference if you have one. Thanks muchly.

De:	John Shakeshaft
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Helen Winter;
Asunto:	Elekta Beam Modulator Model
Fecha:	miércoles, 23 de mayo de 2007 14:07:56
Archivos adjuntos:	

Does anybody have a model of the Elekta Beam Modulator at 6MV that they would be prepared to share?

Answers to Helen Winter (address above).

Many thanks

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY
Tel: 0151 334 1155 X4683
Fax: 0151 482 7860

De:	Cousins Andrew
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Elekta Beam Modulator Model
Fecha:	miércoles, 23 de mayo de 2007 16:02:40
Archivos adjuntos:	

We're just working on our Beam Modulator model and would be happy to share with anyone else off list

It's a bit like - I'll show you mine if you show me yours!!!

Replies off-list to:

Andrew.cousins@rwh-tr.nhs.uk

Andy Cousins
Radiotherapy Physicist
New Cross Hospital
Wolverhampton
WV10 0QP
UK

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]
Sent: 23 May 2007 12:49
To: pinnacle-users@explode.unsw.edu.au
Cc: Helen Winter
Subject: Elekta Beam Modulator Model

Does anybody have a model of the Elekta Beam Modulator at 6MV that they would be prepared to share?

Answers to Helen Winter (address above).

Many thanks

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington

Wirral
CH63 4JY
Tel: 0151 334 1155 X4683
Fax: 0151 482 7860

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De:	Gnanaprakasam (GP) Vadivelu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Prostate IMRT with both hip replacement
Fecha:	viernes, 25 de mayo de 2007 1:29:03
Archivos adjuntos:	

Would anybody have any suggestions on beam arrangements for prostate IMRT of a patient with both hip replacement?.
Thanks in advance
Prakash

De:	Mooi Tin Khaw
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Prostate IMRT with both hip replacement
Fecha:	viernes, 25 de mayo de 2007 2:11:18
Archivos adjuntos:	

Hi
The plan I did had 6 fields (3D_CRT. Very low weighting on the laterals. Informed doctor re: lat beams passing thru prostheses- R/L lateral, RAO, LAO, LPO, RPO.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Gnanaprakasam (GP) Vadivelu
Sent: Friday, 25 May 2007 11:10
To: pinnacle-users@explode.unsw.edu.au
Subject: Prostate IMRT with both hip replacement

Would anybody have any suggestions on beam arrangements for prostate IMRT of a patient with both hip replacement?. Thanks in advance Prakash

members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Prostate IMRT Rectum Density Override
Fecha:	viernes, 25 de mayo de 2007 2:30:32
Archivos adjuntos:	

I was recently told that some centers (during prostate IMRT planning) will override the density of the rectum (to 1.00) if there is a "significant" amount of air (gas) to avoid dumping extra dose into the posterior prostate/anterior rectum during optimization. The assumption being that this gas in the rectum during simulation is atypical of a regular treatment day. Does anybody out there really do this? and if so, is the gas density always overridden or is their some "gas volume tolerance level"? It makes me hesitant to override any density unless it is an obvious artifact and in this case, it seems to me that re-simulation would be a better choice.

I would welcome all comments/suggestions.

Joe Herrick
Reno, NV

De:	Douglas Drake, M.S.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Prostate IMRT Rectum Density Override
Fecha:	viernes, 25 de mayo de 2007 3:24:40
Archivos adjuntos:	

Rectum as well as bladder are overridden to 1.00 for all prostate IMRT here. I don't understand why anyone would NOT override these; rectum at the very least since its contents are so dynamic. Why "re-simulate" for something which just changes day to day, hour to hour, etc., anyway?
Regards,
Doug Drake

=====
Douglas G. Drake, M.S., DABR
Medical Physicist
Dept. of Radiation Oncology
William Beaumont Hospital
3601 West 13 Mile Rd.
Royal Oak, MI 48073
Phone: 248-551-7035 Fax: 248-551-3784

>>> "Joe Herrick" <herrick_js@hotmail.com> 05/24/07 8:26 PM >>>
I was recently told that some centers (during prostate IMRT planning) will override the density of the rectum (to 1.00) if there is a "significant" amount of air (gas) to avoid dumping extra dose into the posterior prostate/anterior rectum during optimization. The assumption being that this gas in the rectum during simulation is atypical of a regular treatment day. Does anybody out there really do this? and if so, is the gas density always overridden or is their some "gas volume tolerance level"? It makes me hesitant to override any density unless it is an obvious artifact and in this case, it seems to me that re-simulation would be a better choice.

I would welcome all comments/suggestions.

Joe Herrick
Reno, NV

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De:	arniezc@comcast.net
A:	pinnacle-users@explode.unsw.edu.au; pinnacle-users@explode.unsw.edu.au;
Cc:	Mooi Tin Khaw;
Asunto:	RE: Prostate IMRT with both hip replacement
Fecha:	viernes, 25 de mayo de 2007 4:12:26
Archivos adjuntos:	

Unless your planning system can accurately model the dose downstream of the prosthesis you should avoid treating through it. Laterals or (near laterals) can avoid the prosthesis with a table kick.

Good luck,

Arnie Cohen, MS, DABR, DABMP

A. Z. Cohen MedPhysics
Locum Tenens and regional consulting
12728 58th Ave SE
Snohomish WA 98296-8976
425.338.5507
425.577.9940 (c)
arniezc@comcast.net

---------- Original message ----------
From: "Mooi Tin Khaw" <MooiK@adhb.govt.nz>
> Hi
> The plan I did had 6 fields (3D_CRT. Very low weighting on the laterals.
> Informed doctor re: lat beams passing thru prostheses- R/L lateral, RAO, LAO,
> LPO, RPO.
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Gnanaprakasam
> (GP) Vadivelu
> Sent: Friday, 25 May 2007 11:10
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Prostate IMRT with both hip replacement
>
>
> Would anybody have any suggestions on beam arrangements for prostate IMRT of a

> patient with both hip replacement?. Thanks in advance Prakash
>
>
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##

De:	Barrett Marc
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Prostate IMRT Rectum Density Override
Fecha:	viernes, 25 de mayo de 2007 5:51:15
Archivos adjuntos:	

Hi Joe,

We do not override any air density in the rectum. We plan with the scan "as is" (the density of the organs and their natural contents are not changed). The reasoning we use is that during the course of a treatment regime, there will more than likely be gas in the rectum on any given day, as well as fecal matter. We feel this is a more realistic model of the patient, seeing as the function of the rectum is to expel gas and fecal matter from the GI tract.

To my way of thinking, the fact that the contents, and volume of contents, in the rectum are so dynamic, precludes reducing the density of those contents and the structure itself to 1.00. I have yet to see a patient that has naturally occuring unit density gas.

We do not override the rectum density on our 4 port box patients or our 3D conformal patients, so why override on our IMRT patients? If you have historically overridden these densities then I see no reason to change doing so, but to perfom "CT Surgery" simply because the patient is an IMRT patient is not a valid argument to me. Consistency is a key to accurate planning for the Oncologists, and to change the patients anatomy solely based on a type of treatment to be delivered is not valid, in my opinion.

Carrying this a step further, on any given day the physical volume of the rectum itself, as an organ, will differ from the previous day (expansion and contraction due to gas build-up, expultion, and peristalsis), yet we do not attempt to contour "what we think the average volume of the rectum will be during the course of treatment", we contour the volume as indicated on our CT scan, as this is what we have to work with at that moment in time. So also, we feel, that the same should apply, as stated above, to the contents.

Obvious artifacts, as you state, can be overridden to a density equal to the surrounding tissue density. Other than that, we plan the patients

as they are, resigned to the fact that some patients are just full of it, period. ;)

Marc

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Douglas Drake, M.S.
Sent: Thursday, May 24, 2007 8:21 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Prostate IMRT Rectum Density Override

Rectum as well as bladder are overridden to 1.00 for all prostate IMRT here. I don't understand why anyone would NOT override these; rectum at the very least since its contents are so dynamic. Why "re-simulate" for something which just changes day to day, hour to hour, etc., anyway?
Regards,
Doug Drake

=====
Douglas G. Drake, M.S., DABR
Medical Physicist
Dept. of Radiation Oncology
William Beaumont Hospital
3601 West 13 Mile Rd.
Royal Oak, MI 48073
Phone: 248-551-7035 Fax: 248-551-3784

>>> "Joe Herrick" <herrick_js@hotmail.com> 05/24/07 8:26 PM >>>
I was recently told that some centers (during prostate IMRT planning) will override the density of the rectum (to 1.00) if there is a "significant"
amount of air (gas) to avoid dumping extra dose into the posterior prostate/anterior rectum during optimization. The assumption being that this gas in the rectum during simulation is atypical of a regular treatment day. Does anybody out there really do this? and if so, is the gas density always overridden or is their some "gas volume tolerance level"? It makes me hesitant to override any density unless it is an obvious artifact and in this case, it seems to me that re-simulation would be a better choice.

I would welcome all comments/suggestions.

Joe Herrick
Reno, NV

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De:	Chris Hawkins
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Prostate IMRT Rectum Density Override
Fecha:	viernes, 25 de mayo de 2007 15:00:28
Archivos adjuntos:	

We have overridden HIGH densities in the rectum and bladder due to contrast.

^^^^^^^^^^^^^^^^^^^^^^^^^

Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

>>> herrick_js@hotmail.com 5/24/2007 8:26:17 PM >>>
I was recently told that some centers (during prostate IMRT planning) will override the density of the rectum (to 1.00) if there is a "significant" amount of air (gas) to avoid dumping extra dose into the posterior prostate/anterior rectum during optimization. The assumption being that this gas in the rectum during simulation is atypical of a regular treatment day. Does anybody out there really do this? and if so, is the gas density always overridden or is their some "gas volume tolerance level"? It makes me hesitant to override any density unless it is an obvious artifact and in this case, it seems to me that re-simulation would be a better choice.

I would welcome all comments/suggestions.

Joe Herrick
Reno, NV

to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Tim Paul
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Scripting
Fecha:	viernes, 25 de mayo de 2007 21:15:33
Archivos adjuntos:	

Any of you scripting gurus have or know of a reference or two that I could get to write & edit my own scripts?

Thanks for any help that you could provide.

Best Regards,

Timothy Paul, MS, DABR, CHP
Chief Physicist
Ironwood Cancer & Research Centers, PC
695 S. Dobson Rd. 6111 E. Arbor Ave.
Chandler, AZ 85224 Mesa, AZ 85224
Tel: (480) 821-2838 ext 3041 Tel:(480) 981-1326

De:	Tercier Pierre-Alain
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Export limitation (solution!? ;-)
Fecha:	martes, 29 de mayo de 2007 17:59:51
Archivos adjuntos:	

Hello dears,

I improve the "called" script (named: Synchronise_PPrescription.Script)
because the TrialList .Current .PrescriptionList.MakeCurrent is not
working the way I supposed to. So i skipped it.
It gives something (less smart) like that (the iterator script stays
the same:

--- start ---
The iterator script : Synchronise_All_PPrescription.Script
// Synchronise all beams point of references
TrialList .Current .BeamList .ChildrenEachCurrent.#"@" .Script.ExecuteNow = "/usr/local/adacnew/PinnacleSiteData/Scripts/Synchronise_PPrescription.Script";
// end

The called script: Synchronise_PPrescription.Script
// For that beam
// Store the prescription name

Store.At.PrescriptionName = SimpleString{};
Store.At.PrescriptionName.AppendString= TrialList .Current .BeamList .Current .PrescriptionName.String;

// Do that prescription the current one
// It doesn't work properly WHY?
// TrialList .Current .PrescriptionList.MakeCurrent=Store.At.PrescriptionName;

// The other method is "going through a UNIX script :-(

// Produce a script with the correct line into it
Store.At.MyCommand = SimpleString{};
Store.At.MyCommand.AppendString = "echo 'TrialList .Current .BeamList .Current .PrescriptionPointName = TrialList .Current .PrescriptionList .";
Store.At.MyCommand.AppendString = Store.At.PrescriptionName;
Store.At.MyCommand.AppendString = " .PrescriptionPoint;' > /home/p3rtp/script_tmp.

Script";
SpawnCommand = Store.StringAt.MyCommand;

// Execute that script
// The danger is:
//   in a big clinic this script can be used/overwritten
//   by more than one user at the same time.
// BTW you have to avoid special character in the prescription name
// Here we used only [A-Z], [0-9] and [_]
// No spaces [ ]
// No minus [-]
// No sharp [#], etc...

Script.ExecuteNow = "/home/p3rtp/script_tmp.Script";
--- end (2 differents scripts) ---

The bad symptom for the old version was a presciption point which correspond to the last edited (selected) prescription. The others prescription were correctly identified but never choosen (never selected by the TrialList .Current .PrescriptionList.MakeCurrent=Store.At.PrescriptionName; message).

Now it works for more than one prescription too.

Hope this could help you if you were not able to use it as expected.
Of course if something smarter is available... I would greatly appreciate ;-)

Bye
Pat

--
Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital Fribourgeois fax: +41 26 4267665
Site de Fribourg
CH-1708 Fribourg

> -----Message d'origine-----
> De : owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] De la part
> de Tercier Pierre-Alain
> Envoyé : lundi, 21. mai 2007 14:48
> À : pinnacle-users@explode.unsw.edu.au
> Objet : RE: Export limitation (solution!? ;-)

>
> And the final script solution I have found is:
>
> The iterator script : Synchronise_All_PPrescription.Script
> // Synchronise all beams point of references
> TrialList .Current .BeamList .ChildrenEachCurrent.#"@"
> .Script.ExecuteNow =
> "/usr/local/adacnew/PinnacleSiteData/Scripts/Synchronise_PPres
> cription.Script";
> // end
>
>
> The called script: Synchronise_PPrescription.Script
> // Find the prescription for that beam and make it current
> Store.At.PrescriptionName = SimpleString{};
> Store.At.PrescriptionName.AppendString= TrialList .Current
> .BeamList .Current .PrescriptionName.String;
> TrialList .Current
> .PrescriptionList.MakeCurrent=Store.At.PrescriptionName;
>
> // Find the point of prescription for that prescription
> Store.At.PointDePrescription = SimpleString{};
> Store.At.PointDePrescription.AppendString = TrialList
> .Current .PrescriptionList .Current.PrescriptionPoint;
>
> // Make that point the PrescriptionPointName for that beam
> TrialList .Current .BeamList .Current .PrescriptionPointName
> = Store.At.PointDePrescription;
> //end for that beam
>
> It could be shorter but i wanted to see the variable on the path ;-)
> If I'm right after applying the 1st script (iterator) the
> point of prescrition (for all
> beams) will be the same as the ref. point in the Monitor Unit
> window (even there is more
> than one prescription).
>
> Thanks for all the helping people in that small (but deep)
> scripting exercise.
>
> If you see any errors ;-) just tell me!
> Bye
> Pat
>
> --

> Dr. es Sciences, Phys. Méd. SSRPM
> TERCIER Pierre-Alain
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> Hôpital Fribourgeois fax: +41 26 4267665
> Site de Fribourg
> CH-1708 Fribourg
>
>
>
>
> > -----Message d'origine-----
> > De : owner-pinnacle-users@explode.unsw.edu.au
> > [mailto:owner-pinnacle-users@explode.unsw.edu.au] De la part
> > de Tercier Pierre-Alain
> > Envoyé : vendredi, 18. mai 2007 10:24
> > À : pinnacle-users@explode.unsw.edu.au
> > Objet : RE: Export limitation (or my wrong interpretation of it)
> >
> > Woaww!
> >
> > This time i had it!
> > Sorry for my slow understanding. You are completely right.
> > The point in the Monitor Unit was wrong (POI_1 = isocenter
> > and not POI_2 = presciption). I was not aware of this
> > particularity (I have to think about it but my wrong understanding
> > was that the prescription point corresponds always to this Monitor
> > Unit windows point). It's not the case!
> >
> > I will try do it by myself :
> > To get a corresponding synchronisation between the
> > presciption point and this
> > selected point in the "monitor unit window".
> >
> > But sure if somebody knows a script to do this it would be great.
> >
> > Thanks to all folks your're great!
> > Bye
> > Pat
> >
> > --
> > Dr. es Sciences, Phys. Méd. SSRPM
> > TERCIER Pierre-Alain
> > Service de Radio-oncologie tel: +41 26 4267681
> > Hôpital Fribourgeois fax: +41 26 4267665
> > Site de Fribourg

> > CH-1708 Fribourg
> >
> >
> >
> >
> > > -----Message d'origine-----
> > > De : owner-pinnacle-users@explode.unsw.edu.au
> > > [mailto:owner-pinnacle-users@explode.unsw.edu.au] De la part
> > > de Hobie Shackford
> > > Envoyé : jeudi, 17. mai 2007 02:43
> > > À : pinnacle-users@explode.unsw.edu.au
> > > Objet : RE: Export limitation
> > >
> > > The image you attached was not the monitor unit window
> > > Thomas and I were talking about. If the reference
> > > point in the Monitor Unit window is the isocenter
> > > (which I think is the default) it may be causing your
> > > problem.
> > >
> > > We export offset fields like this to IMPAC using the
> > > Plan Export window so perhaps there is an issue with
> > > your script as you suggest. We also usually prescribe
> > > a dose to that offset calc point not monitor units but
> > > I don't see how that would matter.
> > >
> > > Hobie Shackford
> > > NorthMain Radiation Oncology
> > > Providence, RI
> > >
> > > --- Tercier Pierre-Alain <tercierpa@hopcantfr.ch>
> > > wrote:
> > >
> > > > Hi,
> > > >
> > > > Thanks for your fast answer. The problem is clearly
> > > > IMHO
> > > > not here see the attached image, the problem is that
> > > > the
> > > > WriteOpenRTPOutput = "Export R & V";
> > > > requires a dose to isocenter between [1:999] and
> > > > even if
> > > > I get 19 MU and 0.2 Gy to the Point of prescription
> > > > POI_2
> > > > the isocenter POI_1 receives a really low value in
> > > > Gy.

> > > > I want to change this limit of range [1:999] to
> > > > the range [0:999] (In preferences "hidden" or
> > > > through
> > > > a script).
> > > >
> > > > So again thanks but it doesn't help that time!
> > > >
> > > > Bye
> > > > Pat
> > > >
> > > > --
> > > > Dr. es Sciences, Phys. Méd. SSRPM
> > > > TERCIER Pierre-Alain
> > > > Service de Radio-oncologie tel: +41 26
> > > > 4267681
> > > > Hôpital Fribourgeois fax:
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> > > > Site de Fribourg
> > > > CH-1708 Fribourg
> > > >
> > > >
> > > >
> > > >
> > > > > -----Message d'origine-----
> > > > > De : owner-pinnacle-users@explode.unsw.edu.au
> > > > > [mailto:owner-pinnacle-users@explode.unsw.edu.au]
> > > > De la part
> > > > > de Krieger_T@klinik.uni-wuerzburg.de
> > > > > Envoyé : mercredi, 16. mai 2007 13:55
> > > > > À : pinnacle-users@explode.unsw.edu.au
> > > > > Objet : AW: Export limitation
> > > > >
> > > > > Hi Pat,
> > > > >
> > > > > Check out, whether your reference point for dose
> > > > calculation
> > > > > is set to POI_2 (DOSE=>OPTIONS=>MONITOR UNITS)
> > > > and that you
> > > > > deliver minimum 1 MU for this beam.
> > > > >
> > > > > Regards
> > > > > Thomas
> > > > >
> > > > > -----Ursprüngliche Nachricht-----
> > > > > Von: owner-pinnacle-users@explode.unsw.edu.au

> > > > > [mailto:owner-pinnacle-users@explode.unsw.edu.au]
> > > > Im Auftrag
> > > > > von Tercier Pierre-Alain
> > > > > Gesendet: Mittwoch, 16. Mai 2007 12:50
> > > > > An: pinnacle-users@explode.unsw.edu.au
> > > > > Betreff: Export limitation
> > > > >
> > > > > Hello dears,
> > > > >
> > > > > I want to export a beam where there is a big
> > > > assymetry. The
> > > > > goal is to implement a separate verification for
> > > > MUs.
> > > > >
> > > > > ...and I get a strange message (because in my
> > > > opinion
> > > > > irrelevant). The final point is how to overcome
> > > > the limite
> > > > > 1-9999 and for instance get 0-9999. Which would
> > > > succeed in my
> > > > > case. If the isocenter is in the beam it's always
> > > > ok but with
> > > > > such an assymetry it fails because it calculates
> > > > the dose at
> > > > > isocenter and not at the prescription point.
> > > > >
> > > > > See the beam, prescription and isocentre points
> > > > (prescription
> > > > > in green and iso in red color) on the 1st picture.
> > > > >
> > > > > The Script:
> > > > >
> > > > > ExportFileList .Directory =
> > > > "/home/p3rtp/Export/tmp";
> > > > > RVExportName = "Export"; RVDestination = "Local";
> > > > > WriteOpenRTPOutput = "Export R & V";
> > > > >
> > > > > The error message that appears on the 2nd image
> > > > >
> > > > > Thanks to all
> > > > >
> > > > > Pat
> > > > >
> > > > >
> > > > > --

> > > > > Dr. es Sciences, Phys. Méd. SSRPM
> > > > > TERCIER Pierre-Alain
> > > > > Service de Radio-oncologie tel: +41 26
> > > > 4267681
> > > > > Hôpital Fribourgeois fax:
> > > > +41 26 4267665
> > > > > Site de Fribourg
> > > > > CH-1708 Fribourg
> > > > >
> > >
> > >
> > >
> > > _____
> > > _____
> > > Moody friends. Drama queens. Your life? Nope! - their life,
> > > your story. Play Sims Stories at Yahoo! Games.
> > > http://sims.yahoo.com/
> > >
> > >
> > >
> >
>
###
> > > To unsubscribe (yourself or other account) from the
> > > pinnacle-users mailing list, send the message
> > > unsubscribe pinnacle-users <e-mail address>
> > > to majordomo@explode.unsw.edu.au.
> > >
> > > Note: To avoid non-delivery error messages being sent to all list
> > > members, the list has been configured so that messages can only be
> > > sent from a subscribed account. Messages sent from a
> users secondary
> > > account will not be distributed unless that account is also
> > > subscribed.
> > > ###
> > > #########
> > >
> >
> >
> >
>
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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	system instability after IMRT leads to change in DVH plot?
Fecha:	miércoles, 30 de mayo de 2007 16:21:07
Archivos adjuntos:	e.vdieren.vcf

Dear All,

Yesterday, we had a problem which got me worried a bit. I am hoping that other uses can reassure me with their experience.

After IMRT optimization, everything looked OK (DVH, constraint, EUD). Just after our printout of the plan, the system crashed (internal system error).
We restarted Pinnacle, and the DVH of **one** contour (rectum) certainly
looks different than the one on the printout, although EUD is the same
(????). For all other contours, plot and parameters (DVH min/max, EUD)
were exactly the same. The new DVH plot of the rectum remains the
same, whatever I do (restart, recompute beams).

This has me worried, because we get a lot of internal system errors since we started IMRT. So my question, has anyone ever seen changes
in DVH just after a internal system error. Alternatively, how do you reproduce an internal system error during IMRT, so I will be able to check and test again. Even more alternatively, should we always restart Pinnacle once the planning has finished?

sincerely
Erik

DISCLAIMER

De informatie in deze e-mail is vertrouwelijk en uitsluitend bestemd voor geadresseerde(n). Indien u niet de geadresseerde bent, wordt u er hierbij op gewezen, dat u geen recht heeft kennis te nemen van de inhoud van deze e-mail, deze te gebruiken, te kopiëren of te verstrekken aan andere personen dan de geadresseerde. Indien u deze e-mail abusievelijk heeft ontvangen, brengt u dan alstublieft de afzender op de hoogte, waarbij u bij deze gevraagd wordt het originele bericht te vernietigen.

Het HagaZiekenhuis is niet verantwoordelijk voor de inhoud van deze e-mail en wijst iedere aansprakelijkheid af voor en/of in verband met alle gevolgen en/of schade van een onjuiste of onvolledige verzending ervan. Tenzij uitdrukkelijk het tegendeel blijkt, kunnen aan dit bericht geen rechten worden ontleend. Het gebruik van Internet e-mail brengt zekere risico´s met zich mee. Daarom wordt iedere aansprakelijkheid voor het gebruik van dit medium door het HagaZiekenhuis van de hand gewezen.

De:	Tim Paul
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Name of DVH Window?
Fecha:	miércoles, 06 de junio de 2007 1:30:37
Archivos adjuntos:	

Hi,

I'm working on capturing the DVH window in a script.

Does anyone know and would be willing to share the window name, number or variable that Pinnacle uses when it generates that DVH window?

Thanks for any help you can provide.

Best Regards,

Timothy Paul, MS, DABR, CHP
Chief Physicist
Ironwood Cancer & Research Centers, PC
695 S. Dobson Rd. 6111 E. Arbor Ave.
Chandler, AZ 85224 Mesa, AZ 85224
Tel: (480) 821-2838 ext 3041 Tel:(480) 981-1326

De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Name of DVH Window?
Fecha:	miércoles, 06 de junio de 2007 14:15:53
Archivos adjuntos:	

Tim Paul schrieb:
> Hi,
>
> I'm working on capturing the DVH window in a script.
>
> Does anyone know and would be willing to share the window name, number
> or variable that Pinnacle uses when it generates that DVH window?

WindowList.PlanEval

>
> Thanks for any help you can provide.
>
> Best Regards,
>
> Timothy Paul, MS, DABR, CHP
> Chief Physicist
> Ironwood Cancer & Research Centers, PC
> 695 S. Dobson Rd. 6111 E. Arbor Ave.
> Chandler, AZ 85224 Mesa, AZ 85224
> Tel: (480) 821-2838 ext 3041 Tel:(480) 981-1326
>
>
>

account will not be distributed unless that account is also subscribed.
##

De:	Guidi Gabriele
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Co-60 modelling
Fecha:	miércoles, 06 de junio de 2007 16:47:22
Archivos adjuntos:	

Hi

We would like to commission a Cobalt Machine Theratron780E into Pinnacle v.8.0d
Does anyone have similar machine or have commissioned a cobalt machine
I have had notice that there are some problems with spectrum in Pinnacle
Could you send to me your machine file or help me, please?

Does Pinnacle calculate with time or use equivalence with MU for the output datasheet?
We have done same measures (profile, pdd, OF, et..) as we have done for a Linac?
Do you think we need other special measure?
Thanks in advance
Lele

p.s. I hate cobalt machine, but we have and we have to commission

_____

Guidi Gabriele

Medical Physics Dpt.

Azienda Ospedaliera Policlinico di Modena

Via del Pozzo, 71 - 41100 Modena (MO)

Tel.: +39 059 422 5699

Ext: +39 059 422 4270

email: guidi.gabriele@policlinico.mo.it

In this cases, please, try to contact me with text E.Mail or via Phone.

Sorry for any inconveniences or disservices.

De:	Tercier Pierre-Alain
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Name of DVH Window?
Fecha:	jueves, 14 de junio de 2007 10:17:46
Archivos adjuntos:	

And if the solution is to capture the DVH itself and save it in a file.

What would be the name of this object (DVH) in order to
send it the message Save.
Something like:
 Current.Trial.DvhList.Current.Save="/tmp/xxx";

Who can correct the object names to define the DVH of a particular structure?

Thanks to all
Pat

--
Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital Fribourgeois fax: +41 26 4267665
Site de Fribourg
CH-1708 Fribourg

> -----Message d'origine-----
> De : owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] De la part de Bjørne
> Envoyé : mercredi, 6. juin 2007 14:04
> À : pinnacle-users@explode.unsw.edu.au
> Objet : Re: Name of DVH Window?
>
> Tim Paul schrieb:
> > Hi,
> >
> > I'm working on capturing the DVH window in a script.
> >

> > Does anyone know and would be willing to share the window
> name, number
> > or variable that Pinnacle uses when it generates that DVH window?
>
> WindowList.PlanEval
>
> >
> > Thanks for any help you can provide.
> >
> > Best Regards,
> >
> > Timothy Paul, MS, DABR, CHP
> > Chief Physicist
> > Ironwood Cancer & Research Centers, PC
> > 695 S. Dobson Rd. 6111 E. Arbor Ave.
> > Chandler, AZ 85224 Mesa, AZ 85224
> > Tel: (480) 821-2838 ext 3041 Tel:(480) 981-1326
> >
> >
> >
>
>
>
>

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##

De:	Lars Ewell
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Lars Ewell; Russell J. Hamilton; eurcadez@umcaz.edu;
Asunto:	Pinnacle Back-Ups
Fecha:	miércoles, 20 de junio de 2007 1:01:33
Archivos adjuntos:	

To Whom it May Concern,

We have been somewhat disappointed with the length of time that it takes to restore patients from one of our 4mm backup tapes that we use to archive patient data from our Pinnacle TPS. We have found that it takes ~1 hour to restore a patient.

We have been considering purchasing a RAID array, with the hope of storing patient data, and more easily and more rapidly restoring patient data from there.

Does anyone else have any experience with this type of solution?

Posts and email welcome.

regards,

Lars Ewell

Lars Ewell
Assistant Professor
Department of Radiation Oncology
University of Arizona School of Medicine
PO Box 245081
Tucson, AZ 85724-5081

Phone: (520)626-5769
Fax: (520)626-9328
email: lewell@email.arizona.edu
www: http://www.u.arizona.edu/~lewell/

De:	Kevin Stead
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	eurcadez@umcaz.edu; Lars Ewell; owner-pinnacle-users@explode.unsw.edu.au; pinnacle-users@explode.unsw.edu.au; Russell J. Hamilton;
Asunto:	Re: Pinnacle Back-Ups
Fecha:	miércoles, 20 de junio de 2007 1:26:01
Archivos adjuntos:	

I do all my backups to a LINUX box and then archive them away on a Windows Server/SAN. I am still testing the UNIX Services for Windows so that I can take the LINUX box out of the way. From what I have setup so far, the restore is very quick...between 2-3 min for a single patient and about just over 1 hour for our whole database which is 134GB currently

"Patience accomplishes its object, while hurry speeds to its ruin."

Kevin Stead
Project Development Analyst
Clinical Systems Administrator
Department of Radiation Oncology

Information & Communication Services
Application Programming & Project Management Group
UC Davis Health System

4501 X Street 0128
Sacramento, CA 95817
916-734-7765
916-703-5069 - FAX
kevin.stead@ucdmc.ucdavis.edu

Radiation Oncology IS On-Call Pager - 916-762-2979

No warranty is expressed or implied.

"Lars Ewell" <lewell@email.arizona.edu> Sent by: owner-pinnacle-users@explode.unsw.edu.au
06/19/2007 04:01 PM
To: <pinnacle-users@explode.unsw.edu.au>
cc: "Lars Ewell" <lewell@email.arizona.edu>, "Russell J. Hamilton" <rjh@email.arizona.edu>, <eurcadez@umcaz.edu>
Subject: Pinnacle Back-Ups
Please respond to pinnacle-users@explode.unsw.edu.au

To Whom it May Concern,

We have been somewhat disappointed with the length of time that it takes to restore patients from one of our 4mm backup tapes that we use to archive patient data from our Pinnacle TPS. We have found that it takes ~1 hour to restore a patient.

We have been considering purchasing a RAID array, with the hope of storing patient data, and more easily and more rapidly restoring patient data from there.

Does anyone else have any experience with this type of solution?

Posts and email welcome.

regards,

Lars Ewell

Lars Ewell
Assistant Professor
Department of Radiation Oncology
University of Arizona School of Medicine
PO Box 245081
Tucson, AZ 85724-5081

Phone: (520)626-5769
Fax: (520)626-9328
email: lewell@email.arizona.edu
www: http://www.u.arizona.edu/~lewell/

De:	Tim Williams
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle Back-Ups
Fecha:	miércoles, 20 de junio de 2007 1:42:05
Archivos adjuntos:	

We also have a similar process. I do a backup to 4mm tape for off site storage and I then also archive the plans to file and transfer to a Windows server, eventually the archive files are burnt onto DVD. A restore from 4mm tape is the last resort.

Cheers
Tim Williams
Senior Physicist
Adelaide Radiotherapy Centre
South Australia

De:	john thaman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Lars Ewell; Russell J. Hamilton; eurcadez@umcaz.edu;
Asunto:	Re: Pinnacle Back-Ups
Fecha:	miércoles, 20 de junio de 2007 3:55:12
Archivos adjuntos:	

I have been fairly satisfied with backing up individual patients to a tar file on the unix box and FTPing those files to in one case the IMPAC server and in another an external hard drive connected to a Windows PC. $200 for a 400 GB drive was so easy to pass thru administration that I got an extra external drive to mirror the first. Now I just have to keep the little buggers secured somewhere.

Lars Ewell <lewell@email.arizona.edu> wrote:

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> Lars Ewell
> Assistant Professor

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Fax: (520)626-9328
email: lewell@email.arizona.edu
www: http://www.u.arizona.edu/~lewell/

Got a little couch potato?
Check out fun summer activities for kids.

De:	Depew, Michael J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Lars Ewell; Russell J. Hamilton; eurcadez@umcaz.edu;
Asunto:	RE: Pinnacle Back-Ups
Fecha:	miércoles, 20 de junio de 2007 4:23:13
Archivos adjuntos:	

We're still working on setting our system up, but our plan involves both an electronic copy and a tape copy of the .tar files. Electronic devices wear out faster than a tape will, so IMO the final resting place should be a tape. But we'll keep an electronic copy on hand for speed of recovery.

Mike

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** john thaman
Sent: Tuesday, June 19, 2007 8:39 PM
To: pinnacle-users@explode.unsw.edu.au
Cc: Lars Ewell; Russell J. Hamilton; eurcadez@umcaz.edu
Subject: Re: Pinnacle Back-Ups

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Phone: (520)626-5769
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email: lewell@email.arizona.edu
www: http://www.u.arizona.edu/~lewell/

De:	SAVVAS MORRIS
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle Back-Ups
Fecha:	miércoles, 20 de junio de 2007 5:11:17
Archivos adjuntos:	

Lars,

Although I understand that not every clinic has budgeted for a new Sunblade 2500, I recommend whole-heartedly the solution of backing up to a CD (for individual patient plans) or to a DVD for more than one patients. I agree that the 4mm tapes are anything but user friendly and I was very relieved when we got the new workstations with the DVD/CD burners. Restoring a patient from a CD/ DVD is a breeze and it never fails unlike the tapes. Backing up the .tar files over the network to a PC is a good one and has been used by many users extensively over the years. Good luck with whatever solution you opt to go with

Savvas Morris

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Lars Ewell
> **Sent:** Τρ•τη, 19 Ιουν•ου 2007 4:49 ••
> **To:** pinnacle-users@explode.unsw.edu.au
> **Cc:** Lars Ewell; Russell J. Hamilton; eurcadez@umcaz.edu
> **Subject:** Pinnacle Back-Ups
>
> To Whom it May Concern,
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Posts and email welcome.

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email: lewell@email.arizona.edu
www: http://www.u.arizona.edu/~lewell/

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle Back-Ups
Fecha:	miércoles, 20 de junio de 2007 5:44:14
Archivos adjuntos:	

Lars,

To backup your ADAC institution to a file instead of tape, you might need to contact ADAC support to remove the limitation of backup size; otherwise each of your daily backups will most likely be stored by ADAC in a number of files which is very inconvenient.

The resulting tar file(s) should be promptly transferred from the ADAC server to a different location to preserve space. We use eTRAB software which allows us to remotely select and transfer backup files to a networked PC. In addition, the software makes it possible to define the number of backup files to keep (e.g., we normally keep 5 latest daily backups while older backup files are automatically deleted). We use this software also to archive patients who completed their treatments.

Vadim Kuperman

--- Lars Ewell <lewell@email.arizona.edu> wrote:

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> www: http://www.u.arizona.edu/~lewell/

De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Russell J. Hamilton; eurcadez@umcaz.edu;
Asunto:	AW: Pinnacle Back-Ups - Our Easy Solution
Fecha:	miércoles, 20 de junio de 2007 8:16:54
Archivos adjuntos:	

Hello Lars

1) We archive data to a .tar file then ftp it using a very simple script to a windows machine where we burn it to dvd. We currently burn two roughly 2gb archive files on each dvd.

We check that the dvd is readable by mounting it and checking the header (by calling up the patient list) before deleting patients from Pinnacle. This system is fast, reliable and we have yet to loose a patient. I wish I could say the same for tape archives...

2) For Daily backups, we use ftp voyager (a stand-alone license costs $49) to mirror the entire patient root to a windows server with storage arrary. This has helped us on more than a few episodes where a patient, their plan or their contours was *accidentally* deleted.

This system was easy to set up, is easy to administer, and sends me an email message that the daily backup was indeed perfomed. There is other automated ftp software on the market too. We have also used a product called syncback SE. I can recommend it as well.

We have also found that Pinnacle runs faster, and with so much as no error messages as long as we keep the active db trim. Our general policy is to keep patient files on the system for a month after last treatment unless there is some special reason to keep them longer. This has worked well.

Kind regards
Ian

Ian Norton

Clinic for Radiation Oncology

University Hospital Zurich
Raemistrasse 100
CH-8091 Zurich
Switzerland

Tel.: +41 -(0)44-255-3251

ian.norton@usz.ch
http://www.usz.ch

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Lars Ewell
Gesendet: Mittwoch, 20. Juni 2007 00:49
An: pinnacle-users@explode.unsw.edu.au
Cc: Lars Ewell; Russell J. Hamilton; eurcadez@umcaz.edu
Betreff: Pinnacle Back-Ups

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Phone: (520)626-5769
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email: lewell@email.arizona.edu
www: http://www.u.arizona.edu/~lewell/

De:	Chow Tom
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle Back-Ups
Fecha:	miércoles, 20 de junio de 2007 15:09:10
Archivos adjuntos:	

We archive our patients to a tar file before writing them to 4mm tape. When restoring from the archive, we will read the tape to a file on disc first, restoring from a file on the hard drive is considerably faster than from tape.

However, we rarely restore a single patient from the tar file using the Pinnacle restore utilities any more. Due to the size of our institution, our monthly archives are reaching 75GB per tar file. We store the tar file on a PC drive via ftp. When a specific patient needs to be restored, we will extract the patient from the tar file on the PC, create a new patient in the Pinnacle system, and ftp the files for this patient into the newly created patient in Pinnacle. This way there is no down time on the system.

To minimize the tar file (thus speed up the restore) we delete all the <.auto.*> files from the patient direstories before backing them up - this can reduce the file space by 40%. The <.auto.*> files are the autobackup files, and are only used to restore a patient that has crashed and was not saved properly.

Our patient data resides on a SANS and has redundant mirrors. Final long term archive is still on tape, but we are considering moving that to spinning disc.

Cheers,

Tom

Juravinski Cancer Centre
Hamilton ON

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Lars Ewell
Sent: Tue 19/06/2007 6:49 PM
To: pinnacle-users@explode.unsw.edu.au
Cc: Lars Ewell; Russell J. Hamilton; eurcadez@umcaz.edu
Subject: Pinnacle Back-Ups

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www: http://www.u.arizona.edu/~lewell/

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle Back-Ups
Fecha:	miércoles, 20 de junio de 2007 16:21:25
Archivos adjuntos:	

Our site is a SAN site as well. Currently we archive to DVD's as we don't have sufficient storage allocated yet on SAN. In a couple months we will have the disk space, so we will archive to another filesystem mount point on the server. The beauty is that the data will be accessible, no hunting for disks and fast data retrival (dual 4GB fiber to 15k disk). Our SAN is backed up with Trivoli Storage Manager, most recent copy of a file is kept, plus previous two versions for up to a month on tape. SAN disks are all RAID arrayed.

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle Back-Ups
Fecha:	miércoles, 20 de junio de 2007 16:37:30
Archivos adjuntos:	

We kind of went 'whole hog' and spent rather largely on our infrastructure (SAN, Sun 2500's, fiber optic connections etc). I'd suggest as a cheap backup solution, you look for a RAID'd SATA drive external inclosure you can mount to one of the workstations, preferably the one that is your server. There cheap, ~400 for 1/2 TB of storage in a home office kind of configuration. I'm not sure how big your data is, it would depend a bit on that. We have 4 linacs, in 4 years we've generated 1TB of data within Pinnacle, with newer techniques coming out and higher resolution CT scaners you'll probably gobble the space quicker than that.

Anyways our current structure of our pinnacle install is one institution per oncologist per version of the software. We probably will start having a folder for each year for each oncologist instead. You'll easily get a years data on one of these units. At the end of the year replace the drives in it for about $300 (the prices will be a lot cheaper soon as 1TB harddrives are now out), and store the disks offline, preferably one drive onsite the other off site. Need a patient a couple years back? Grab the drive plug into an external drive and plop the data over.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** SAVVAS MORRIS
Sent: Tuesday, June 19, 2007 10:57 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle Back-Ups

> Lars,
>
> Although I understand that not every clinic has budgeted for a new Sunblade 2500, I recommend whole-heartedly the solution of backing up to a CD (for individual patient plans) or to a DVD for more than one patients. I agree that the 4mm tapes are anything but user friendly and I was very relieved when we got the new workstations with the DVD/CD burners. Restoring a patient from a CD/DVD is a breeze and it never fails unlike the tapes. Backing up the .tar files over the network to a PC is a good one and has been used by many users extensively over the years.

Good luck with whatever solution you opt to go with

Savvas Morris
[Mike Gallamore] Our site is special, I won't recommend it so our Philips/ ADAC friends reading don't have a hard attack. However we've had Solaris 9 and Sun Blade 2500's for about 4 years now. We also have a Sun 280R server as our main server, and have had since shortly after the center opened 4 years ago. Our 2500's and 2000's both have dual processor, 8GB RAM, the 2500's have dual channel fiber (until about 4 months ago that was the only way we could get 1GB+ connectivity to the server. Philips is having difficulty supporting our site as we have some novel approaches to things, and have recently had OS issues with the server (file system corruption), so we will probably have Philips in to reinstall Pinnacle/give us Pinnacle 8, at which time they probably will roll us back to 8 on the clients.

In short from my talks with Sun, Solaris 9 was a rather minor release, with few changes. Solaris 10 was a complete change in architecture. Suprisingly, Philips is jumping right to Sol 10.

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle Back-Ups
Fecha:	miércoles, 20 de junio de 2007 17:19:08
Archivos adjuntos:	

Hi Lars -

The easiest solution is to archive directly to an ASM device hosted by your IT group, NFS mounted to your pinnacle server. No FTP or other transfer, no tapes or CDs or DVDs or floppy disks or fortran cards. Fast, reliable, cost-effective. We also flipped it around the other way, allowing the pinnacle server's hard drive to be NFS mounted on one of IT's servers, and they do full automatic database backups for us. Philips agreed to allow us to do this - we didn't sneak it in the back door (not that I'd ever do that). Vadim's tip on asking Philips to remove the archive filesize restriction is a good one.

Soapbox * don't manage data if you don't have to, let your IT guys manage their TB RAID and tape arrays and replace them every 2 years with the latest and greatest * end soapbox.

Good luck - Dave

David Lockman, DSc, DABR
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> lewell@email.arizona.edu 6/19/2007 6:49 PM >>>
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www: http://www.u.arizona.edu/~lewell/

De:	Lars Ewell
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Lars Ewell; narenv@email.arizona.edu;
Asunto:	MRI as Primary Image Data Set for Syntegra
Fecha:	miércoles, 20 de junio de 2007 22:16:22
Archivos adjuntos:	

To Whom it May Concern,

We wanted to use Syntegra to fuse an MRI image to another MRI image. We found it difficult to do so. It seems that a CT scan set has to be used as the primary.

Is there a way to make an MRI scan set the primary, thereby enabling MRI to MRI fusion?

Thanks in advance.

regards,

Lars Ewell

Lars Ewell
Assistant Professor
Department of Radiation Oncology
University of Arizona School of Medicine
PO Box 245081
Tucson, AZ 85724-5081

Phone: (520)626-5769
Fax: (520)626-9328
email: lewell@email.arizona.edu
www: http://www.u.arizona.edu/~lewell/

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	P3MD license unavailable error
Fecha:	jueves, 21 de junio de 2007 0:31:03
Archivos adjuntos:	

Hi when attempting to open a plan with P3MD on a computer, after I've selected the patient, then click on the P3MD button, I get an error saying 'license key unavailable or invalid for this display' Anyone seen this before? Note: pc is using DHCP, Win XP, connecting to Pinnacle 7.4. I can open institutions, delete patients etc., but can't seem to get it to allow me to view the plan. Thanks.

De:	Jining Zhou
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	slicing window vs step and shoot
Fecha:	jueves, 21 de junio de 2007 1:35:33
Archivos adjuntos:	

Dear all,

Could anybody give me some suggestions on which IMRT optimization method is better: slicing window or step and shoot? I heard that the majority of Pinnacle users use step and shoot. Is there any reason slicing window does not get such popularity? For HN case, I can finish the optimization with slicing window within one hour, and the final delivery dose distribution is not too bad (95% coverage).

Any suggestion is appreciated!

Jining Zhou
Sharp Grossmont hospital
5555 Grossmont Center Drive
La Mesa, CA 91942

De:	Scott Neal
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: P3MD license unavailable error
Fecha:	jueves, 21 de junio de 2007 3:11:25
Archivos adjuntos:	image001.jpg Scott Neal.vcf

Mike:

I am pretty sure that DHCP is your problem. P3MD is licensed based on the accessing PC's IP address and when you rebooted at some point, the IP changed. Best bet is to set a static IP and then have Philips relicense it for this address. What your are describing is exactly what happens when the license is not valid.

Thanks,

Scott Neal
Radiation Oncology Resources
President
+1 (866) 312-3499 x 704
+1 (503) 883-2092 Work
+1 (971) 235-8258 Mobile
sneal@roresources.com
533 NE Davis Street
McMinnville, OR 97128
United States of America

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Mike Gallamore
Sent: Wednesday, June 20, 2007 3:25 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: P3MD license unavailable error

Hi when attempting to open a plan with P3MD on a computer, after I've selected the patient, then click on the P3MD button, I get an error saying 'license key unavailable or invalid for this display' Anyone seen this before? Note: pc is using DHCP, Win XP, connecting to Pinnacle 7.4. I can open institutions, delete

patients etc., but can't seem to get it to allow me to view the plan. Thanks.

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: P3MD license unavailable error
Fecha:	jueves, 21 de junio de 2007 3:47:52
Archivos adjuntos:	

Okay great will do. Strange they let you into the app at all.

----- Original Message -----
From: owner-pinnacle-users@explode.unsw.edu.au <owner-pinnacle-users@explode.unsw.edu.au>
To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
Sent: Wed Jun 20 21:04:16 2007
Subject: RE: P3MD license unavailable error

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De:	Abe K. Kuruvilla
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: P3MD license unavailable error
Fecha:	jueves, 21 de junio de 2007 21:55:46
Archivos adjuntos:	

How many beams are being used for Left breast IMRT's? thanks in advance....

ABE KURUVILLA, Bsc,RT(R)(T)(CMD)
Charlotte Hungerford Hospital
Torrington, CT

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Mike Gallamore
> **Sent:** Wednesday, June 20, 2007 9:35 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Re: P3MD license unavailable error
>
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> From: owner-pinnacle-users@explode.unsw.edu.au <owner-pinnacle-users@explode.unsw.edu.au>
> To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
> Sent: Wed Jun 20 21:04:16 2007
> Subject: RE: P3MD license unavailable error
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> I am pretty sure that DHCP is your problem. P3MD is licensed based on the accessing PC's IP address and when you rebooted at some point, the IP changed. Best bet is to set a static IP and then have Philips relicense it for this address. What your are describing is exactly what happens when the license is not valid.

Thanks,

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mike Gallamore
Sent: Wednesday, June 20, 2007 3:25 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: P3MD license unavailable error

Hi when attempting to open a plan with P3MD on a computer, after I've selected the patient, then click on the P3MD button, I get an error saying 'license key unavailable or invalid for this display' Anyone seen this before? Note: pc is using DHCP, Win XP, connecting to Pinnacle 7.4. I can open institutions, delete patients etc., but can't seem to get it to allow me to view the plan. Thanks.

De:	John Shakeshaft
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Lung DRRs
Fecha:	viernes, 22 de junio de 2007 15:55:16
Archivos adjuntos:	

Does anybody have a good reliable method of generating AP lung DRRs that clearly show both Carina and vertebral bodies in AcQSim3?

I can do this in Eclipse (sorry to mention that word in this forum) using multiple slabs in a DCR. I have not managed the same with Pinnacle yet.

Many thanks for any help

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY
UK

De:	Therezo, ET
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Lung DRRs
Fecha:	viernes, 22 de junio de 2007 16:14:36
Archivos adjuntos:	

John,
We contour the carina (trachea and main stem bronchus). As for VB, you can try closing the VOI box down in the BEV options window?

e.t.

Comprehensive Cancer Centers of Nevada
Las Vegas

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of John Shakeshaft
Sent: Friday, June 22, 2007 6:39 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Lung DRRs

Does anybody have a good reliable method of generating AP lung DRRs that clearly show both Carina and vertebral bodies in AcQSim3?

I can do this in Eclipse (sorry to mention that word in this forum) using multiple slabs in a DCR. I have not managed the same with Pinnacle yet.

Many thanks for any help

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
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Wirral
CH63 4JY
UK

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the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Li Ding
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Lung DRRs
Fecha:	viernes, 22 de junio de 2007 19:14:01
Archivos adjuntos:	

In BEV Options, pick Control, Control Type "Step" or "Boxcar". Then Adjust the Brightness settings. Control "Step" will show Carina very well but not much vertebral bodies. But Control "Boxcar" can show both of them well.

Good Luck.

Li Ding
RBOI Ocala FL

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of John Shakeshaft
Sent: Friday, June 22, 2007 8:39 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Lung DRRs

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Many thanks for any help

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY

UK

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account will not be distributed unless that account is also subscribed.
##

De:	Luse, Ray W.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Robisch, Dan G;
Asunto:	Linacs
Fecha:	viernes, 22 de junio de 2007 19:42:15
Archivos adjuntos:	

Hello to all,

We here at Sacred Heart in Spokane are beginning the process of shopping for a Linac.

I was wondering if folks have any feedback from experiences with commissioning either machine:
Varian iX
Elekta Synergy

especially with regard to timelines for measuring and modeling data, and any unexpected surprises...
Is there anyone out there with both in one facility or Health Care system?

Any assistance is appreciated.

Ray Luse
Spokane WA

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Robisch, Dan G;
Asunto:	RE: Linacs
Fecha:	viernes, 22 de junio de 2007 20:19:06
Archivos adjuntos:	

Our site has 4 Varian linacs (IEC models, one with OBI/kv), with plans on a 5th. We are currently at Pinnacle 7.4, and in the late stages of commissioning a CBCT and IMRT. We use Varis 7.4 soon to be Aria as are record and verify system. Our service and training from Varian has been top notch. Two things to keep in mind, both might be similar limitations with Elekta I'm not sure:

1) To import CT scans into the Varis/Aria system for comparison with CBCT images you have to either have Eclipse or a SomaVision workstation (we twisted Varian's arm into a free SomaVision box). I'm not sure how you'd use that functionality in a different record and verify system. Presumably you could use a dicom push to get the data back into Pinnacle and work with it from there.

2) My experience is that knowledge is partitioned within the Varian organization as far as software help goes. For example I have questions about database reporting and bring them up to the reports team. We code directly with the database using stored procedures, views etc, their reports team use a Sybase application to code their reports, and so you'd have to go up to the engineering department to get your question answered. Not the end of the world, just will take a while to get a broad enough contact base to know someone that can help you with each specific problem as it comes up.

Mechanically, the service reps we've dealt with are great, they've worked non-stop late into the evenings on several occasions doing upgrades to avoid clinical impact. Kind of scary actually, as I've seen several, not sure if it is part of the corporate culture or what, take a few hours to drive in and work on site for 8 hrs without a break or food. I feel guilty and try to buy them donuts when there in, at least then they get their calories if not the nutrition.

P.S. I handle the IT for our center, I'm a lowly Bsc in physics, not a medical physicist. I work out of the physics department so get exposed

to most of the goings on with the infrastructure.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Luse, Ray W.
Sent: June 22, 2007 1:29 PM
To: pinnacle-users@explode.unsw.edu.au
Cc: Robisch, Dan G
Subject: Linacs

Hello to all,

We here at Sacred Heart in Spokane are beginning the process of shopping for a Linac.

I was wondering if folks have any feedback from experiences with commissioning either machine:
Varian iX
Elekta Synergy

especially with regard to timelines for measuring and modeling data, and any unexpected surprises...
Is there anyone out there with both in one facility or Health Care system?

Any assistance is appreciated.

Ray Luse
Spokane WA

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account will not be distributed unless that account is also subscribed.
##

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	••• RE: Pinnacle Back-Ups
Fecha:	lunes, 25 de junio de 2007 13:26:29
Archivos adjuntos:	

Look for .auto*, not auto*

David Lockman, DSc, DABR
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> fu_gui_shan@yahoo.com.cn 6/24/2007 11:15 PM >>>
Hi, Tom

I try to find the auto-backup files using the command " find . -name "*auto*" ". But no files find. Can you tell me how you find and remove the auto-backup files in the patient folder ?

regards.

Guishan Fu

Department of Radiation Oncology
Cancer Institution(Hospital),
Chinese Academy of Medical Sciences
Beijing, China
PO Box 100021
email: fu_gui_shan@yahoo.com.cn

Chow Tom <Tom.Chow@hrcc.on.ca> ••
We archive our patients to a tar file before writing them to 4mm tape. When restoring from the archive, we will read the tape to a file on disc first, restoring from a file on the hard drive is considerably faster than from tape.

However, we rarely restore a single patient from the tar file using the Pinnacle restore utilities any more. Due to the size of our institution, our monthly archives are reaching 75GB per tar file. We store the tar file on a PC drive via ftp. When a specific patient needs to be restored, we will extract the patient from the tar file on the PC, create a new patient in the Pinnacle system, and ftp the files for this patient into the newly created patient in Pinnacle. This way there is no down time on the system.

To minimize the tar file (thus speed up the restore) we delete all the <.auto.*> files from the patient direstories before backing them up - this can reduce the file space by 40%. The <.auto.*> files are the autobackup files, and are only used to restore a patient that has crashed and was not saved properly.

Our patient data resides on a SANS and has redundant mirrors. Final long term archive is still on tape, but we are considering moving that to spinning disc.

Cheers,

Tom

Juravinski Cancer Centre
Hamilton ON

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Lars Ewell
Sent: Tue 19/06/2007 6:49 PM
To: pinnacle-users@explode.unsw.edu.au
Cc: Lars Ewell; Russell J. Hamilton; eurcadez@umcaz.edu
Subject: Pinnacle Back-Ups

To Whom it May Concern,

We have been somewhat disappointed with the length of time that it takes to restore patients from one of our 4mm backup tapes that we use to archive patient data from our Pinnacle TPS. We have found that it takes ~1 hour to restore a patient.

We have been considering purchasing a RAID array, with the hope of storing patient data, and more easily and more rapidly restoring patient data from there.

Does anyone else have any experience with this type of solution?

Posts and email welcome.

regards,

Lars Ewell

Lars Ewell
Assistant Professor
Department of Radiation Oncology
University of Arizona School of Medicine
PO Box 245081
Tucson, AZ 85724-5081

Phone: (520)626-5769
Fax: (520)626-9328
email: lewell@email.arizona.edu
www: http://www.u.arizona.edu/~lewell/

••••••3.5G•••20M•••

De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle Back-Ups
Fecha:	lunes, 25 de junio de 2007 16:00:14
Archivos adjuntos:	

Interesting note about the file enemas of the .auto files prior to archiving...particularly since the autosaving does not work reliably for Version 8.0d.

Autosave bug for Version8.0d you ask?

When a Pinnacle session crashes and you have the option of loading up the last autosaved plan, the system may crash again, and the best you can do is to recover the last manually saved plan. Why bother with the .auto files, eh? I'm thinking of turning off the autosave until Philips fixes that.. i hope in the new 8.0g release.

Philips support did provide a 'work around' though.

Regards,
Parminder S. Basran
Toronto-Sunnybrook Regional Cancer Centre

De:	George W. Sherouse, Ph.D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	seeking tips regarding block + compensator
Fecha:	lunes, 02 de julio de 2007 16:56:22
Archivos adjuntos:	

We're in the late stages of commissioning IMRT with .decimal on a 2100C without MLC. One issue that we're still wrestling is what to do about the area that is outside the business part of the ODM. Do we use the thickest brass slug (3 inches, roughly 9% transmission) and no block, or do we use the thinnest (cheapest) slug that will provide adequate dynamic range and also cut a circumscribing cerrobend block? The latter option has appeal but there is no obvious mechanism in Pinnacle for auto-blocking to the ODM. We can auto-block target structures, of course, and that may be mostly the right thing to do. And if we do use a block, is it better to introduce the blocks before or after the optimization? We'd appreciate advice and/or fish tales from those who have gone before.

- GWS

==========
Sherouse Systems, Inc., Chapel Hill, NC, <http://www.gwsherouse.com/>
Medical Physics and Computing services for Radiation Oncology
(919) 382-8102 voice or FAX, <mailto:gws@gwsherouse.com>

Tools not rules.
==========

De:	Kent Krugh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: seeking tips regarding block + compensator
Fecha:	martes, 03 de julio de 2007 21:11:46
Archivos adjuntos:	

On an older Siemens MD2 we use 3" thick brass and then hang blocks if we need them (25% of our prostates). And there are times when it is clear from a direct comparison of optimized vs. with-compensator DVHs that adding these blocks is justified. I have asked .decimal why this should be, and they told me last year that they have not heard of the need for additional cerrebend custom blocks. This puzzeled me.

But for our prostate plans, clearly the 9% transmission (we measured 10%) increased the dose to bladder and rectum. Hence the cerrebend hanging blocks.

Kent Krugh
Cincinnati

On 7/2/07, **George W. Sherouse, Ph.D.** <GWS@gwsherouse.com> wrote:

> We're in the late stages of commissioning IMRT with .decimal on a 2100C without MLC. One issue that we're still wrestling is what to do about the area that is outside the business part of the ODM. Do we use the thickest brass slug (3 inches, roughly 9% transmission) and no block, or do we use the thinnest (cheapest) slug that will provide adequate dynamic range and also cut a circumscribing cerrobend block? The latter option has appeal but there is no obvious mechanism in Pinnacle for auto-blocking to the ODM. We can auto-block target structures, of course, and that may be mostly the right thing to do. And if we do use a block, is it better to introduce the blocks before or after the optimization? We'd appreciate advice and/or fish tales from those who have gone before.

- GWS

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Tools not rules.

==========

De:	Warry, Alison
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Retrieving accidently deleted patients!
Fecha:	jueves, 05 de julio de 2007 13:57:13
Archivos adjuntos:	

Dear All,

We have accidently deleted some patients prior to archiving them. We do a nightly back up and have the actual patient database directories with all the patient information. However, we have lost the database link so that even when the patient directories are copied into the Mount_0 directory, the database is not reading the patient directory and is not showing the patient in the list of patients for that Institution. I thought the file “Institution” might be modified to include the extra patient but my attempts to do so have not succeeded in the patient directory being read.

Is there a way of getting the database to read these directories?

We are running v7.4.

Thank you for your attention

Alison

Alison Warry
Lead Clinical Scientist, Radiotherapy Physics
Royal Free Hospital, Pond Street,
London, NW3 2QG

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Retrieving accidently deleted patients!
Fecha:	jueves, 05 de julio de 2007 14:53:38
Archivos adjuntos:	

I'd first attempt the "rebuild patient DB" button under Configure from the LaunchPad (I've not used it in v7.4, but have not had a problem with it). If that doesn't do the trick, customer support should be able to resolve pretty easily.

Dave

David Lockman, DSc, DABR
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> Alison.Warry@royalfree.nhs.uk 7/5/2007 7:46 AM >>>
Dear All,

We have accidently deleted some patients prior to archiving them. We do
a nightly back up and have the actual patient database directories with
all the patient information. However, we have lost the database link so
that even when the patient directories are copied into the Mount_0
directory, the database is not reading the patient directory and is not
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Thank you for your attention

Alison

Alison Warry

Lead Clinical Scientist, Radiotherapy Physics

Royal Free Hospital, Pond Street,

London, NW3 2QG

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Retrieving accidently deleted patients!
Fecha:	jueves, 05 de julio de 2007 15:12:18
Archivos adjuntos:	

In the past I've created a new patient, and copied the patient's folder there. You'll want to make sure you edit the Patient file, in the Patient_XXXX directory, to have the correct patient name. Next time you try to open the new patient, pinnacle will read that script and get the real name for them, then onwards should be correct.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Warry, Alison
Sent: July 5, 2007 7:46 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Retrieving accidently deleted patients!

Dear All,

We have accidently deleted some patients prior to archiving them. We do a nightly back up and have the actual patient database directories with all the patient information. However, we have lost the database link so that even when the patient directories are copied into the Mount_0 directory, the database is not reading the patient directory and is not showing the patient in the list of patients for that Institution. I thought the file "Institution" might be modified to include the extra patient but my attempts to do so have not succeeded in the patient directory being read.

Is there a way of getting the database to read these directories?

We are running v7.4.

Thank you for your attention

Alison

Alison Warry
Lead Clinical Scientist, Radiotherapy Physics
Royal Free Hospital, Pond Street,
London, NW3 2QG

De:	Gerald White
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: seeking tips regarding block + compensator
Fecha:	jueves, 05 de julio de 2007 21:26:57
Archivos adjuntos:	

George-

You could pick an isodose curve that matched your definition of the ODM and then create an ROI from that dose level and block to that.

Jerry

On Jul 2, 2007, at 8:36 AM, George W. Sherouse, Ph.D. wrote:

> We're in the late stages of commissioning IMRT with .decimal on a 2100C without MLC. One issue that we're still wrestling is what to do about the area that is outside the business part of the ODM. Do we use the thickest brass slug (3 inches, roughly 9% transmission) and no block, or do we use the thinnest (cheapest) slug that will provide adequate dynamic range and also cut a circumscribing cerrobend block? The latter option has appeal but there is no obvious mechanism in Pinnacle for auto-blocking to the ODM. We can auto-block target structures, of course, and that may be mostly the right thing to do. And if we do use a block, is it better to introduce the blocks before or after the optimization? We'd appreciate advice and/or fish tales from those who have gone before.
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Tools not rules.
==========

De:	Warry, Alison
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Retrieving accidently deleted patients!
Fecha:	viernes, 06 de julio de 2007 10:37:04
Archivos adjuntos:	

Thank you to all who responded. We have successfully retrieved our patients with your advice!

Alison

Alison Warry
Lead Clinical Scientist, Radiotherapy Physics
Royal Free Hospital, Pond Street,
London, NW3 2QG

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Mike Gallamore
> **Sent:** 05 July 2007 14:07
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Retrieving accidently deleted patients!
>
> In the past I've created a new patient, and copied the patient's folder there. You'll want to make sure you edit the Patient file, in the Patient_XXXX directory, to have the correct patient name. Next time you try to open the new patient, pinnacle will read that script and get the real name for them, then onwards should be correct.
>
> Mike Gallamore, Bsc (physics)
> Programmer Analyst
> Grand River Regional Cancer Center
> phn: 519-749-4300 X5792
> mobile: 519-503-5044
>
> ---
>
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Warry, Alison
> **Sent:** July 5, 2007 7:46 AM
> **To:** pinnacle-users@explode.unsw.edu.au

Subject: Retrieving accidently deleted patients!

Dear All,

We have accidently deleted some patients prior to archiving them. We do a nightly back up and have the actual patient database directories with all the patient information. However, we have lost the database link so that even when the patient directories are copied into the Mount_0 directory, the database is not reading the patient directory and is not showing the patient in the list of patients for that Institution. I thought the file “Institution” might be modified to include the extra patient but my attempts to do so have not succeeded in the patient directory being read.

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Thank you for your attention

Alison

Alison Warry
Lead Clinical Scientist, Radiotherapy Physics
Royal Free Hospital, Pond Street,
London, NW3 2QG

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DRR Table
Fecha:	martes, 10 de julio de 2007 15:12:14
Archivos adjuntos:	

I am in need of a good DRR table for bone enhancement, or for that matter, any other good table that you find useful in your clinic.

Thank you in advance,

Bryan Murray, CMD
Northpoint Cancer Center
12606 Greenville Avenue #160
Dallas, TX 75243
ph: 469-364-7880

De:	Sotnick, Steven
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle printer question
Fecha:	martes, 10 de julio de 2007 15:54:09
Archivos adjuntos:	

Has anyone attached an HP 4600 color printer to Pinnacle? Or for that matter, has anyone attached a printer to the system that was not purchased through Philips?

Steve Sotnick, CMD
Palmetto General
Hialeah, Fl

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle printer question
Fecha:	martes, 10 de julio de 2007 16:13:43
Archivos adjuntos:	

---

we have...

We are using a Ricoh CL7000 with ours...Pinnacle can set it up for you...

It should be no problem as long as the printer can do the Unix stuff...

Greg

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Sotnick, Steven
Sent: Tuesday, July 10, 2007 8:40 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle printer question

Has anyone attached an HP 4600 color printer to Pinnacle? Or for that matter, has anyone attached a printer to the system that was not purchased through Philips?

Steve Sotnick, CMD
Palmetto General
Hialeah, Fl

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle printer question
Fecha:	martes, 10 de julio de 2007 16:14:55
Archivos adjuntos:	

You'd want to install the printer drivers, they'd probably come as a package, so would be added with a pkgadd command. You'll probably want a static IP assigned to the printer, and add it to the /etc/hosts file. The /etc/printers.conf file would need to be modified to list the printer as a printer. Inside Pinnacle I suspect something would have to be changed so it will show up as an option on the printer drop down menu, not sure where that is, probably in /usr/local/adacnew somewhere.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Sotnick, Steven
Sent: July 10, 2007 9:40 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle printer question

Has anyone attached an HP 4600 color printer to Pinnacle? Or for that matter, has anyone attached a printer to the system that was not purchased through Philips?

Steve Sotnick, CMD
Palmetto General
Hialeah, Fl

De: swarwick@stmaryshealth.com
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: Re: Pinnacle printer question
Fecha: martes, 10 de julio de 2007 16:17:31
Archivos adjuntos:

I know of sites that have used the HP and yes I have attached a printer that was not purchased through Philips. Matter of fact, I purchased the same exact printer Philips was selling (Ricoh) for much cheaper from a local provider who provides all maintenance, including parts and labor, if you sign a contract to purchase the toner through them. The toner cost is the same if I purchased from any vendor. You can't beat that deal.

Also, I purchased my monitors from Philips Electronics instead of Philips Medical and saved well over $1000 as well. Same exact monitor with the small exception of a cheap adaptor to plug into the Sun box.

"Sotnick, Steven" <STEVEN.SOTNICK@tenethealth.com>
Sent by: owner-pinnacle-users@explode.unsw.edu.au

To pinnacle-users@explode.unsw.edu.au
cc
Subject Pinnacle printer question

07/10/2007 09:39 AM

Please respond to pinnacle-users@explode.unsw.edu.au

Has anyone attached an HP 4600 color printer to Pinnacle? Or for that matter, has anyone attached a printer to the system that was not purchased through Philips?

Steve Sotnick, CMD
Palmetto General
Hialeah, Fl

De:	Richter_A3@klinik.uni-wuerzburg.de
A:	pinnacle-users@explode.unsw.edu.au; STEVEN.SOTNICK@tenethealth.com;
Cc:	
Asunto:	AW: Pinnacle printer question
Fecha:	martes, 10 de julio de 2007 16:36:34
Archivos adjuntos:	

Hi Steve,

> Has anyone attached an HP 4600 color printer to Pinnacle?

We use the same hp 4600 color printer in combination with Pinnacle and have successfully installed it.

The JetAdmin software is one possibility for configuring the printer options. During the printer configuration
I choosed the modelscript net_lj4x. The duplex option was difficult to find but finally the modification of the
model script was necessary (see /etc/lp/interfaces/model.orig/hp4600duplex).

Do you need further information?

regards,
Anne

De:	Paul King
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DRR Table
Fecha:	martes, 10 de julio de 2007 17:16:21
Archivos adjuntos:	

>I am in need of a good DRR table ...
>Bryan Murray, CMD

Try this:

```
   0   0.0
 150   0.0
 200   1.3
 250   0.0
 850   0.0
 900   1.3
 950   0.0
1049   0.0
1200   2.0
2500   2.0
```

I call it "Breast DRR", but it does a fair job in other areas.
"Good" could vary a little from scanner to scanner, I suppose.

- Paul King

De:	Lederer, Ernst
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle printer question
Fecha:	martes, 10 de julio de 2007 17:19:56
Archivos adjuntos:	

We purchased a Ricoh 7200 and installed it ourselves. The Ricoh drivers are already on the system. But you have to install the driver on every client (the printer handles the queues).

Ernst Lederer RT., C.M.D.
Dosimetrist, Department of Medical Physics

Regional Cancer Centre of the
Hopital Regional Sudbury Regional Hospital
41 Ramsey Lake Road
Sudbury, Ontario P3E 5J1
Tel: (705) 522-6237 Ext. 2158
Fax.: (705) 523-7329
e-mail: elederer@hrsrh.on.ca

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Mike Gallamore
Sent: 2007-Jul-10 10:09
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle printer question

You'd want to install the printer drivers, they'd probably come as a package, so would be added with a pkgadd command. You'll probably want a static IP assigned to the printer, and add it to the /etc/hosts file. The /etc/printers.conf file would need to be modified to list the printer as a printer. Inside Pinnacle I suspect something would have to be changed so it will show up as an option on the printer drop down menu, not sure where that is, probably in /usr/local/adacnew somewhere.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Sotnick, Steven
Sent: July 10, 2007 9:40 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle printer question

Has anyone attached an HP 4600 color printer to Pinnacle? Or for that matter, has anyone attached a printer to the system that was not purchased through Philips?

Steve Sotnick, CMD
Palmetto General
Hialeah, Fl

****

De:	Blake Dirksen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle printer question
Fecha:	martes, 10 de julio de 2007 17:44:18
Archivos adjuntos:	

We purchased an HP 3800 and philips modemed in an installed for us.

blake

>From: "Groess, Greg J" <Greg.Groess@allina.com>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: RE: Pinnacle printer question
>Date: Tue, 10 Jul 2007 08:54:35 -0500
>
>we have...
>
>We are using a Ricoh CL7000 with ours...Pinnacle can set it up for
>you...
>
>It should be no problem as long as the printer can do the Unix stuff...
>
>Greg
>
>_____
>
>From: owner-pinnacle-users@explode.unsw.edu.au
>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Sotnick,
>Steven
>Sent: Tuesday, July 10, 2007 8:40 AM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Pinnacle printer question
>
>
>
>Has anyone attached an HP 4600 color printer to Pinnacle? Or for that
>matter, has anyone attached a printer to the system that was not
>purchased through Philips?

>
>
>
>Steve Sotnick, CMD
>
>Palmetto General
>
>Hialeah, Fl
>
>
>
>This message contains information that is confidential and may be
>privileged. Unless you are the addressee (or authorized to receive for the
>addressee), you may not use, copy or disclose to anyone the message or any
>information contained in the message. If you have received the message in
>error, please advise the sender by reply e-mail and delete the message.
>

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DRR Table
Fecha:	martes, 10 de julio de 2007 17:45:38
Archivos adjuntos:	

That is a very interesting DRR! Gives you a little soft tissue and bone from our scanner. Thank you for sharing,

Bryan

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Paul King
Sent: Tuesday, July 10, 2007 10:05 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: DRR Table

> >I am in need of a good DRR table ...
> >Bryan Murray, CMD

Try this:

```
   0   0.0
 150   0.0
 200   1.3
 250   0.0
850   0.0
900   1.3
950   0.0
1049  0.0
1200  2.0
2500  2.0
```

I call it "Breast DRR", but it does a fair job in other areas.
"Good" could vary a little from scanner to scanner, I suppose.

- Paul King

De:	Paul King
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DRR Table
Fecha:	martes, 10 de julio de 2007 19:06:26
Archivos adjuntos:	

Happy to help.
Paul

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Bryan Murray
Sent: Tuesday, July 10, 2007 10:29 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: DRR Table

That is a very interesting DRR! Gives you a little soft tissue and bone from our scanner. Thank you for sharing,

Bryan

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Paul King
Sent: Tuesday, July 10, 2007 10:05 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: DRR Table

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>Bryan Murray, CMD

Try this:

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1200 2.0
2500 2.0

I call it "Breast DRR", but it does a fair job in other areas.
"Good" could vary a little from scanner to scanner, I suppose.

- Paul King

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Patient Database Locked
Fecha:	jueves, 12 de julio de 2007 19:29:49
Archivos adjuntos:	

Hi all,

At our institution, we have encountered a problem that involves our patient database being locked everytime we launch the "LaunchPad". What is also odd, our launchpad takes anywhere from 5-20 minutes to launch. This is not specific to any workstation. We have one server and 2 clients and this is a problem for each workstation. This problem started about a month ago and has progressively gotten worse.

Has anyone else had this problem and found a solution? I currently have Phillips working on the problem, but they seem to be having trouble with it.

Thanks.

Pat

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Patient Database Locked
Fecha:	jueves, 12 de julio de 2007 20:27:31
Archivos adjuntos:	

Pat -

How many patients in your database? How many MB?

Have you recently performed a database check / rebuild?

Has anything changed with your network? In particular, I've been advised by Pinnacle tech support that the settings on your jacks need to match those on each Sun workstation ... I believe the default is auto-negotiate, but if at some point you've gone 100MB full duplex on both sides and then someone in IT came along and set everything back to auto-negotiate, then this mismatch can create problems. Have you tried simple stuff like FTP'ing a big file from a Pinnacle station to a PC in the dept to check the throughput?

Dave

David Lockman, DSc, DABR
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> patmeek@hotmail.com 7/12/2007 1:05 PM >>>
Hi all,

At our institution, we have encountered a problem that involves our patient
database being locked everytime we launch the "LaunchPad". What is also
odd, our launchpad takes anywhere from 5-20 minutes to launch. This is not
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Has anyone else had this problem and found a solution? I currently
have
Phillips working on the problem, but they seem to be having trouble
with it.

Thanks.

Pat

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the message
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Note: To avoid non-delivery error messages being sent to all list
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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Patient Database Locked
Fecha:	jueves, 12 de julio de 2007 20:29:30
Archivos adjuntos:	

Can I get a little bit more info? What version of Pinnacle? What is the hardware for your server, and clients? The problem progressively got worse, what has been your workaround for the last month? Reboot?

Did this start after some maintenance on the database? For example a database rebuild, or backup? Both of these would lock the database, if either operation failed to run cleanly, the lock on the database may have stayed, and need to be removed. I'd assume Philips would know where it is, and do that if they thought it was the issue.

If there is a way to get Pinnacle to work again that you know, I'd be tempted, to bring the box down in single user mode, do a file system check, then bring it back to multi user. From there open Launchpad and do a database rebuild. That should rule out both OS/filesystem corruption, and database corruption. I'd get Philip's opinion before doing this though, as they might have a reason to fear that the database rebuild part of it might corrupt the system as it is already shaky.

The process would be on the server:
1) go to etc, look at vfstab file, write down the physical devices, especially the / filesystem and which ever file system has the patient data you want the 'raw device' ie. /dev/rdsk/... not /dev/dsk
1) put Solaris OS disk in server CD-rom
2) press Stop-A
3) type boot cdrom -r
4) Once Solaris comes up (your now running from the CD)
5) type fsck -y /dev/rdsk/... (path of devices here)
6) type mount /dev/rdsk/... /mnt/a_directory_name (to confirm that the disks are mountable (which should confirm that Solaris thinks the file system is clean)
7) remove disk
8) Stop-A followed by boot
9) OS should come backup
10) now from launchpad click configure, enter the admin password, then

rebuild patient database (on our hardware with 200GB of data this takes ~1hr to complete, the GUI will be frozen for most of the process, just let it run)

It is a good idea to periodically do the filesystem check as I described. We had a server crash where the system wouldn't boot and we had to repair using fsck. The Sun service guy recommend this, and explained a bit about the filesystem.

The reasoning is, that a ufs filesystem has what are called superblocks which are similar to a file allocation table on a FAT32 filesystem. This tells the OS where the files are. There as several randomly distributed across the disk(literally randomly, to prevent dependency caused by periodic distribution). They are slowly sychronized with each other, ie, as a location near a superblock is accessed, the superblock might be updated with the values in the 'master' superblock. The problem is if the master is corrupted, the system will fall back to the other superblocks, but the corruption will gradually go through the filesystem, at some point the last of the superblocks gets corrupted and blamo the system won't boot, and fsck won't be able to check the disk, because it won't know where the files are.
Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Patient Database Locked
Fecha:	jueves, 12 de julio de 2007 20:59:43
Archivos adjuntos:	

Thanks for the help guys. I will try to answer these questions the best that I can. We are running version 8.0d of Pinnacle. Our Patient database capacity is at 43%. We have checked and rebuilt the database today. We are running sunfireV250's. It has seemed that rebuilding the patient database and reboot was helping the problem, but honestly I don't know if it was just coincidence or not. We are running Autonegotiate on all workstations and IT knows this. So I don't suspect that is the problem. Also to confirm this believe, our server is also running slow with all other workstations shut down.

I can not determine anything that would have caused this onset of problems. It did start to happen when I was on vacation, but there was no upgrades of the sort while I was gone. We upgraded to 8.0 and upgraded our ram about 4 months ago.

I will consult Phillips on the suggestion that you recommended next time I talk to them. Thank you very much for your suggestions.

Pat

>From: "Mike Gallamore" <mike.gallamore@grhosp.on.ca>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: RE: Patient Database Locked
>Date: Thu, 12 Jul 2007 14:26:02 -0400
>
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>Mike Gallamore, Bsc (physics)
>Programmer Analyst
>Grand River Regional Cancer Center
>phn: 519-749-4300 X5792
>mobile: 519-503-5044
>
>
>##
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>to majordomo@explode.unsw.edu.au.
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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Perez Rozos, Alberto
A:	aprozos@terra.es;
Cc:	
Asunto:	Fw: Configuring Ghostscript with Pinnacle
Fecha:	jueves, 12 de julio de 2007 21:33:04
Archivos adjuntos:	

----- Original Message -----
From: "Sean Frigo" <sfrigo@turvillebay.com>
To: "Perez Rozos, Alberto" <alberto.perez.sspa@JUNTADEANDALUCIA.ES>
Sent: Thursday, July 12, 2007 3:44 PM
Subject: RE: Configuring Ghostscript with Pinnacle

> Alberto,
>
> I use the following script which sets the proper path:
>
> #!/bin/sh
>
> # To find fonts
> GS_LIB=/opt/sfw/share/ghostscript/fonts
> export GS_LIB
> gs "$@" # send all commandline options to gs
>
> Sean
>
> -----Original Message-----
> From: Perez Rozos, Alberto
> [mailto:alberto.perez.sspa@JUNTADEANDALUCIA.ES]
> Sent: Wednesday, July 11, 2007 13:27
> Subject: Configuring Ghostscript with Pinnacle
>
> I have problems using Ghostscript to convert from postscript to other
> formats with Sun SOLARIS and Pinnacle.
>
> The problem is that when trying to convert a Pinnacle's postscript file
> Gscript is not able to find the font files.
>
> Any idea? Regards,
>

> Alberto
>
>
> ----- Original Message -----
> From: "Dave Rogers" <drogers@PHYSICS.CARLETON.CA>
> To: <MEDPHYS@lists.wayne.edu>
> Sent: Wednesday, July 11, 2007 8:12 PM
> Subject: [MEDPHYS] Announcing Oct 1-4, 2007 BEAMnrc Workshop in Ottawa
>
>
>> 2007 Carleton U/NRC BEAM Course
>> Ottawa
>> Oct 1 - 4, 2007
>>
>> BEAM is an EGS based Monte Carlo code which is designed
>> to model radiotherapy sources (60-Co units, electron or
>> photon beams from accelerators, x-ray tubes). DOSXYZ is
>> a stand alone code for calculating dose distributions in
>> patients for whom CT information is available and who are
>> irradiated by the therapy beams simulated with BEAM.
>>
>> The fourteenth 4-day course on the use of BEAM and associated codes
> such
>> as DOSXYZ and BEAMDP is being held
>> Oct 1 - 4, 2007, in Ottawa. The course is jointly sponsored
>> by Carleton University and the National Research Council
>> of Canada and will follow the same format as the previous 13 courses.
> The
>> course provides hands-on experience
>> modeling the student's own accelerators and using CT-data
>> sets to calculate the dose distribution in a patient.
>> The BEAM code can be run on Linux, Unix or Windows
>> platforms (with some restrictions). The course itself will
>> be run using Linux systems for the laboratory sessions.
>>
>> The main lecturers at the course are David Rogers,
>> Blake Walters and Iwan Kawrakow.
>>
>> Course tuition is $Cdn 3,500 (currently about $US3,300).
>>
>> A brochure and registration forms for the course are
>> available at:
>> http://www.physics.carleton.ca/~drogers/BEAM/course/
>>
>> There is an upper limit on the number of students.

>>
>> For further information about the BEAM code and other
>> software, please see:
>>
>> http://www.irs.inms.nrc.ca/inms/irs/BEAM/beamhome.html
>>
>> Note, in particular that the above site includes
>> information on the system requirements to run BEAM and the
>> general license under which BEAM software is distributed
>> by NRC.
>>
>> For further information, please feel free to contact
>> any of us.
>>
>>
>> Dave Rogers drogers@physics.carleton.ca
>>
>> Blake Walters bwalters@irs.phy.nrc.ca
>>
>> Iwan Kawrakow
>> iwan@irs.phy.nrc.ca
>>
>> The address BEAM_Workshop@irs.phy.nrc.ca will send an
>> email to all of us.
>>
>>
==========
>> David W. O. Rogers drogers@physics.carleton.ca
>> Physics Department phone 613 520-2600 X4374
>> Carleton University fax 613 520-4061(not secure)
>> 1125 Colonel By Dr, Ottawa,ON office: Herzberg 3320
>> K1S 5B6 http://www.physics.carleton.ca/~drogers
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>> Please minimize the copying of previous messages into your posts.
>> It adds unnecessary lines to the digests, which are then truncated or
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>

>

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Patient Database Locked
Fecha:	jueves, 12 de julio de 2007 22:48:42
Archivos adjuntos:	

If you have several drives in the server you might want to try on a terminal the format command. Here is an output from our server here. Your's will be different depending on the drives you have connected, and where.

AVAILABLE DISK SELECTIONS:

0. c1t0d0 <SUN72G cyl 14087 alt 2 hd 24 sec 424>
   /pci@8,600000/SUNW,qlc@4/fp@0,0/ssd@w500000e01081e891,0
1. c1t1d0 <SUN72G cyl 14087 alt 2 hd 24 sec 424>
   /pci@8,600000/SUNW,qlc@4/fp@0,0/ssd@w500000e010823a01,0
2. c3t1d0 <IBM-2105F20-.307 cyl 25031 alt 2 hd 64 sec 256>
   /pci@8,700000/JNI,FCR@2/sd@1,0
3. c4t1d0 <IBM-2105F20-.307 cyl 25031 alt 2 hd 64 sec 256>
   /pci@8,700000/JNI,FCR@3/sd@1,0
4. vpath1a <IBM-2105F20-.307 cyl 25031 alt 2 hd 64 sec 256>
   /pseudo/vpathdd@0:1

You'll have to select a drive and then type quit to get out of this. What you are looking for here, is that the server is seeing all of the drives it should be. I've had a windows server that had a drive die and ran slow and unstable. The OS for some reason was unstable; even though the system recognized that the drive failed and disabled it. Similar thing could happen in UNIX.

Running this command would be helpful too:

prstat

this is Solaris's equivalent to top from other unix/linux systems. It will show the running processes and what resources they are using. I Doubt this is the issue, but would be good to just confirm you don't have something hogging all of the processor on you. Similarly;

iostat -x 5

will output disk usage every 5 seconds. You want to use the data after it has refreshed a couple times, to prevent your starting the command from skewing the measurement.

Important is the last 3 columns, svc_t tells you the average time servicing a request in milliseconds, %w is percentage of io tasks waiting and %b is the percentage of disk use. Eg:

extended device statistics

device	r/s	w/s	kr/s	kw/s	wait	actv	svc_t	%w	%b
md0	0.1	0.6	0.2	4.7	0.0	0.0	23.6	0	0
md1	0.0	0.2	0.1	2.0	0.0	0.0	28.7	0	0
md3	0.0	0.0	0.0	0.0	0.0	0.0	21.0	0	0
md4	0.1	0.2	1.0	0.5	0.0	0.0	15.3	0	0
md5	0.0	0.0	0.7	3.0	0.0	0.0	14.0	0	0
md10	0.0	0.6	0.1	4.7	0.0	0.0	19.6	0	0
md11	0.0	0.2	0.0	2.0	0.0	0.0	16.6	0	0
md13	0.0	0.0	0.0	0.0	0.0	0.0	19.6	0	0
md14	0.0	0.2	0.5	0.4	0.0	0.0	10.8	0	0
md15	0.0	0.0	0.3	3.0	0.0	0.0	12.8	0	0
md20	0.0	0.6	0.1	4.7	0.0	0.0	19.5	0	0
md21	0.0	0.2	0.0	2.0	0.0	0.0	17.0	0	0
md23	0.0	0.0	0.0	0.0	0.0	0.0	20.0	0	0
md24	0.0	0.2	0.5	0.4	0.0	0.0	10.8	0	0
md25	0.0	0.0	0.3	3.0	0.0	0.0	12.8	0	0
sd6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0
sd31	0.9	1.2	38.0	45.9	0.0	0.0	1.3	0	0
sd51	0.9	1.2	38.0	45.8	0.0	0.0	1.3	0	0
ssd0	0.1	1.6	1.0	10.4	0.0	0.0	16.3	0	1
ssd1	0.1	1.6	1.0	10.4	0.0	0.0	16.4	0	1
nfs1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0

You can see a little of the internals of our system here, md0 (is a mirrored virtual device), composed of md10 and md20. As you see the statistics for them are the same. Similarly for md1, md11, and md21. That is the convention in Solaris for mirrors, mdX, is composed of mdYX, and mdZX, usually Y=1 and Z=2, but the user can name it as they please. If any set were different this would show that there is an issue with either one of the drives (error writing to it so had to be reattempted for example), or the RAID controller card.

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These 4 commands will rule out a lot of stuff for you, disk and processor failure, a hung process (something gobbling up processor would doing any useful work), and something gobbling disk (this could be a process, or due to a disk failure that is intermittent). As well they are in general useful commands. Hope this helps.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

De: Kristin Futter

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: Patient Database Locked

Fecha: viernes, 13 de julio de 2007 4:35:24

Archivos adjuntos:

I have run into a similar problem (ie locked patient dasebase) every time I perform a file backup. I've "cleared" the situation dismissing and exiting the LaunchPad at completion of the backup. No, I've never reported this to Tech Support. Mark or Jo, care to comment?....

KM Futter CMD
Legacy Health Systems
Portland, Oregon

> ----- Original Message -----
> **From:** Mike Gallamore
> **To:** pinnacle-users@explodeunsw.edu.au
> **Sent:** Thursday, July 12, 2007 1:34 PM
> **Subject:** RE: Patient Database Locked
>
> If you have several drives in the server you might want to try on a terminal the format command. Here is an output from our server here. Your's will be different depending on the drives you have connected, and where.
> AVAILABLE DISK SELECTIONS:
> 0. c1t0d0 <SUN72G cyl 14087 alt 2 hd 24 sec 424>
> /pci@8,600000/SUNW,qlc@4/fp@0,0/ssd@w500000e01081e891,0
> 1. c1t1d0 <SUN72G cyl 14087 alt 2 hd 24 sec 424>
> /pci@8,600000/SUNW,qlc@4/fp@0,0/ssd@w500000e010823a01,0
> 2. c3t1d0 <IBM-2105F20-.307 cyl 25031 alt 2 hd 64 sec 256>
> /pci@8,700000/JNI,FCR@2/sd@1,0
> 3. c4t1d0 <IBM-2105F20-.307 cyl 25031 alt 2 hd 64 sec 256>
> /pci@8,700000/JNI,FCR@3/sd@1,0
> 4. vpath1a <IBM-2105F20-.307 cyl 25031 alt 2 hd 64 sec 256>
> /pseudo/vpathdd@0:1
>
> You'll have to select a drive and then type quit to get out of this. What you are looking for here, is that the server is seeing all of the drives it should be. I've had a windows server that had a drive die and ran slow and unstable. The OS for some reason was unstable; even though the system recognized that the drive failed and disabled it. Similar thing could happen in UNIX.
>
> Running this command would be helpful too:
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> prstat
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> this is Solaris's equivalent to top from other unix/linux systems. It will show the running processes and what resources they are using. I Doubt this is the issue, but would be good to just confirm you don't have something hogging all of the processor on you. Similarly;
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> iostat -x 5
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> will output disk usage every 5 seconds. You want to use the data after it has refreshed a couple times, to prevent your starting the command from skewing the measurement.
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> Important is the last 3 columns, svc_t tells you the average time servicing a request in milliseconds, %w is percentage of io tasks waiting and %b is the percentage of disk use. Eg:
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> extended device statistics
>
device	r/s	w/s	kr/s	kw/s	wait	actv	svc_t	%w	%b
md0	0.1	0.6	0.2	4.7	0.0	0.0	23.6	0	0
md1	0.0	0.2	0.1	2.0	0.0	0.0	28.7	0	0
md3	0.0	0.0	0.0	0.0	0.0	0.0	21.0	0	0
md4	0.1	0.2	1.0	0.5	0.0	0.0	15.3	0	0
md5	0.0	0.0	0.7	3.0	0.0	0.0	14.0	0	0

```
md10       0.0   0.6   0.1   4.7  0.0  0.0   19.6   0   0
md11       0.0   0.2   0.0   2.0  0.0  0.0   16.6   0   0
md13       0.0   0.0   0.0   0.0  0.0  0.0   19.6   0   0
md14       0.0   0.2   0.5   0.4  0.0  0.0   10.8   0   0
md15       0.0   0.0   0.3   3.0  0.0  0.0   12.8   0   0
md20       0.0   0.6   0.1   4.7  0.0  0.0   19.5   0   0
md21       0.0   0.2   0.0   2.0  0.0  0.0   17.0   0   0
md23       0.0   0.0   0.0   0.0  0.0  0.0   20.0   0   0
md24       0.0   0.2   0.5   0.4  0.0  0.0   10.8   0   0
md25       0.0   0.0   0.3   3.0  0.0  0.0   12.8   0   0
sd6        0.0   0.0   0.0   0.0  0.0  0.0    0.0   0   0
sd31       0.9   1.2  38.0  45.9  0.0  0.0    1.3   0   0
sd51       0.9   1.2  38.0  45.8  0.0  0.0    1.3   0   0
ssd0       0.1   1.6   1.0  10.4  0.0  0.0   16.3   0   1
ssd1       0.1   1.6   1.0  10.4  0.0  0.0   16.4   0   1
nfs1       0.0   0.0   0.0   0.0  0.0  0.0    0.0   0   0
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You can see a little of the internals of our system here, md0 (is a mirrored virtual device), composed of md10 and md20. As you see the statistics for them are the same. Similarly for md1, md11, and md21. That is the convention in Solaris for mirrors, mdX, is composed of mdYX, and mdZX, usually Y=1 and Z=2, but the user can name it as they please. If any set were different this would show that there is an issue with either one of the drives (error writing to it so had to be reattempted for example), or the RAID controller card.

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These 4 commands will rule out a lot of stuff for you, disk and processor failure, a hung process (something gobbling up processor would doing any useful work), and something gobbling disk (this could be a process, or due to a disk failure that is intermittent). As well they are in general useful commands. Hope this helps.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Patient Database Locked
Fecha:	viernes, 13 de julio de 2007 13:20:19
Archivos adjuntos:	

I don't recall a version under which the database didn't lock during backup, though I used to do backups outside of the Pinnacle utilities. I've advised our dosimetrists to take advantage of the delayed-start backup to run during off-hours, and as long as they adhere to this advice, we've had no problems. I believe the lock is by design, and the only problem would be if it did not clear upon completion of the backup.

David Lockman, DSc, DABR
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> kmfutter@msn.com 7/12/2007 10:28 PM >>>
I have run into a similar problem (ie locked patient dasebase) every time I perform a file backup. I've "cleared" the situation dismissing and exiting the LaunchPad at completion of the backup. No, I've never reported this to Tech Support. Mark or Jo, care to comment?....

KM Futter CMD
Legacy Health Systems
Portland, Oregon

----- Original Message -----
From: Mike Gallamore<mailto:mike.gallamore@grhosp.on.ca>
To: pinnacle-users@explode.unsw.edu.au<mailto:pinnacle-users@explode.unsw.eduau>

Sent: Thursday, July 12, 2007 1:34 PM
Subject: RE: Patient Database Locked

If you have several drives in the server you might want to try on a terminal the format command. Here is an output from our server here. Your's will be different depending on the drives you have connected, and where.

```
AVAILABLE DISK SELECTIONS:
       0. c1t0d0 <SUN72G cyl 14087 alt 2 hd 24 sec 424>
          /pci@8,600000/SUNW,qlc@4/fp@0,0/ssd@w500000e01081e891,0<>
       1. c1t1d0 <SUN72G cyl 14087 alt 2 hd 24 sec 424>
          /pci@8,600000/SUNW,qlc@4/fp@0,0/ssd@w500000e010823a01,0<>
       2. c3t1d0 <IBM-2105F20-.307 cyl 25031 alt 2 hd 64 sec 256>
          /pci@8,700000/JNI,FCR@2/sd@1,0<>
       3. c4t1d0 <IBM-2105F20-.307 cyl 25031 alt 2 hd 64 sec 256>
          /pci@8,700000/JNI,FCR@3/sd@1,0<>
       4. vpath1a <IBM-2105F20-.307 cyl 25031 alt 2 hd 64 sec 256>
          /pseudo/vpathdd@0:1<>
```

You'll have to select a drive and then type quit to get out of this. What you are looking for here, is that the server is seeing all of the drives it should be. I've had a windows server that had a drive die and ran slow and unstable. The OS for some reason was unstable; even though the system recognized that the drive failed and disabled it. Similar thing could happen in UNIX.

Running this command would be helpful too:

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prstat
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this is Solaris's equivalent to top from other unix/linux systems. It will show the running processes and what resources they are using. I Doubt this is the issue, but would be good to just confirm you don't have something hogging all of the processor on you. Similarly;

```
iostat -x 5
```

will output disk usage every 5 seconds. You want to use the data after it has refreshed a couple times, to prevent your starting the command from skewing the measurement.

Important is the last 3 columns, svc_t tells you the average time

servicing a request in milliseconds, %w is percentage of io tasks waiting and %b is the percentage of disk use. Eg:

extended device statistics

device	r/s	w/s	kr/s	kw/s	wait	actv	svc_t	%w	%b
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md3	0.0	0.0	0.0	0.0	0.0	0.0	21.0	0	0
md4	0.1	0.2	1.0	0.5	0.0	0.0	15.3	0	0
md5	0.0	0.0	0.7	3.0	0.0	0.0	14.0	0	0
md10	0.0	0.6	0.1	4.7	0.0	0.0	19.6	0	0
md11	0.0	0.2	0.0	2.0	0.0	0.0	16.6	0	0
md13	0.0	0.0	0.0	0.0	0.0	0.0	19.6	0	0
md14	0.0	0.2	0.5	0.4	0.0	0.0	10.8	0	0
md15	0.0	0.0	0.3	3.0	0.0	0.0	12.8	0	0
md20	0.0	0.6	0.1	4.7	0.0	0.0	19.5	0	0
md21	0.0	0.2	0.0	2.0	0.0	0.0	17.0	0	0
md23	0.0	0.0	0.0	0.0	0.0	0.0	20.0	0	0
md24	0.0	0.2	0.5	0.4	0.0	0.0	10.8	0	0
md25	0.0	0.0	0.3	3.0	0.0	0.0	12.8	0	0
sd6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0
sd31	0.9	1.2	38.0	45.9	0.0	0.0	1.3	0	0
sd51	0.9	1.2	38.0	45.8	0.0	0.0	1.3	0	0
ssd0	0.1	1.6	1.0	10.4	0.0	0.0	16.3	0	1
ssd1	0.1	1.6	1.0	10.4	0.0	0.0	16.4	0	1
nfs1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0

You can see a little of the internals of our system here, md0 (is a mirrored virtual device), composed of md10 and md20. As you see the statistics for them are the same. Similarly for md1, md11, and md21. That is the convention in Solaris for mirrors, mdX, is composed of mdYX, and mdZX, usually Y=1 and Z=2, but the user can name it as they please.

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processors are showing. UNIX is very good at limping along, even if a
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Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be

sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Patient Database Locked
Fecha:	viernes, 13 de julio de 2007 14:58:35
Archivos adjuntos:	

Thanks for the suggestion. I know what you are referring to with the database being locked during backup, but I am getting that message without ever doing a backup. The lauchpad takes 5-20 minutes to load and while it is loading, the patient database remains locked.

Pat

>From: "Dave Lockman" <Dave.Lockman@sparrow.org>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: Re: Patient Database Locked
>Date: Fri, 13 Jul 2007 07:11:54 -0400
>
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> extended device statistics
> device r/s w/s kr/s kw/s wait actv svc_t %w %b
> md0 0.1 0.6 0.2 4.7 0.0 0.0 23.6 0 0
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> md3 0.0 0.0 0.0 0.0 0.0 0.0 21.0 0 0
> md4 0.1 0.2 1.0 0.5 0.0 0.0 15.3 0 0
> md5 0.0 0.0 0.7 3.0 0.0 0.0 14.0 0 0
> md10 0.0 0.6 0.1 4.7 0.0 0.0 19.6 0 0
> md11 0.0 0.2 0.0 2.0 0.0 0.0 16.6 0 0
> md13 0.0 0.0 0.0 0.0 0.0 0.0 19.6 0 0
> md14 0.0 0.2 0.5 0.4 0.0 0.0 10.8 0 0
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> sd6 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0 0
> sd31 0.9 1.2 38.0 45.9 0.0 0.0 1.3 0 0
> sd51 0.9 1.2 38.0 45.8 0.0 0.0 1.3 0 0
> ssd0 0.1 1.6 1.0 10.4 0.0 0.0 16.3 0 1
> ssd1 0.1 1.6 1.0 10.4 0.0 0.0 16.4 0 1
> nfs1 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0 0
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>
>
>
>##
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> to
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##

De:	Charles A. Pelizzari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Patient Database Locked
Fecha:	viernes, 13 de julio de 2007 17:21:36
Archivos adjuntos:	

We recently had a problem with very slow launchpad startup, with the attendant problems you are describing. In our case, it appears that the LPDB file had somehow come to contain multiple copies of a lot of its entries. Normally its size would vary in the range of 100-300KB, and with the replicated records had grown to nearly 1MB. Running the "Rebuild Patient DB" Launchpad tool did not resolve the problem. We edited the file to remove duplicate records, and things went back to normal. Obviously you might want to be a bit careful if trying this...

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At 7:51 AM -0500 7/13/07, Pat Meek wrote:
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>>1215 E Michigan Ave
>>Lansing, MI 48912
>>517-364-2163
>>dave.lockman@sparrow.org
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>>Portland, Oregon
>>

--

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Patient Database Locked
Fecha:	viernes, 13 de julio de 2007 18:39:31
Archivos adjuntos:	

Charles,

You may be on to something here. Our LPDB file is over 500k. It seems like it has mult copies of entries that pertain to "backup" files. I associated these with the backup index and cleared it. However, the entries are still in the LPDB file. I am not sure if it would be safe to delete these entries and try again? I may make a backup copy of the file and try it before I leave tonight. Was it these "backup" entries that you had troubles with?

Thanks.

Pat

>From: "Charles A. Pelizzari" <c-pelizzari@uchicago.edu>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: pinnacle-users@explode.unsw.edu.au
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>Date: Fri, 13 Jul 2007 09:55:28 -0500
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De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Patient Database Locked
Fecha:	viernes, 13 de julio de 2007 19:03:26
Archivos adjuntos:	

Listers:

From what I've been hearing in the last year, and from some experience, the LaunchPad and the database management, especially indexing, appear to be areas where Pinnacle could be improved. We had to back out of an upgrade because of LaunchPad issues.

So, I hope that some development effort might be put into improving these areas.

Just my $0.02 worth.

Sean Frigo

_____

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Pat Meek
Sent: Friday, July 13, 2007 11:18
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Patient Database Locked

Charles,

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Thanks.

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A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Patient Database Locked
Fecha:	viernes, 13 de julio de 2007 19:31:36
Archivos adjuntos:	

The main thing in our case was that there were replications of the Institution structures in the LPDB file. Also I think the SimpleString entries for backups were replicated, but multiple copies of the Institution structures were what really bulked up the file. You can check on this with

grep InstitutionID LPDB

you should see each InstitutionID appear only once.

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Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Patient Database Locked
Fecha:	viernes, 13 de julio de 2007 19:58:49
Archivos adjuntos:	

I agree. Pinnacle definitely needs to be moved to a fully featured database. It should make life easier for Philips as when they decide to make changes, say add a feature, and then they don't have to reparse the text files as they currently are. The new feature gets added to another table, you use, patient id, and course to find the feature associated with the plan. Way easier to maintain. Plus they get built in support for user groups. I get antsy every time I think about the fact any Pinnacle user can delete a patient from the system.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Sean Frigo
Sent: July 13, 2007 12:48 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Patient Database Locked

Listers:

From what I've been hearing in the last year, and from some experience, the LaunchPad and the database management, especially indexing, appear to be areas where Pinnacle could be improved. We had to back out of an upgrade because of LaunchPad issues.

So, I hope that some development effort might be put into improving these areas.

Just my $0.02 worth.

Sean Frigo

De:	Lederer, Ernst
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Patient Database problems
Fecha:	viernes, 13 de julio de 2007 20:01:41
Archivos adjuntos:	

We have similar problems. We rebuild the database at least once a week (have about 3000 patients on line). I have asked Philips why they don't write a SQL front-end to the Patient database. This would make the entire process of locking a patient record for all other users while specified user is working on it much easier. The answer from the engineer was that he could not tell me (indicating that something is in the works). All the sorting and other database interactions would be much easier to handle and most probably significantly faster than with Unix scripts. It also would make external access to the database via SQL much easier and more controllable. I hope they do that soon.

Until then Happy Database rebuilding.

Also be careful with setting the NIC to full duplex. If your IS network structure (hubs and switches) does not support that, you are in for big trouble (my own experience).

Finally Philips has decided to switch to Solaris10 with the next platform (Opteron based). At least that will support disks larger than 1 Terabytes.

Ernst

Ernst Lederer RT., C.M.D.
Dosimetrist, Department of Medical Physics

Regional Cancer Centre of the
Hopital Regional Sudbury Regional Hospital
41 Ramsey Lake Road
Sudbury, Ontario P3E 5J1

Tel: (705) 522-6237 Ext. 2158
Fax.: (705) 523-7329
e-mail: elederer@hrsrh.on.ca

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Patient Database Locked
Fecha:	viernes, 13 de julio de 2007 21:36:37
Archivos adjuntos:	

Charles,

That was it! Although we had only 1 institution in the file, there where a large multitude of SimpleString entries that I got rid of. The Launchpad loads faster than ever now! Thanks to you and everyone else on here that helped me out!

I am pretty sure that Pinnacle is still working on this, they ought to visit the listserver more often lol.

Pat

>From: "Charles A. Pelizzari" <c-pelizzari@uchicago.edu>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Re: Patient Database Locked
>Date: Fri, 13 Jul 2007 12:24:58 -0500
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>>>unsubscribe pinnacle-users <e-mail address>
>>>to majordomo@explode.unsw.edu.au.
>>>
>>>Note: To avoid non-delivery error messages being sent to all list
>>>members, the list has been configured so that messages can only be
>>>sent from a subscribed account. Messages sent from a users secondary
>>>account will not be distributed unless that account is also subscribed.

>>>##
>>
>>_____
>>http://liveearth.msn.com
>>
>>
>>
>>##
>>To unsubscribe (yourself or other account) from the pinnacle-users mailing
>>list, send the message
>>unsubscribe pinnacle-users <e-mail address>
>>to majordomo@explode.unsw.edu.au.
>>
>>Note: To avoid non-delivery error messages being sent to all list
>>members, the list has been configured so that messages can only be
>>sent from a subscribed account. Messages sent from a users secondary
>>account will not be distributed unless that account is also subscribed.
>>##
>
>
>--
>---
>Charles A. Pelizzari, Ph.D.
>The University of Chicago
>Radiation Oncology, MC 9006
>5758 S. Maryland Avenue, Room 1358
>Chicago, IL 60637
>
>
>##
>To unsubscribe (yourself or other account) from the pinnacle-users mailing
>list, send the message
>unsubscribe pinnacle-users <e-mail address>
>to majordomo@explode.unsw.edu.au.
>
>Note: To avoid non-delivery error messages being sent to all list
>members, the list has been configured so that messages can only be
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>account will not be distributed unless that account is also subscribed.
>##

_____
http://newlivehotmail.com

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the

message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Charles A. Pelizzari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Patient Database Locked
Fecha:	viernes, 13 de julio de 2007 23:21:11
Archivos adjuntos:	

---

excellent!

must give credit where credit is due - it was my colleague Danny Spelbring who figured this out when we had the problem, I'm just the messenger.

now if we just knew what caused this problem so we could avoid it happening again...

-cp

At 2:20 PM -0500 7/13/07, Pat Meek wrote:
>Charles,
>
>That was it! Although we had only 1 institution in the file, there
>where a large multitude of SimpleString entries that I got rid of.
>The Launchpad loads faster than ever now! Thanks to you and
>everyone else on here that helped me out!
>
>I am pretty sure that Pinnacle is still working on this, they ought
>to visit the listserver more often lol.
>
>Pat
>
>>From: "Charles A. Pelizzari" <c-pelizzari@uchicago.edu>
>>Reply-To: pinnacle-users@explode.unsw.edu.au
>>To: pinnacle-users@explode.unsw.edu.au
>>Subject: Re: Patient Database Locked
>>Date: Fri, 13 Jul 2007 12:24:58 -0500
>>
>>
>>The main thing in our case was that there were replications of the
>>Institution structures in the LPDB file. Also I think the
>>SimpleString entries for backups were replicated, but multiple

>>copies of the Institution structures were what really bulked up the
>>file. You can check on this with
>>
>>grep InstitutionID LPDB
>>
>>you should see each InstitutionID appear only once.
>>
>>If you do try to edit the LPDB file you should definitely make a
>>copy of it first in case your edits cause a problem. It's just a
>>text file, so copying or renaming it back and forth shouldn't hurt
>>anything. You do need to do this while nobody is using the system
>>of course.
>>
>>-cp
>>
>>At 11:18 AM -0500 7/13/07, Pat Meek wrote:
>>>Charles,
>>>
>>>You may be on to something here. Our LPDB file is over 500k. It
>>>seems like it has mult copies of entries that pertain to "backup"
>>>files. I associated these with the backup index and cleared it.
>>>However, the entries are still in the LPDB file. I am not sure if
>>>it would be safe to delete these entries and try again? I may
>>>make a backup copy of the file and try it before I leave tonight.
>>>Was it these "backup" entries that you had troubles with?
>>>
>>>Thanks.
>>>
>>>Pat
>>>
>>>>From: "Charles A. Pelizzari" <c-pelizzari@uchicago.edu>
>>>>Reply-To: pinnacle-users@explode.unsw.edu.au
>>>>To: pinnacle-users@explode.unsw.edu.au
>>>>Subject: Re: Patient Database Locked
>>>>Date: Fri, 13 Jul 2007 09:55:28 -0500
>>>>
>>>>
>>>>We recently had a problem with very slow launchpad startup, with
>>>>the attendant problems you are describing. In our case, it
>>>>appears that the LPDB file had somehow come to contain multiple
>>>>copies of a lot of its entries. Normally its size would vary in
>>>>the range of 100-300KB, and with the replicated records had grown
>>>>to nearly 1MB. Running the "Rebuild Patient DB" Launchpad tool
>>>>did not resolve the problem. We edited the file to remove
>>>>duplicate records, and things went back to normal. Obviously you

>>>>might want to be a bit careful if trying this...
>>>>
>>>>-cp

--

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Metzger
A:	pinnacle;
Cc:	
Asunto:	ps2pdf failure with gs6.52 + Pinn7.4f
Fecha:	lunes, 16 de julio de 2007 15:26:52
Archivos adjuntos:	metzger.vcf

---

dear listers,
following hints from Bjørne and others from this list I wrote some scripts to get our plans as PDF. Everything works fine (after a lot of work) execept that very often the conversion from ps to pdf with ghostscript 6.52 doesn't work (Error in Acrobat Reader; very small files ~50k; conversion accomplished on the sun fire). Bjørne told me, that gs6.52 with Pinnacle 7.6 in his case works fine.
I'm just curious, if someone else has made the same experience or found a trick to circumvent this problem. Otherwise I have to convert in Windows, where the conversion seems to work.

Martin

--

De:	Lederer, Ernst
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ps2pdf failure with gs6.52 + Pinn7.4f
Fecha:	lunes, 16 de julio de 2007 16:20:10
Archivos adjuntos:	output_current_Window.Script Document_current_Trial.Script Document_current_Trial_main.Script Protocol_to_Curie.sh alert_OA1315_1184595061_NEO-EXC2_3#PINNPS2PDF.bat.txt

---

Martin,

Vor einiger Zeit habe ich aehnliche Scripts geschrieben. Ich haeng die mal an. Ich habe niemals probleme gehabt. Versuchen Sie aber Ghostscript 8.53 zu laden. Mit dem hat's dann bei mir funktioniert. Gutes gelingen.

Gruss aus Canada
Ernst

Ernst Lederer RT., C.M.D.
Dosimetrist, Department of Medical Physics

Regional Cancer Centre of the
Hopital Regional Sudbury Regional Hospital
41 Ramsey Lake Road
Sudbury, Ontario P3E 5J1
Tel: (705) 522-6237 Ext. 2158
Fax.: (705) 523-7329
e-mail: elederer@hrsrh.on.ca

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-

users@explode.unsw.edu.au] On Behalf Of Metzger
Sent: 2007-Jul-16 09:03
To: pinnacle
Subject: ps2pdf failure with gs6.52 + Pinn7.4f

dear listers,
following hints from Bjørne and others from this list I wrote some scripts to get our plans as PDF. Everything works fine (after a lot of

work) execept that very often the conversion from ps to pdf with ghostscript 6.52 doesn't work (Error in Acrobat Reader; very small files ~50k; conversion accomplished on the sun fire). Bjørne told me, that

gs6.52 with Pinnacle 7.6 in his case works fine.
I'm just curious, if someone else has made the same experience or found a trick to circumvent this problem. Otherwise I have to convert in Windows, where the conversion seems to work.

Martin

--

De:	Buzan, Marsha
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	immobilization
Fecha:	lunes, 16 de julio de 2007 17:42:39
Archivos adjuntos:	

What are people using to immobilize patients for IMRT pelvic irradiation in the supine position? One vaclok...two???? Also, Are people using vacloks along with the breast board for breast treatment? Or just the breast board only?

De:	APROZOS@terra.es
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: ps2pdf failure with gs6.52 + Pinn7.4f
Fecha:	lunes, 16 de julio de 2007 17:53:10
Archivos adjuntos:	

I am working in this issue now (with gs6.52 and Pinnacle 7.4f).
In my case, ghostscript did not find the fonts directory, I solved it with the help of Sean Frigo and a short unix script that configures ghostscript every time i want to use it.

Regards,
Alberto

----Mensaje original----
De: metzger@strahlentherapie-coburg.de
Recibido: 16/07/2007 15:03
Para: "pinnacle"<pinnacle-users@explode.unsw.edu.au>
Asunto: ps2pdf failure with gs6.52 + Pinn7.4f

dear listers,
following hints from Bjørne and others from this list I wrote some scripts to get our plans as PDF. Everything works fine (after a lot of work) execept that very often the conversion from ps to pdf with ghostscript 6.52 doesn't work (Error in Acrobat Reader; very small files
~50k; conversion accomplished on the sun fire). Bjørne told me, that gs6.52 with Pinnacle 7.6 in his case works fine.
I'm just curious, if someone else has made the same experience or found
a trick to circumvent this problem. Otherwise I have to convert in Windows, where the conversion seems to work.

Martin

--

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ps2pdf failure with gs6.52 + Pinn7.4f
Fecha:	lunes, 16 de julio de 2007 18:17:35
Archivos adjuntos:	

Hi, would you mind sharing the script? I'm curious if it could be added to your login shell script, .cshrc, for example, so it will work without having to call the script manually each time. Probably just a matter of adding the directory to your path I figure. Thanks.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of APROZOS@terra.es
Sent: July 16, 2007 11:22 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: ps2pdf failure with gs6.52 + Pinn7.4f

I am working in this issue now (with gs6.52 and Pinnacle 7.4f).
In my case, ghostscript did not find the fonts directory, I solved it with the help of Sean Frigo and a short unix script that configures ghostscript every time i want to use it.

Regards,
Alberto

members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Joe Grant
A:	Pinnacle users;
Cc:	
Asunto:	v 8.0d
Fecha:	lunes, 16 de julio de 2007 18:22:32
Archivos adjuntos:	

We still are running v 7.6c, and have been resistant to switch to v 8.0 because of early
reports of system crashes, electron planning issues, etc. I am curious if these issues have been resolved
with v 8.0d.

Specifically we need to know;
1) Can you plan with both photons and electrons with 8.0d ?
2) Can you DICOM export >200 CT images with the new version? This is a shortcoming of v7.6, and since
we use ExacTrac for IGRT, we frequently need more images for our DRR's
3) Any comments about the bolusing feature of v 8.0? I hear it's pretty good, is it a major improvement?
4) Are system crashes still a problem?
5) If you have the auto-segmentation feature, can you comment on it?

Any other comments are appreciated

E. Joseph (Joe) Grant, M.S., D.A.B.R
jgrant@carti.com
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

De:	George W. Sherouse, Ph.D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: v 8.0d
Fecha:	lunes, 16 de julio de 2007 19:32:10
Archivos adjuntos:	

On 16 Jul 2007, at 12:09 PM, Joe Grant wrote:

> Specifically we need to know;
> [...]
> 3) Any comments about the bolusing feature of v 8.0? I hear it's pretty good, is it a major improvement?

It is a major improvement. You have to learn its quirks (no news there in Pinnacleland) but it is much easier to use and if you stroke it just right it will also allow Pinnacle to report to you SSDs and depths including the bolus, a very welcome improvement.

> [...]
> 5) If you have the auto-segmentation feature, can you comment on it?

It works much better than I expected, though my expectation was low.

We have taken the policy fairly recently of using 2 mm scan spacing routinely and MBS has been a real hero in dealing with all those scans. Spinal canal is a homerun. Lungs are pretty good. Bones are also pretty good. Soft tissue like prostate and bladder are a bit more dodgy, as they are with a human observer and for the same reasons. I can't get rectum to work satisfactory more than 5% of the time.

One thing I like a great deal is the ability that MBS gives to essentially contour in 3D. Even if the auto-fit doesn't work, I find the end results to be much more satisfactory for comparable time spent when one pushes and pokes and tweaks the 3D model by hand to nudge it into place compared to drawing a 3D object

one plane at a time (with the inevitable accordion effects).

A word of caution - the conversion from model to contours generates a LOT of points. We've seen some performance hits, notably in DVH, which we presume is due to the large number of vertices in the ROIs.

- GWS

==========
Sherouse Systems, Inc., Chapel Hill, NC, <http://www.gwsherouse.com/>
Medical Physics and Computing services for Radiation Oncology
(919) 382-8102 voice or FAX, <mailto:gws@gwsherouse.com>

Tools not rules.
==========

De:	APROZOS@terra.es
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ps2pdf failure with gs6.52 + Pinn7.4f
Fecha:	lunes, 16 de julio de 2007 20:24:03
Archivos adjuntos:	

#!/bin/sh

# To find fonts
GS_LIB=/opt/sfw/share/ghostscript/fonts
export GS_LIB
gs "$@"

regards,
Alberto Perez
Medical Physicist
Hospital Virgen de la Victoria. Malaga (Spain)

----Mensaje original----
De: mike.gallamore@grhosp.on.ca
Recibido: 16/07/2007 18:03
Para: <pinnacle-users@explode.unsw.edu.au>
Asunto: RE: ps2pdf failure with gs6.52 + Pinn7.4f

Hi, would you mind sharing the script? I'm curious if it could be added
to your login shell script, .cshrc, for example, so it will work without
having to call the script manually each time. Probably just a matter of
adding the directory to your path I figure. Thanks.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au

[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of
APROZOS@terra.es
Sent: July 16, 2007 11:22 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: ps2pdf failure with gs6.52 + Pinn7.4f

I am working in this issue now (with gs6.52 and Pinnacle 7.4f).
In my case, ghostscript did not find the fonts directory, I solved it
with the help of Sean Frigo and a short unix script that configures
ghostscript every time i want to use it.

Regards,
Alberto

##
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sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ps2pdf failure with gs6.52 + Pinn7.4f
Fecha:	lunes, 16 de julio de 2007 21:00:13
Archivos adjuntos:	

Yep, works for me if I append:

setenv GS_LIB /opt/sfw/share/ghostscript/fonts

to the .environment file that should be on your home directory (the file is hidden you have to do a "ls -a" to see the file). This is the master spot for environment variables so the variable GS_LIB will be available regardless of the shell you use (bash, TSH C-Shell, etc). Hope this helps.

P.S. I noticed while poking around in there that Pinnacle has defined a lot of variables there that are helpful. For example PATIENTS which goes to /usr/local/adacnew/Patients. So just doing a cd $PATIENTS will get you all the way there.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of
APROZOS@terra.es
Sent: July 16, 2007 1:59 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: ps2pdf failure with gs6.52 + Pinn7.4f

#!/bin/sh

# To find fonts
GS_LIB=/opt/sfw/share/ghostscript/fonts
export GS_LIB
gs "$@"

De:	Barrett Marc
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: immobilization
Fecha:	lunes, 16 de julio de 2007 21:34:39
Archivos adjuntos:	

Marsha,

We are using one vaclock fo pelvis/prostate, formed around posterior/lateral thigh so as to be out of the field of treatment. We are not doing breast IMRT

Marc

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Buzan, Marsha
Sent: Monday, July 16, 2007 10:22 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: immobilization

What are people using to immobilize patients for IMRT pelvic irradiation in the supine position? One vaclok...two???? Also, Are people using vacloks along with the breast board for breast treatment? Or just the breast board only?

##

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##

De:	Ohm, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Compute beam script
Fecha:	lunes, 16 de julio de 2007 23:28:53
Archivos adjuntos:	clevelandclinic.jpg

I'm trying to automate the 'Compute' beams button. Recording gives:

TrialList.Current.ComputeDose.#"0" = 0;

and so forth for each beam. But subbing in ...#"*" for all beams doesn't work as it does elsewhere for multiple items. I thought of just having the script go from 0 to a large number (like 20) so it would just do all beams no matter what. Also noticed is that the "Compute" button doesn't change to a "Cancel" button with this either. It does move from beam to beam though.

Other suggestions or known syntax?

Thanks,
Mike

Cleveland Clinic

Michael Ohm | Lead Physicist | Fairview Hospital
Moll Pavilion | 18200 Lorain Ave. | Cleveland, OH 44111
(216) 476-7054 | (216) 476-2777 FAX | (330) 487-0169 pager

==========

De:	Metzger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: ps2pdf failure with gs6.52 + Pinn7.4f
Fecha:	martes, 17 de julio de 2007 17:15:53
Archivos adjuntos:	metzger.vcf

Dear Mike, Alberto and Ernst,

the description of the problem was a little bit incorrect. The
conversion of a single postscript file to PDF works, but the combination
of multiple PDF's into a single PDF often fails. (First I was a little
bit confused because the postscript viewer on the sun fire fakes bugs).
Example script is appended.

Martin

Mike Gallamore schrieb:
> Yep, works for me if I append:
>
> setenv GS_LIB /opt/sfw/share/ghostscript/fonts
>
> to the .environment file that should be on your home directory (the file
> is hidden you have to do a "ls -a" to see the file). This is the master
> spot for environment variables so the variable GS_LIB will be available
> regardless of the shell you use (bash, TSH C-Shell, etc). Hope this
> helps.
>
> P.S. I noticed while poking around in there that Pinnacle has defined a
> lot of variables there that are helpful. For example PATIENTS which goes
> to /usr/local/adacnew/Patients. So just doing a cd $PATIENTS will get
> you all the way there.
>
> Mike Gallamore, Bsc (physics)
> Programmer Analyst
> Grand River Regional Cancer Center
> phn: 519-749-4300 X5792
> mobile: 519-503-5044
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of
> APROZOS@terra.es

> Sent: July 16, 2007 1:59 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: ps2pdf failure with gs6.52 + Pinn7.4f
>
> #!/bin/sh
>
> # To find fonts
> GS_LIB=/opt/sfw/share/ghostscript/fonts
> export GS_LIB
> gs "$@"
>
>
> ##
> To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
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> sent from a subscribed account. Messages sent from a users secondary
> account will not be distributed unless that account is also subscribed.
>
##
>
>

De:	Hurley, Amanda
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Exporting CT Images
Fecha:	martes, 17 de julio de 2007 21:57:47
Archivos adjuntos:	clevelandclinic.jpg

Hello Pinnacle users.
Does anyone know how to export CT images from Pinnacle to a R&V (Impac) for cone beam imaging?

Amanda

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Exporting CT Images
Fecha:	martes, 17 de julio de 2007 22:28:06
Archivos adjuntos:	

Right most tab on export window is DICOM Image. Select that tab, select IMPAC_DCM_SCP (or correct DICOM name), press Transfer images, VIOLA!

Greg Gibbs
Colorado Associates in Medical Physics

> -----Original Message-----
> **From:** Hurley, Amanda [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Hurley, Amanda
> **Sent:** Tuesday, July 17, 2007 1:45 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Exporting CT Images
>
> Hello Pinnacle users.
> Does anyone know how to export CT images from Pinnacle to a R&V (Impac) for cone beam imaging?
>
> Amanda

De:	Gerald White
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Exporting CT Images
Fecha:	martes, 17 de julio de 2007 22:28:22
Archivos adjuntos:	

Give me a call and I can discuss our procedure with the Pinacle - IMPAC Mosaiq -- Varian chain if that is your setup.

Jerry White

719.560.5465

On Jul 17, 2007, at 2:07 PM, Hurley, Amanda wrote:

> Hello Pinnacle users.
> Does anyone know how to export CT images from Pinnacle to a R&V (Impac) for cone beam imaging?
>
> Amanda

De:	Bob Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Exporting CT Images
Fecha:	miércoles, 18 de julio de 2007 3:28:34
Archivos adjuntos:	CBCT2IMPAC.pdf

Amanda:

I've attached our procedure. Call if you have any questions.

Bob

~~~~~~

Robert M. Smith, MS
Director of Physics

bsmith@prapa.com
www.rocnj.com

732-303-5292

Princeton Radiation Oncology Center

CentraState Medical Center

St Mary Medical Center

Hunterdon Medical Center

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Hurley, Amanda
Sent: Tuesday, July 17, 2007 4:08 PM
~~~~~~

To: pinnacle-users@explode.unsw.edu.au
Subject: Exporting CT Images

Hello Pinnacle users.
Does anyone know how to export CT images from Pinnacle to a R&V (Impac) for cone beam imaging?

Amanda

De:	Luis Isaac Ramos
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Dicom rt import
Fecha:	miércoles, 18 de julio de 2007 12:02:57
Archivos adjuntos:	

In which directory the dicom rt files, containing dose matrix and plans from another planning system, are?

I would like to edit this file before import in ADAC.

--
Luis Isaac Ramos Garcia
Departamento de Oncologia
Clinica Universitaria de Navarra
Facultad de Medicina. Universidad de Navarra
Av. Pio XII nº36, 31080 Pamplona, Spain
FAX: +34-948-255500
TEL: +34-948-255400 (Ext. 4924)
E-mail: liramos@unav.es
Web page: http://www.cun.es

De:	Simon Temple
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT planning script
Fecha:	miércoles, 18 de julio de 2007 16:55:43
Archivos adjuntos:	

Dear all,

I've just starting trying to create a hotscript to automate some of the commands used in the IMRT module and am having difficulty with a couple.

Firstly does anyone know how I can check to see if there are any objectives in the list and clear them if any are present?

Also following optimization an information window appears informing me that optimization is complete and requiring an 'OK' command to continue. Because I don't know the name of this window I'm not sure how to dismiss it and the script won't continue until this is done.

Any other advice regarding the scripting of IMRT would also be appreciated, on or off list.

Thanks in advance,

Simon

Simon Temple
Medical Physicist
Medical Physics Department
Clatterbridge Centre for Oncology
Clatterbridge Road
Bebington
Wirral
UNITED KINGDOM
CH63 4JY

Email: simon.temple@ccotrust.nhs.uk

De:	Gnanaprakasam (GP) Vadivelu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Varian CBCT
Fecha:	miércoles, 18 de julio de 2007 17:48:59
Archivos adjuntos:	

Could anybody provide some advice on how to do CBCT on a varian machine. Our setup is as folllows.
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I appreciate if someone could shed some light in this regard.
Thanks
Regards
Prakash

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varian CBCT
Fecha:	miércoles, 18 de julio de 2007 18:09:58
Archivos adjuntos:	

You need to have a SomaVision or Eclipse workstation to get CT images into Aria at the moment. The next release of Aria I believe is supposed to allow CT import without SomaVision or Eclipse. The SomaVision is a watered down Eclipse, you essentially push to a dicom listener and then use the import filter like you would on Vision, except it is smart enough to take the CT set as one object.

P.S. we didn't purchase our SV workstation (which goes for ~30k). Our solution was not to release our PO until we had it :) Our reasoning was, they sold us on the CBCT, and OBI, but only gave us the OBI functionality. Pony up the CBCT or we don't pony up our 600+k for the machine.

P.P.S. SomaVision is a really easy install, it installs like another Vision client, you just click SomaVision rather than Vision during the install. The image filter takes about 5 minutes to setup and test. Philips was great at setting the dicom filter on their end, I had the whole thing working in less than a day.

Happy creative negotiating :)

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Gnanaprakasam (GP) Vadivelu
Sent: July 18, 2007 11:34 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Varian CBCT

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Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varian CBCT
Fecha:	miércoles, 18 de julio de 2007 18:12:16
Archivos adjuntos:	

Oh yeah, and the SomaVision PC they gave us is a really nice machine.
Core 2 duo 2.4 GHz 2GB RAM. It is covered under FDA as well so they ship
you the PC, they don't just install the client somewhere.

Mike Gallamore, Bsc (physics)
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De:	Mark Phillips
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Varian CBCT
Fecha:	miércoles, 18 de julio de 2007 18:43:35
Archivos adjuntos:	

Mike,
May I ask what a "dicom filter" is?

Thanks,
Mark Phillips

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Mark H. Phillips, Ph.D.
Professor, Department of Radiation Oncology
Box 356043
University of Washington
Seattle, WA 98195-6043

(office) 206.598.6219
(fax) 206.598.6218

www.radonc.washington.edu/faculty/mark/

##

##

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varian CBCT
Fecha:	miércoles, 18 de julio de 2007 19:04:18
Archivos adjuntos:	

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This information is contained in what is called the metadata portion of the DICOM file. A DICOM file is essentially a set of text fields, followed by a blob of data that is actually the image. I believe the reasoning behind this is twofold:
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With CT sets you have to import the plan and the CT set together so SomaVision/Eclipse knows they are supposed to be part of the same treatment. In practice what we have is a second 'dicom listener', that puts the data we want to go to the CBCT machines in a different folder than the DRR/plans for normal treatments.

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Mike Gallamore, Bsc (physics)
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Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mark Phillips
Sent: July 18, 2007 12:25 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Varian CBCT

Mike,
May I ask what a "dicom filter" is?

Thanks,
Mark Phillips

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###

De:	Lederer, Ernst
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT planning script
Fecha:	miércoles, 18 de julio de 2007 19:30:25
Archivos adjuntos:	

1, Try

PluginManager.InversePlanningManager.CombinedObjectiveList.
DestroyAllChildren = "";

2
Try

Test.ExpectWarningMessage = 0;

Hope that helps

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Simon Temple
Sent: 2007-Jul-18 10:47
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT planning script

Dear all,

I've just starting trying to create a hotscript to automate some of the commands used in the IMRT module and am having difficulty with a couple.

Firstly does anyone know how I can check to see if there are any objectives in the list and clear them if any are present?

Also following optimization an information window appears informing me that optimization is complete and requiring an 'OK' command to continue. Because I don't know the name of this window I'm not sure how to dismiss it and the script won't continue until this is done.

Any other advice regarding the scripting of IMRT would also be appreciated, on or off list.

Thanks in advance,

Simon

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Medical Physicist
Medical Physics Department
Clatterbridge Centre for Oncology
Clatterbridge Road
Bebington
Wirral
UNITED KINGDOM
CH63 4JY

Email: simon.temple@ccotrust.nhs.uk

****

De:	Mikell, Justin
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	P3md on multiple monitors
Fecha:	jueves, 19 de julio de 2007 1:45:28
Archivos adjuntos:	

Has anyone had any luck running p3md on a computer with multiple monitors? Everything but my CT slice views comes over in the correct ratio. It seems the ct viewing window scales taking into account all 3 monitors on my windows machine. I have confirmed this, because when I take the other 2 monitors off it works fine. P3md is running on reflection 9.x

Justin Mikell
Physicist's Assistant
Blessing Hospital
Quincy, IL

De:	John Shakeshaft
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varian CBCT
Fecha:	jueves, 19 de julio de 2007 9:55:10
Archivos adjuntos:	

You need to have Pinnacle 7.6c +. The version of DICOM Image that comes with 7.6c and later store DICOM CT header information for later export.

In the export window DICOM RT in Pinnacle make sure you export PLAN and ROI simultaneously. (This means that in DICOM speak the plan is exported in PATIENT geometry rather than TREATMENT_DEVICE geometry.) It is then possible to export the CT data from the DICOM Image tab in export.

ARIA has made import much more robust. It actually appears to work in RT Chart, but experience has shown that some vital link is sometimes missing if done this way.

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY
UK

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mike Gallamore
Sent: 18 July 2007 17:59
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Varian CBCT

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Programmer Analyst
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Mark H. Phillips, Ph.D.
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##

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	dismissing OK message in planar dose
Fecha:	viernes, 20 de julio de 2007 15:35:18
Archivos adjuntos:	e.vdieren.vcf

Hi,

I have asked this question before, but it seems relevant
to do so again after this contribution to the list. How
do you turn off the OK message in a script when the planer
dose is saved in a file?

sincerely
Erik

> Erik,
>
> no unfortunately I don't know how the get rid of this little pesky
> message. It is an InfoMessage and one can create with
> InfoMessage = "Some message";
> I have tried a couple of things but without success.
>
> (),
>
> I've tried your suggestion on an old problem I once submitted:
> how
> to turn off the OK message when one saves planar doses in a
> script.
> Your suggestion doesn't help. Do you have other suggestions?
>
> sincerely
> Erik
>
> ()
> 2
> Try

Test.ExpectWarningMessage = 0;

Hope that helps

De:	Guidi Gabriele
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	LanchPad Bugs, problem or ....
Fecha:	viernes, 20 de julio de 2007 15:58:02
Archivos adjuntos:	

Hi
I have a problem with the LanchPad
When I try to start the LanchPad, I receive a message..

“Can’t read file system statistics for path”
/usr/local/adacnew/Patients
Continue?

If I click NO, than the message reappear at the new LanchPad start up
If I click Yes, than I have a New massage

Error: the user scanner database has not initialized
/usr/local/adacnew/Patients/ScannerDB
You will not be able to import images

Than the system don’t lunch the LanchPad
What can I do?
Pinnacle doesn’t start and I can not rebuild or do anything, and I have no idea of this problem?
Can anyone help me?

Thanks
Lele

Gabriele Guidi
Medical Physics Dpt.
Az.Ospedaliero-Univeristaria di Modena
Via del Pozzo 71, 41110 Modena (Italy)

Phone: +39 059 422 5699
Ext: +39 059 422 4270
email: guidi.gabriele@policlinico.mo.it

The Hospital Server locks any *.zip, *.exe file or >3MB
Please try to contact me via phone or at my privete email

Sorry for any disservices or inconveniences

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: LanchPad Bugs, problem or ....
Fecha:	viernes, 20 de julio de 2007 16:57:03
Archivos adjuntos:	

Can you manually go to that directory? Ie. Open a terminal and cd /usr/local/adacnew/Patients. If not and you are on a client, I'd suspect that nfs isn't running properly either on the server or client, or network issue, so that the directory isn't getting sent from the server.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Guidi Gabriele
Sent: July 20, 2007 9:43 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: LanchPad Bugs, problem or ….

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Than the system don't lunch the LanchPad

What can I do?
Pinnacle doesn't start and I can not rebuild or do anything, and I have no idea of this problem?
Can anyone help me?

Thanks
Lele

Gabriele Guidi
Medical Physics Dpt.
Az.Ospedaliero-Univeristaria di Modena
Via del Pozzo 71, 41110 Modena (Italy)

Phone: +39 059 422 5699
Ext: +39 059 422 4270
email: guidi.gabriele@policlinico.mo.it

The Hospital Server locks any *.zip, *.exe file or >3MB
Please try to contact me via phone or at my privete email
Sorry for any disservices or inconveniences

De:	Guanghua Yan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Reference on Pinnacle scripting
Fecha:	viernes, 20 de julio de 2007 22:27:32
Archivos adjuntos:	

Hi, all

I am wondering where I can find reference on pinnacle scripting. Is this the language
I can use to call the dose engine to do calculation?

BTW, are there archived messages for this list? I am new to this list. I think old messages
on this list server should be helpful for me.

Thanks
Guanghua

De:	Matthew Williams
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	P3PC and contouring with paint tool
Fecha:	lunes, 23 de julio de 2007 3:40:54
Archivos adjuntos:	

We are exploring options for our Oncologists to have remote access to Pinnacle from their desktop PC - primarily for contouring and dose review.

We are trialling P3-PC with Pinnacle v7.6c and have found it unacceptably slow when using the Paint tool (~ 0.5 sec latency). Further investigation revealed that when using the Paint tool there was ~100% "Network Utilization" on the PC (100 Mb connection - no improvement noticed when testing on 1Gb, the transfer rate was 0.2msec) and 20-30% CPU usage on the Unix box when applying rapid mouse motion (this was independent of local or remote access - B2500 8Gb RAM). Note for the contour draw tool there was <1% network utilisation and <2% CPU.

Has anyone else experienced this with the paint tool and p3-pc or p3-md, and does anyone have suggestions on how to overcome the speed issue?

Also does the mesh tool in ver 8.0# display similar CPU usage?

Thanks
Matthew Williams, PhD.
Medical Physicist

Illawarra Cancer Care Centre
The Wollongong Hospital
Private Mail Bag 8808
South Coast Mail Centre NSW 2521
Ph: +61 2 4222 5704
Fax: +61 2 4222 5793

to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Tim Williams
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: P3PC and contouring with paint tool
Fecha:	lunes, 23 de julio de 2007 5:04:06
Archivos adjuntos:	

Matthew,
We have had similar feedback from our Oncologists regarding the paint tool on P3PC - with some accepting the speed and others choosing not to use the station (for outlining as they prefer the paint tool).
I haven't had a chance to look into it properly yet - so it's just accepted as a 'slow' station when outlining for the time being.

Cheers
Tim Williams
Senior Physicist
Adelaide Radiotherapy Centre
352 South Terrace, Adelaide
South Australia
Tel : 08 82286751
Mob: 0413744633
fax : 08 82236166

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Matthew Williams
Sent: Monday, 23 July 2007 11:00 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: P3PC and contouring with paint tool

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##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Hanson, Benjamin
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	Pinnacle CT Data
Fecha:	lunes, 23 de julio de 2007 14:32:37
Archivos adjuntos:	

I've been looking into our CT density table in Pinnacle and I have discovered that Pinnacle interprets our CT Phantom differently from what the CT phantom properties are claimed to be. The dense bone part of our CT phantom is marked as 1.61g/cm^3, yet Pinnacle interprets this as 1.41 g/cm^3. The density for trabacular bone also differes by 0.03 g/cm^3 (but this is hardly anything next to the dense bone). The rest of the 9 phantom areas are interpreted correctly in Pinnacle.

Does anyone happen to know if I should change our CT table to reflect what Pinnacle interprets or should I leave it as what the CT Phantom is marked? Thanks for your help!

Ben Hanson

De:	Guidi Gabriele
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	R: Pinnacle CT Data
Fecha:	lunes, 23 de julio de 2007 15:42:59
Archivos adjuntos:	

I will try to investigate your question, but may be some of my consideration, you didn't consider.

Is it Linear your CT acquisition of HU?
Some CT, depend from the product, have no linear HU and density correspondences

e.g. Siemens could have from -1024 to 1024HU (linear), but in some cases from -1024 to 3000 HU (non linear) or in other modality acquisition from 1024 to 30000HU, GE has no linear table in old machine and I suppose also in CT/PET with 16 bit

When you import images, you have the conversion of non negative value (This point I have not yet investigate, but may be can contribute to your question

May be your CT have a non linear conversion of the HU. Did you verify it?
What I can suppose: when you have declared your HU vs density into the CT Table in Pinnacle, may be in some point there are non linear conversion, than you can find your little discrepancies

Very interesting your question, I will try to investigate also here, or may be someone has a better answer or explanation
Lele

Gabriele Guidi
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Az.Ospedaliero-Univeristaria di Modena
Via del Pozzo 71, 41110 Modena (Italy)

Phone: +39 059 422 5699
Ext: +39 059 422 4270
email: guidi.gabriele@policlinico.mo.it

Da: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Per conto di** Hanson, Benjamin
Inviato: lunedì 23 luglio 2007 14.14
A: 'pinnacle-users@explode.unsw.edu.au'
Oggetto: Pinnacle CT Data

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Ben Hanson

De:	Kao, Mark
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Diode measurements for Pinnacle patients
Fecha:	lunes, 23 de julio de 2007 20:50:51
Archivos adjuntos:	

If you use diode for patient dose monitoring, what do you really monitoring?

1. Machine output or
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How do you get point dose for diode, by Pinnacle planning or by MU_CAL software?

What is the difference expected from Pinnacle, for point dose, for breast tangential fields and PA spine? Would like to hear from your experiences. Thank you.

Mark Kao, Ph.D., DABR
St. Barnabas Medical Center
Livingston, NJ 07039
Tel: 973-322-5698
Fax: 973-322-5648

Saint Barnabas Medical Center 2007 Distinguished Hospital Award for Clinical Excellence

Ranked Top 5% in Nation

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-

pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Scott Dube
Sent: Monday, July 23, 2007 1:05 PM
To: pinnacle-users@explode.unsw.edu.au; meddos@yahoogroups.com
Subject: Wax Sheets for Bolus

We have been using 0.5 and 1.0 cm Superflab for bolus as needed on most photon and electron fields.
There are two exceptions.
One is the Brass Mesh Bolus we use on tangents for post-mastectomy chestwalls.
The other is Dental Wax we use for electron masks.

As you know, Superflab does not hold its shape when applied to contoured surfaces like the scalp or neck.
It must be taped in place and does not maintain skin contact in many cases

And Dental Wax comes in thin and/or small pieces which often must be laminated.
Sometimes it needs to be heated to be formed.
And sometimes it breaks after a few fractions.

I recently found a new form of wax (at least for me) which you may want to try.

It is sold by http://www.kindt-collins.com/waxes/index.html

It comes off the shelf in 12" x 24" x 0.25" sheets.
But you can order it in any thickness up to 0.5".
The cost is less than $20 per sheet.

I measured a sample recently and found that the 0.25" thickness is approximately equal to 6 mm of solid water.
In other words, it is tissue equivalent.

It offers the advantage of being very pliable at room temperature yet holds its shape.
It is uniform in thickness and its large size can cover very large fields.
Plus it is red in color which is very sexy.

If you would like to try this material, you can contact the company through the website above.

Ask for "Master Red Utility Wax" with the "JUSTI fomula". And have fun!

Scott Dube, MS
Queen of the Valley Medical Center
Napa, CA

De:	Kent Krugh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Diode measurements for Pinnacle patients
Fecha:	martes, 24 de julio de 2007 3:11:11
Archivos adjuntos:	

We hand calculate the patient given dose using the effective depth and blocked field size from Pinnacle.

Kent Krugh
Cincinnati

On 7/23/07, **Kao, Mark** <MKao@sbhcs.com> wrote:

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Scott Dube, MS
Queen of the Valley Medical Center
Napa, CA

Important news about our email communications

Saint Barnabas Health Care System has implemented secure messaging services.

To learn more about SBHCS Secure Messaging, go to:
http://www.zixcorp.com/evangelism/sbhcs/

If you need assistance with retrieving a secure email, please email sbhcsaccounts@sbhcs.com or visit http://www.zixcorp.com/evangelism/sbhcs/partners/receiving.php

De:	Chris Hawkins
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Diode measurements for Pinnacle patients
Fecha:	martes, 24 de julio de 2007 16:30:04
Archivos adjuntos:	

We calculate expected reading using S-p, S-c, SSD, MU, and any off-axis, tray, & wedge factors. S-p obtained from Pinnacle % Blocked. Tangents measured at laser set-up position which requires determination of OAD & SSD from CT slice in plane of measurement. We correct raw diode reading for SSD, Eff Field Size, and oblique incidence. Tolerance is 5 %, repeat and analyze out-of-tolerance readings.

An expected diode reading is calculated as part of the Excel spreadsheet we use for many of the 2nd MU checks. The spreadsheet SSD is calculated from the Pinnacle radiological depth and usually requires an SSD correction at the time of measurement.

Say hello to Dave Steidley.

^^^^^^^^^^^^^^^^^^^^^^^^^^

Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

>>> MKao@sbhcs.com 7/23/2007 2:35:10 PM >>>

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Scott Dube, MS
Queen of the Valley Medical Center
Napa, CA

De:	Luse, Ray W.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Diode measurements for Pinnacle patients
Fecha:	martes, 24 de julio de 2007 17:43:47
Archivos adjuntos:	

For Diode measurements we use the Dmax dose value calculated either by hand or obtained directly off MUCHECK program.
This value is calculated from dose at calc point depth and corrected for Inverse square and TMR back to Dmax Depth.
There are subtle variations for various kinds of Diodes and there energy response so it is a good idea to compare expected to measured for a variety of know geometries.
i.e. we calibrate at 10 x10 field size at 100 ssd- it would be instructive to make comparison measurements at various ssds, 90, 80 and various field sizes 4x4 to 40 x40.
You will also see differences from measured to expected for extreme contour changes.-
The Dmax calculations assume phantom geometry and Pinnacle accounts for lack of scatter...

Ray Luse
Physicist
Sacred Heart Medical Center
Spokane, Wa. 99220

509-474-7221

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Kao, Mark
> **Sent:** Monday, July 23, 2007 11:35 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Diode measurements for Pinnacle patients
>
> If you use diode for patient dose monitoring, what do you really monitoring?
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> 1. Machine output or
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Sent: Monday, July 23, 2007 1:05 PM
To: pinnacle-users@explode.unsw.edu.au; meddos@yahoogroups.com
Subject: Wax Sheets for Bolus

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Scott Dube, MS
Queen of the Valley Medical Center
Napa, CA

De:	Simon Temple
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT planning script
Fecha:	miércoles, 25 de julio de 2007 9:46:40
Archivos adjuntos:	

Thanks for the suggestions but still not having much luck.

Anyone else?

Simon

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Lederer, Ernst
Sent: 18 July 2007 18:18
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT planning script

1, Try

PluginManager.InversePlanningManager.CombinedObjectiveList.DestroyAllChildren = "";

2
Try

Test.ExpectWarningMessage = 0;

Hope that helps

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Simon Temple
Sent: 2007-Jul-18 10:47
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT planning script

Dear all,

I've just starting trying to create a hotscript to automate some of the commands used in the IMRT module and am having difficulty with a couple.

Firstly does anyone know how I can check to see if there are any objectives in the list and clear them if any are present?

Also following optimization an information window appears informing me that optimization is complete and requiring an 'OK' command to continue. Because I don't know the name of this window I'm not sure how to dismiss it and the script won't continue until this is done.

Any other advice regarding the scripting of IMRT would also be appreciated, on or off list.

Thanks in advance,

Simon

Simon Temple
Medical Physicist
Medical Physics Department
Clatterbridge Centre for Oncology
Clatterbridge Road
Bebington
Wirral
UNITED KINGDOM
CH63 4JY

Email: simon.temple@ccotrust.nhs.uk

****

De:	t.minderhoud@nki.nl
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT planning script
Fecha:	miércoles, 25 de julio de 2007 11:47:26
Archivos adjuntos:	

Hi all,

I need to do the same thing…get rid of all existing IMRT objectives. Using the command:
PluginManager.InversePlanningManager.CombinedObjectiveList.
DestroyAllChildren = “”; causes the Pinnacle program (v7.6f) to crash with an error status. I have asked for some advice on this from Pinnacle USA (3 weeks ago now), but I haven’t had an answer yet.

As far as the second part of Simon’s post:
According to my doc you should set Test.ExpectWarningMessage to 1 to dismiss the next warning message.

Regards,
Tom

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Simon Temple
> **Sent:** Wednesday, July 25, 2007 09:25
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: IMRT planning script
>
> Thanks for the suggestions but still not having much luck.
>
> Anyone else?
>
> Simon
>
> ---
>
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Lederer, Ernst
> **Sent:** 18 July 2007 18:18
> **To:** pinnacle-users@explode.unsw.edu.au
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Thanks in advance,

Simon

Simon Temple
Medical Physicist

Medical Physics Department
Clatterbridge Centre for Oncology
Clatterbridge Road
Bebington
Wirral
UNITED KINGDOM
CH63 4JY

Email: simon.temple@ccotrust.nhs.uk

****

De:	Luse, Ray W.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Dose rate questions
Fecha:	miércoles, 25 de julio de 2007 22:54:47
Archivos adjuntos:	

To all

I am wondering what dose rate folks are using to treat IMRT and what pro's and con's there are to using a high dose rate such as 600MU/Min.

Ray Luse
Physicist
Sacred Heart Medical Center
Spokane, Wa. 99220

509-474-7221

De:	Chris Hawkins
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Dose rate questions
Fecha:	jueves, 26 de julio de 2007 0:47:53
Archivos adjuntos:	

For sliding window treatments, the Varian leaf controller will issue beam 'hold-offs" to the linac if the leaf is not where it is supposed to be. This is audible as a slow-down of the MU beeps. When I did IMRT on a Varian unit we generally ran at 300 or 400 MU/min.

The other issue is the beam stability of the unit as it comes on and the steering starts. You have to look at flatness and symmetry in the first 3, 5, 10 etc MU of the beam at the dose rates you are planning to use. Just checking linearity at low MU and high MU/min is not sufficient.

^^^^^^^^^^^^^^^^^^^^^^^^^^

Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

>>> Rluse@shmc.org 7/25/2007 4:46:21 PM >>>
To all

I am wondering what dose rate folks are using to treat IMRT and what pro's and con's there are to using a high dose rate such as 600MU/Min.

Ray Luse
Physicist
Sacred Heart Medical Center
Spokane, Wa. 99220

509-474-7221

De:	Pat Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Dose rate questions
Fecha:	jueves, 26 de julio de 2007 1:50:57
Archivos adjuntos:	

We use 300mu/min for our IMRT step and shoot. We use 400mu/min for our regular static fields. We have used 600mu/min for our stereotactic. Our physicist has talked about upping it to 600mu/min for our static fields, but hasn't done it yet.

Pat

>From: "Luse, Ray W." <Rluse@shmc.org>
>Reply-To: pinnacle-users@explode.unsw.edu.au
>To: <pinnacle-users@explode.unsw.edu.au>
>Subject: RE: Dose rate questions
>Date: Wed, 25 Jul 2007 13:46:21 -0700
>
>To all
>
>I am wondering what dose rate folks are using to treat IMRT and what pro's
>and con's there are to using a high dose rate such as 600MU/Min.
>
>
>Ray Luse
>Physicist
>Sacred Heart Medical Center
>Spokane, Wa. 99220
>
>509-474-7221
>
>
>###
>To unsubscribe (yourself or other account) from the pinnacle-users mailing
>list, send the message
>unsubscribe pinnacle-users <e-mail address>
>to majordomo@explode.unsw.edu.au.
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>sent from a subscribed account. Messages sent from a users secondary
>account will not be distributed unless that account is also subscribed.
>##

_____

http://liveearth.msn.com

De:	Simon Temple
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT planning script
Fecha:	jueves, 26 de julio de 2007 15:43:19
Archivos adjuntos:	

I'd found the same problem when trying to clear the objectives. I can confirm the same command also crashes the system in version 8.0h.

Thanks for the answer to the second part Tom - setting it to 1 did the trick.

Simon

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** t.minderhoud@nki.nl
Sent: 25 July 2007 10:42
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT planning script

Hi all,

I need to do the same thing…get rid of all existing IMRT objectives. Using the command:
PluginManager.InversePlanningManager.CombinedObjectiveList.DestroyAllChildren = “”; causes the Pinnacle program (v7.6f) to crash with an error status. I have asked for some advice on this from Pinnacle USA (3 weeks ago now), but I haven’t had an answer yet.

As far as the second part of Simon’s post:
According to my doc you should set Test.ExpectWarningMessage to 1 to dismiss the next warning message.

Regards,
Tom

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Simon Temple
> **Sent:** Wednesday, July 25, 2007 09:25
> **To:** pinnacle-users@explode.unsw.edu.au

Subject: RE: IMRT planning script

Thanks for the suggestions but still not having much luck.

Anyone else?

Simon

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Lederer, Ernst
Sent: 18 July 2007 18:18
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT planning script

1, Try

PluginManager.InversePlanningManager.CombinedObjectiveList.DestroyAllChildren = "";

2
Try

Test.ExpectWarningMessage = 0;

Hope that helps

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Simon Temple
Sent: 2007-Jul-18 10:47
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT planning script

Dear all,

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that optimization is complete and requiring an 'OK' command to continue. Because I don't know the name of this window I'm not sure how to dismiss it and the script won't continue until this is done.

Any other advice regarding the scripting of IMRT would also be appreciated, on or off list.

Thanks in advance,

Simon

Simon Temple
Medical Physicist
Medical Physics Department
Clatterbridge Centre for Oncology
Clatterbridge Road
Bebington
Wirral
UNITED KINGDOM
CH63 4JY

Email: simon.temple@ccotrust.nhs.uk

****

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT planning script
Fecha:	jueves, 26 de julio de 2007 16:59:33
Archivos adjuntos:	

Listers,

Interesting.

Repeated asking PROS support on how to turn warning and confirmation messages off produced no results on how to turn off the warning. To their defense, I think that some of the messages were put in place for FDA clearance of the product. However, I would like to then as the user take responsibility/ownership for turning them off. Thanks for sharing

Test.ExpectWarningMessage = 1;

Sean Frigo

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** t.minderhoud@nki.nl
Sent: Wednesday, July 25, 2007 04:42
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT planning script

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Thanks in advance,

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Simon Temple
Medical Physicist
Medical Physics Department
Clatterbridge Centre for Oncology
Clatterbridge Road
Bebington
Wirral
UNITED KINGDOM
CH63 4JY

Email: simon.temple@ccotrust.nhs.uk

****

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	warning message
Fecha:	viernes, 27 de julio de 2007 9:40:08
Archivos adjuntos:	e.vdieren.vcf

Hi,

It works for me, and makes the IMRT QA using planer dose a lot easier, so I'm taking user responsibility.

sincerely
Erik

Sean Frigo schreef:

> Listers,
>
> Interesting.
>
> Repeated asking PROS support on how to turn warning and confirmation messages off produced no results on how to turn off the warning. To their defense, I think that some of the messages were put in place for FDA clearance of the product. However, I would like to then as the user take responsibility/ownership for turning them off. Thanks for sharing
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>
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> **Sent:** Wednesday, July 25, 2007 04:42
> **To:** pinnacle-users@explode.unsw.edu.au
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Hi all,
<!--[if !supportEmptyParas]--><!--[endif]-->
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Regards,
Tom
<!--[if !supportEmptyParas]--><!--[endif]-->

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Thanks in advance,

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Simon Temple
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Medical Physics Department
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Clatterbridge Road
Bebington
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UNITED KINGDOM
CH63 4JY

Email: simon.temple@ccotrust.nhs.uk

****

Nieuw telefoonnummer HagaZiekenhuis
Het HagaZiekenhuis heeft vanaf 14 juni een nieuw algemeen telefoonnummer **070-210 0000** Dit geldt voor de locaties Sportlaan, Leyweg en Juliana Kinderziekenhuis. De oude algemene telefoonnummers komen hiermee te vervallen. De doorkiesnummers van de afdelingen (laatste vier cijfers) blijven gelijk. Kies dus na **070-210 ....** de vier cijfers van de afdeling. Het telefoonnummer van de buitenpolikliniek Wateringse Veld blijft ongewijzigd, telefoon 070-372 1100

De:	John Bhengu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Alloy & MLC
Fecha:	martes, 31 de julio de 2007 12:20:35
Archivos adjuntos:	

Dear Listers

I am using 7.6f and have the following questions;

1. I would like to know if it is possible to have both MLC and Alloy (block) in one field.
2. How do you go about flapping MLC or block after coping a field.

Thanks

John
Netcare Parklands Hospital
Durban
South Africa

De:	Kevin Van Tilburg
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Alloy & MLC
Fecha:	martes, 31 de julio de 2007 23:38:46
Archivos adjuntos:	

Hello John,

The only way I know of having MLC and Alloy block on one field is to copy the beam and have one with MLC and one with alloy. These would have to be treated separately though.
If you are referring to flipping a block, use the copy and oppose function instead of just copying and the blocks are automatically flipped. If you particularly wanted the block flipped with the same gantry angle, after copy and opposing, manually change the gantry angle back to where you started.
Regards, Kevin

>>> jbhengu@parklands.netcare.co.za 31/07/2007 6:58 pm >>>
Dear Listers

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1. I would like to know if it is possible to have both MLC and Alloy (block)
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South Africa

mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

##
Attention:
This message is intended for the addresses named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender. Views expressed in this message are those of the individual sender, and are not necessarily the views of Sydney West Area Health Service.

This e-mail has been scanned for viruses
##

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To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
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##

De:	Hobie Shackford
A:	pinnacle-users@explode.unsw.edu.au; qamarz9@hotmail.com;
Cc:	
Asunto:	Re: Pinnacle 8.0: MLC table question
Fecha:	viernes, 03 de agosto de 2007 1:24:24
Archivos adjuntos:	MLC Table.xls

Qamar:

I have attached a copy of an Excel "processed" MLCTABLE file that is on our linacs (you should get it, the list probably won't). Only the first two columns of the spreadsheet are in the MLCTABLE.txt. The first column is the Nominal or readout MLC position and the second is the true distance from the field center. What Pinnacle wants is the difference between the two columns. If you plot the first column against the second the plot is lienear but the difference is a slighly asymmetric parabolic shape.

With regards to the CT-Density table you have to use the Pinnacle CT numbers not the actual CT numbers that the CT generates. Pinnacle does not allow negative numbers so a shift is applied to the imported CT numbers. We have a Philips Big Bore CT and even after the CT number conversion we have some negative CT numbers that have to be truncated at import. A pinnacle CT# of 0 is essentailly air. So import your density calibration phantom scan to Pinnacle, create ROI's for each plug, and get the average CT# in the ROI statistics.

Hobie Shackford
Providence, RI

--- Qamar Zaman <qamarz9@hotmail.com> wrote:

> Hi all
>
> we just installed version 8.0h and during
> recommissioning of machines, an
> MLCtable is needed for a varian machine (if you
> choose "yes" to rounded
> edges which they are).
>
> I looked at the MLC controller and found the
> MLCtable.txt. This is what i
> was told by pinnacle support to look for. That data

> is totally linear - 20
> -- -20.....+20 - +20.
>
> The table in the sample varian machine, however, is
> symmetrically parabolic,
> e.g
>
> -20 ..... -0.321
> .
> .
> .
> +20.....-0.321
>
> Can someone shed some light on this problem please.
>
> there is a similar confusion about the CT to density
> table as well:
>
> Pinnacle requires first entry to be 0 , 0
>
> but there is no material with 0 density that has 0
> ct number
>
> Qamar Zaman
> Associates in Radiation Oncology
> Sun City, Arizona
>

De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Compute beam script
Fecha:	viernes, 03 de agosto de 2007 15:38:26
Archivos adjuntos:	

Ohm, Mike schrieb:
> I'm trying to automate the 'Compute' beams button. Recording gives:
>
> TrialList.Current.ComputeDose.#"0" = 0;

Try

```
IF.TrialList .Current .BeamList .ContainsObject .#"#0".Name .THEN
.TrialList .Current .ComputeDose .#"#0" = 0;
IF.TrialList .Current .BeamList .ContainsObject .#"#1".Name .THEN
.TrialList .Current .ComputeDose .#"#1" = 0;
IF.TrialList .Current .BeamList .ContainsObject .#"#2".Name .THEN
.TrialList .Current .ComputeDose .#"#2" = 0;
IF.TrialList .Current .BeamList .ContainsObject .#"#3".Name .THEN
.TrialList .Current .ComputeDose .#"#3" = 0;
IF.TrialList .Current .BeamList .ContainsObject .#"#4".Name .THEN
.TrialList .Current .ComputeDose .#"#4" = 0;
IF.TrialList .Current .BeamList .ContainsObject .#"#5".Name .THEN
.TrialList .Current .ComputeDose .#"#5" = 0;
IF.TrialList .Current .BeamList .ContainsObject .#"#6".Name .THEN
.TrialList .Current .ComputeDose .#"#6" = 0;
IF.TrialList .Current .BeamList .ContainsObject .#"#7".Name .THEN
.TrialList .Current .ComputeDose .#"#7" = 0;
IF.TrialList .Current .BeamList .ContainsObject .#"#8".Name .THEN
.TrialList .Current .ComputeDose .#"#8" = 0;
IF.TrialList .Current .BeamList .ContainsObject .#"#9".Name .THEN
.TrialList .Current .ComputeDose .#"#9" = 0;
```

and so on ..

Bjørne

>
> and so forth for each beam. But subbing in ...#"*" for all beams
> doesn't work as it does elsewhere for multiple items. I thought of just

> having the script go from 0 to a large number (like 20) so it would just
> do all beams no matter what. Also noticed is that the "Compute" button
> doesn't change to a "Cancel" button with this either. It does move from
> beam to beam though.
>
> Other suggestions or known syntax?
>
> Thanks,
> Mike
>
> Michael Ohm | Lead Physicist | Fairview Hospital
> Moll Pavilion | 18200 Lorain Ave. | Cleveland, OH 44111
> (216) 476-7054 | (216) 476-2777 FAX | (330) 487-0169 pager
>
> ==========
>

>
>
>

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##

De:	Matthieu Bal
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: IMRT planning script
Fecha:	domingo, 05 de agosto de 2007 18:33:38
Archivos adjuntos:	

Hello all,

You could try to remove all IMRT objectives with something like below in a script file that calls itself iteratively :
PluginManager.InversePlanningManager.DeleteCurrentObjective=0;
IF.PluginManager.InversePlanningManager.CombinedObjectiveList.
HasElements.THEN.LoadNoCheckSum = "RemoveAllObjectives.Script";

best regards,
Matthieu Bal

2007/7/26, Sean Frigo <sfrigo@turvillebay.com>:

> Listers,
>
> Interesting.
>
> Repeated asking PROS support on how to turn warning and confirmation messages off produced no results on how to turn off the warning. To their defense, I think that some of the messages were put in place for FDA clearance of the product. However, I would like to then as the user take responsibility/ownership for turning them off. Thanks for sharing
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> Test.ExpectWarningMessage = 1;
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> **Sent:** Wednesday, July 25, 2007 04:42

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Subject: RE: IMRT planning script

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Tom

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> **Sent:** Wednesday, July 25, 2007 09:25
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: IMRT planning script
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Thanks in advance,

Simon

Simon Temple
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Clatterbridge Centre for Oncology
Clatterbridge Road
Bebington
Wirral

UNITED KINGDOM
CH63 4JY

Email: simon.temple@ccotrust.nhs.uk

****

De:	Sean White
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Thuc Pham;
Asunto:	DICOMRT and VARiS
Fecha:	lunes, 06 de agosto de 2007 3:39:54
Archivos adjuntos:	

Hi Pinnacle Users,

This is as much a VARiS question as it is Pinnacle, so apologies to those users who do not have VARiS. I am interested in hearing from users with these two products however.

We are currently investigating setting up a direct DICOM RT setup between Pinnacle and VARiS (Varian).

Unfortunately we are a little behind the times, and are currently still using the tried and tested RTP Exchange method of plan delivery to our record and verify software. We would like to cut out the middleman (RTP exchange) so to speak.

We have set up an AETitle within Pinnacle and the Dicom file sends and appears on our VARiS DB server.

How do we then pick this patient up in VARiS? Do we need to setup the RTPX Dicom listener to scan the DB server for these files? How do we import the plan into VARiS? Do they appear in the patient list automatically or do we need to import the plan through the software somehow?

Any help would be most appreciated.

Best Regards

Sean White
Senior Medical Physicist Ph: +612 47341401
Nepean Cancer Care Centre Fax: +612 47343570
PO BOX 63 whites@wahs.nsw.gov.au
Penrith NSW 2751

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DICOMRT and VARiS
Fecha:	lunes, 06 de agosto de 2007 4:14:49
Archivos adjuntos:	

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----- Original Message -----
From: owner-pinnacle-users@explode.unsw.edu.au <owner-pinnacle-users@explode.unsw.edu.au>
To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
Cc: Thuc Pham <PhamT@wahs.nsw.gov.au>
Sent: Sun Aug 05 21:34:15 2007
Subject: DICOMRT and VARiS

Hi Pinnacle Users,

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import the plan into VARiS? Do they appear in the patient list automatically or do we need to import the plan through the software somehow?

Any help would be most appreciated.

Best Regards

Sean White
Senior Medical Physicist Ph: +612 47341401
Nepean Cancer Care Centre Fax: +612 47343570
PO BOX 63 whites@wahs.nsw.gov.au
Penrith NSW 2751

De:	Sean White
A:	pinnacle-users@explode.unsw.edu.au; mike.gallamore@grhosp.on.ca;
Cc:	
Asunto:	Re: DICOMRT and VARiS
Fecha:	lunes, 06 de agosto de 2007 4:51:17
Archivos adjuntos:	

Hi Mike,

Thanks for your reply. I have tried and it appears to work well. It seems very simple, I'm almost embarassed to have asked.

Best Regards

Sean White
Senior Medical Physicist Ph: +612 47341401
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>>> mike.gallamore@grhosp.on.ca 6/08/2007 12:02 pm >>>
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sent from a subscribed account. Messages sent from a users secondary
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##

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send
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De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DICOMRT and VARiS
Fecha:	lunes, 06 de agosto de 2007 5:35:36
Archivos adjuntos:	

Not a problem, Varis is sometimes a question of I know it can be done, but which program? Some things get moved around in Aria and the learning continues :)

----- Original Message -----
From: owner-pinnacle-users@explode.unsw.edu.au <owner-pinnacle-users@explode.unsw.edu.au>
To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>; Mike Gallamore
Sent: Sun Aug 05 22:46:32 2007
Subject: Re: DICOMRT and VARiS

Hi Mike,

Thanks for your reply. I have tried and it appears to work well. It seems very simple, I'm almost embarassed to have asked.

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##

De:	Scott Dube
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	QA for Forward Planned Fields
Fecha:	lunes, 06 de agosto de 2007 23:43:23
Archivos adjuntos:	

Hi Pinnaclers,

I have not been performing QA (such as MapCheck or RIT) for forward planned fields such as breast tangents.
The fields do get checked by RadCalc but that is only to a single point.
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A physician recently asked why I don't QA forward planned fields and it is a good question.
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To QA or not to QA, that is the question.

Thanks, Scott

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: QA for Forward Planned Fields
Fecha:	martes, 07 de agosto de 2007 1:40:51
Archivos adjuntos:	

We run em though the mapcheck.

Greg Gibbs
Colorado Associates in Medical Physics

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Scott Dube
Sent: Monday, August 06, 2007 3:33 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: QA for Forward Planned Fields

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De:	Chappell Robert
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: QA for Forward Planned Fields
Fecha:	martes, 07 de agosto de 2007 3:15:16
Archivos adjuntos:	

Scott etc

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Of course, perhaps we should be doing full QA on all treatments, including conformal …

Regards

Bob Chappell

W P Holman Clinic, Royal Hobart Hospital

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Scott Dube
Sent: Tuesday, 7 August 2007 7:33 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: QA for Forward Planned Fields

Hi Pinnaclers,

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De:	William Bice, PhD
A:	pinnacle-users@explode.unsw.edu.au; MedPhys Listserver;
Cc:	
Asunto:	Re: QA for Forward Planned Fields
Fecha:	martes, 07 de agosto de 2007 6:43:18
Archivos adjuntos:	

I am so glad you asked this question, Scott! (I took the liberty of posting your question and this response to the Med Phys listserver) Ever since Chapple Musselwhite's original posting on whether or not we should perform QA on IMRT boost fields because we cannot bill 77301, I have had trouble sleeping at night (It just so happened that his posting occurred coincidentally at the same time a new baby arrived at my house).

What kept me up, besides the 3 o'clock feeding, was the raft of indignant responses which stated, in summary, "Of course we do IMRT QA on boost plans--for the benefit of the patient. We are much too noble to simply perform a QA procedure simply because we can bill for it".

With all due respect to my colleagues: bullshit.

I would contend that, *in terms of performing field QA measurements*, any modulated radiation field for any single patient should be viewed suspect and subject to the consideration of verification by measurement. This goes for hard wedges, EDW, compensators (both IMRT and non-IMRT) and MLC-based modulation (forward and reverse-planned IMRT). There are then three choices: measure nothing, measure everything, or (the only logical choice) make a dividing line somewhere between the fields where you are confident that the delivery is appropriate and those where there is a reasonable chance for error. While it is clear that hard wedges and EDW should belong in the measure-once-a-year category, it is not so clear what kind of modulation should fall in the measure-every-patient category. Currently everyone that I know

(including me) chooses to draw a line--it just so "happens" that this line is always drawn at non-IMRT versus IMRT. Is it coincidence that this is also the point at which reimbursement for the billing codes requires QA? I don't think so.

The one exception is IMRT boosts. I must admit that I perform QA on these fields because I never considered not performing it. I never gave a second thought to eliminating this step until Chapple posed the question. Now I am asking myself why not?

My point is that we are kidding ourselves to think that the primary motivation for individual QA of modulated fields has not been billing. No doubt this has been good for patient care, thank goodness the QA is required to get paid. I do believe that, if you remove the QA requirement from IMRT billing, there will be a lot less modulator field measurement (and much less clinical physics) performed.

I would love to see, and I would be much less cynical, if a member of this list server posted a reply that stated: "At our institution, whether or not to perform QA is considered a professional decision made by the physicist--me. After measuring countless IMRT fields and the associated error rate, I decided that my time could be better spent performing other tasks, more likely to catch treatment errors than IMRT modulation QA, so I just stopped. My administrator and my physician respect my judgement and were willing to forego the revenue in support of my decision." Hah!

Oh, by the way, we do measure compensator modulation (even non-IMRT), but not forward planned IMRT. I don't really know why.

Bill Bice
----- Original Message ----
From: Scott Dube <scott.dube@gmail.com>
To: pinnacle-users@explode.unsw.edu.au
Sent: Monday, August 6, 2007 4:33:20 PM
Subject: QA for Forward Planned Fields

Hi Pinnaclers,

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De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DICOMRT and VARiS
Fecha:	martes, 07 de agosto de 2007 16:36:54
Archivos adjuntos:	

We use Pinnacle exporting DICOM RT to our Varian System. We chose not to use RTPX.
Pinnacle sees it as a DICOM destination and exports directly to the \\varian\dicom\ directory where all the images go. If you have Eclipse you can use an import filter to bring in the file. Varian has export filters or can set you up with a custom one to do the job.
If you do not have Eclipse you cannot export to DICOM RT. You need to translate back out of DICOM RT.

Greg

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Mike Gallamore
Sent: Sunday, August 05, 2007 9:02 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: DICOMRT and VARiS

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PO BOX 63 whites@wahs.nsw.gov.au
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De:	Paul King
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: QA for Forward Planned Fields
Fecha:	martes, 07 de agosto de 2007 17:52:50
Archivos adjuntos:	

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- Paul King

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Chappell Robert
> **Sent:** Monday, August 06, 2007 7:55 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: QA for Forward Planned Fields
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> Scott etc
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> Bob Chappell
>
> W P Holman Clinic, Royal Hobart Hospital

From: owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Scott Dube
Sent: Tuesday, 7 August 2007 7:33 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: QA for Forward Planned Fields

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Thanks, Scott

based on instructions in relation to, and is provided to the addressee in connection with, the matter mentioned above. Responsibility is not accepted for reliance upon it by any other person or for any other purpose.

De:	drttp24@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Archives
Fecha:	martes, 07 de agosto de 2007 20:55:31
Archivos adjuntos:	

Is there a way to read the archives of this service?

Thanks!

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: QA for Forward Planned Fields
Fecha:	martes, 07 de agosto de 2007 20:56:57
Archivos adjuntos:	

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And before I'm hit with the accusation of reimbursement-lust, we were able to charge both a med phys consult and
special dosimetry (77331) since these treatments didn't fall within the definition of IMRT.

The rationale for stopping these QA's (and thus losing the easy charges) was that we had established beyond a reasonable doubt that forward-planning does not carry the same hidden risks as inverse planning. Also that what
little time was left in the day after truly complex planning QA could be better used in implementing new technologies.

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Paul King
> **Sent:** Tuesday, August 07, 2007 10:30 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: QA for Forward Planned Fields
>
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De:	Vossler, Matthew
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: QA for Forward Planned Fields
Fecha:	martes, 07 de agosto de 2007 21:32:24
Archivos adjuntos:	

Hey Joe,

I guess the first thing I have to say is...you reimbursement-luster, you! Sorry, just kidding. Hope you're doing well. Was hoping to see you at AAPM, but maybe next year.

I was wondering how you did the QA on those FP breasts. Did you do phantom measurements, or Mapcheck, or what? If you used phantom measurements, what phantom did you use?

Thanks,

Matt

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Joe Grant
Sent: Tuesday, August 07, 2007 2:46 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: QA for Forward Planned Fields

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To QA or not to QA, that is the question.

Thanks, Scott

==========

Cleveland Clinic is ranked one of the top hospitals in America by U.S. News & World Report (2007). Visit us online at http://www.clevelandclinic.org for a complete listing of our services, staff and locations.

De: Paule Charland

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: QA for Forward Planned Fields..Pinnacle/OBI

Fecha: martes, 07 de agosto de 2007 21:39:46

Archivos adjuntos:

---

1) " reasonable doubt that forward-planning does not carry the same hidden risks as inverse planning. "
I'm guessing forward planning implies that the segments are not too ugly? i.e. there is a reference point that can be placed that is right in the middle of all these segments so dose can be verified with simple calculation model? Plus segments are not too small? That's how we''ve defined breast forward here. It's just I wasn't sure this was really defined somewhere.

Because I'm thinking in principle it is not so important how the segments were obtained. Couldn't one come up with sophisticated segments during forward planning (spare time allowing)? Segments that make you want to go and measure them?

2) Just using this same email to ask about an issue we're having. That's for people using Pinnacle and ARIA/OBI. We have Pinnacle 7.4f, sending DRR via "Vision printer", imported OK through filter in ARIA. We are however unable to see the DRR at the time of kV imaging (Offline Review). If there is someone who got this working and can offer some suggestion that would be much appreciated.

De:	Paul King
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: QA for Forward Planned Fields..Pinnacle/OBI
Fecha:	miércoles, 08 de agosto de 2007 0:53:15
Archivos adjuntos:	

> Couldn't one come up with sophisticated segments during forward planning (spare time allowing)? Segments that make you want to go and measure them?

You could very reasonably forward plan segments which would be much more appropriately measured than hand calculated.

- Paul King

De:	Stanley Makgere
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Yogi Govender;
Asunto:	Pinnacle-IGRT
Fecha:	miércoles, 08 de agosto de 2007 11:12:27
Archivos adjuntos:	

Hi Pinnacle Users

We are on the verge of acquiring VARIAN Linac (ver. system: VARiS) with IGRT capability and even Respiratory gating in future.

We experienced some communication difficulties between PINNACLE and VARiS before (we use RTP Exchange method).

My question: Do we need to buy any special software/tool for Pinnacle or VARiS to avoid running into problems when we start with IGRT?

Regards

Stanley

De:	Gnanaprakasam (GP) Vadivelu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle-IGRT
Fecha:	miércoles, 08 de agosto de 2007 14:40:04
Archivos adjuntos:	

Our setup has Clinac iX, Pinnacle and ARIA. We also have RTPX program. For IGRT patients, we do a Dicom RT export from the pinnacle to ARIA for the ROIs and plan. The CT images will be sent via Dicom images tranfer. So far it works fine. However to send DRR, we use print to Dicom and import into the ARIA (avoids screen capturing). Only the DRRs reguire scaling and aligning. We use the RTPX only for non-IGRT patients import to ARIA.
Hope this helps.
Thanks
Prakash

Gnanaprakasam Vadivelu M.Sc.,DABR.,
Medical Physicist
Cancer Treatment Center
Samaritan Hospital
Troy, New York 12180
Phone(O):(518) 271 3695
Fax: (518) 271 3459

>>> "Stanley Makgere" <smakgere@parklands.netcare.co.za> 8/8/2007 5:05 AM >>>
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Regards

Stanley

mail in error, please forward it to smakgere@parklands.netcare.co.za and delete from your in-box. Any disclosure, copying, distribution or action on the contents of this e-mail is strictly prohibited.

De:	Salanitro, Paula
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Modeling - output factors
Fecha:	miércoles, 08 de agosto de 2007 18:55:04
Archivos adjuntos:	

When entering 'Dose/MU at calibration point (cGy/MU)' under the Output Factors button, should we be entering TMR or TPR?

Annuit coeptis

Paula R. Salanitro, MS
Sr. Medical Physicist
Paoli Memorial Hospital
610-648-1124
fax 610-647-2006

De:	Kao, Mark
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: QA for Forward Planned Fields
Fecha:	miércoles, 08 de agosto de 2007 20:19:24
Archivos adjuntos:	

We do not now. We just do hand cal to verify the mu accuracy as other external beam.

Mark Kao, Ph.D., DAB
Chief Medical Physicist
St. Barnabas Medical Center
Livingston, NJ 70039
Tel: 973-322-5698
Fax: 973-322-5648

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Vossler, Matthew
Sent: Tuesday, August 07, 2007 3:24 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: QA for Forward Planned Fields

Hey Joe,

I guess the first thing I have to say is...you reimbursement-luster, you! Sorry, just kidding. Hope you're doing well. Was hoping to see you at AAPM, but maybe next year.

I was wondering how you did the QA on those FP breasts. Did you do phantom measurements, or Mapcheck, or what? If you used phantom measurements, what phantom did you use?

Thanks,

Matt

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Joe Grant
Sent: Tuesday, August 07, 2007 2:46 PM
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Subject: RE: QA for Forward Planned Fields

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The rationale for stopping these QA's (and thus losing the easy charges) was that we had established beyond a reasonable doubt that forward-planning does not carry the same hidden risks as inverse planning. Also that what
little time was left in the day after truly complex planning QA could be better used in implementing new technologies.

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Paul King
> **Sent:** Tuesday, August 07, 2007 10:30 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: QA for Forward Planned Fields
>
> I wouldn't stop doing measurements after the first 10, unless I were willing to stop doing hand calculations after the first 10.
>
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> - Paul King
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> > -----Original Message-----
> > **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Chappell Robert
> > **Sent:** Monday, August 06, 2007 7:55 PM
> > **To:** pinnacle-users@explode.unsw.edu.au
> > **Subject:** RE: QA for Forward Planned Fields

Scott etc

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Our justification was that there were no surprises, and these relatively simple forward-planned (unlike inverse-planned) fields can be understood intuitively to the same extent as conformal fields with boosts (which is what they are).

Of course, perhaps we should be doing full QA on all treatments, including conformal …

Regards

Bob Chappell

W P Holman Clinic, Royal Hobart Hospital

From: owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Scott Dube
Sent: Tuesday, 7 August 2007 7:33 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: QA for Forward Planned Fields

Hi Pinnaclers,

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The fields do get checked by RadCalc but that is only to a single point.
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Thanks, Scott

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==========

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If you need assistance with retrieving a secure email, please email sbhcsaccounts@sbhcs.com or visit http://www.zixcorp.com/evangelism/sbhcs/partners/receiving.php

De:	Gregory J. Courlas, (Contract)
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: QA for Forward Planned Fields
Fecha:	miércoles, 08 de agosto de 2007 20:59:26
Archivos adjuntos:	

I use Mapcheck at one location to QA these, film analysis and ion chamber at another. All are also checked with muCheck.

Greg

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Scott Dube
Sent: Monday, August 06, 2007 2:33 PM
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Thanks, Scott

please contact the sender by e-mail and destroy all copies of the original message or you may call Evergreen Healthcare in Kirkland, WA U.S.A at (425) 899-1740.

De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: QA for Forward Planned Fields
Fecha:	miércoles, 08 de agosto de 2007 21:10:11
Archivos adjuntos:	

We probably treat 95% of our patients with some type of MLC movement, either forward planned or IMRT. We don't QA forward planned fields (that's all we would ever do!!). Forward planning has few control points, and the field segements are simple and relatively large. These are easily second checked with RadCalc (or a hand calc). IMRT fields are much more complex, have more and smaller segments, and may not be as easily checked using basic calculation principles so we do QA on those.

AJ

Andrew O. Jones, PhD
Director, Radiation Physics Group
Department of Radiation Oncology
Geisinger Medical Center
N. Academy Ave
Danville, PA 17822
570 271-6304

>>> "Gregory J. Courlas, (Contract)" <gjcourlas@evergreenhealthcare.org> 08/08/07 2:49 PM >>>
I use Mapcheck at one location to QA these, film analysis and ion chamber at another. All are also checked with muCheck.

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Scott Dube
Sent: Monday, August 06, 2007 2:33 PM
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Thanks, Scott

##

De: Paul King

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: QA for Forward Planned Fields

Fecha: miércoles, 08 de agosto de 2007 22:22:47

Archivos adjuntos:

You'd have to do a hand calculation per-segment, right?
How do you treat segments for which the CAX (or ICRU point) is blocked? Or, almost blocked?

- Paul King

_____
"Trust ... but, verify."
- The Gipper

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Kao, Mark
Sent: Wednesday, August 08, 2007 1:07 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: QA for Forward Planned Fields

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Mark Kao, Ph.D., DAB
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> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Paul King
> **Sent:** Tuesday, August 07, 2007 10:30 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: QA for Forward Planned Fields
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> > **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Chappell Robert

Sent: Monday, August 06, 2007 7:55 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: QA for Forward Planned Fields

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To: pinnacle-users@explode.unsw.edu.au
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De:	rkover1@comcast.net
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: QA for Forward Planned Fields
Fecha:	miércoles, 08 de agosto de 2007 23:05:00
Archivos adjuntos:	

Aloha Scott. Howzzit?

I've seen a few different varieties on this. One place did hand-calc checks. They've since instituted RadCalc. Another uses film and ion chambers with RIT. Another uses film and ion chambers with ProCheck (Andrew Jones'.) And another only uses MUCheck. They all seem to come out about the same

Take your pick, I guess.

Malama pono.

doc
Robert Kover, MS
Northwest Medical physics Center

> ---------- Original message ----------
> From: "Scott Dube" <scott.dube@gmail.com>
> Hi Pinnaclers,
>
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> fields.

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> Thanks, Scott

De: rkover1@comcast.net

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: QA for Forward Planned Fields

Fecha: miércoles, 08 de agosto de 2007 23:07:56

Archivos adjuntos:

When we did these by hand, we would assign an additional factor: 1 if the point was in the open; 0.5 if the point was adjacent to a block edge; and 0 if the point was blocked. It was all caculated in a spreadsheet. That clinic has since started using RadCalc.

doc
Robert Kover, MS
Northwest Medical Physics Center

---------- Original message ----------
From: "Paul King" <pking@jarmc.org>
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Chief Medical Physicist
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Tel: 973-322-5698
Fax: 973-322-5648

Ranked Top 5% in Nation

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Sent: Tuesday, August 07, 2007 10:30 AM
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Subject: RE: QA for Forward Planned Fie! lds

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> **Sent:** Monday, August 06, 2007 7:55 PM
> **To:** pinnacle-users@explode.un! sw.edu. au
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Important news about our email communications

Saint Barnabas Health Care System has implemented secure messaging services.

To learn more about SBHCS Secure Messaging, go to:
http://www.zixcorp.com/evangelism/sbhcs/

If you need assistance with retrieving a secure email, please email sbhcsaccounts@sbhcs.com or visit http://www.zixcorp.com/evangelism/sbhcs/partners/receiving.php

De:	Jining Zhou
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	dicom RT transfer
Fecha:	jueves, 09 de agosto de 2007 2:28:06
Archivos adjuntos:	

Hi everyone,

Is there any way to export CT images and ROI from Pinnacle to external disc?

Thanks,
Jining

De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: dicom RT transfer
Fecha:	jueves, 09 de agosto de 2007 11:03:08
Archivos adjuntos:	

Hi Jining

If you have a dicom node in your network that you just do a dicom export to it and recover the files there. It will have to accept dicom structure set to get the ROI.

If you don't have a suitable node then it is possible to set one up on a pc.

One good piece of dicom freeware that I know of can be found here: http://www.xs4all.nl/~ingenium/dicom.html - it is based on K-PACS and can handle dicom-rt. It is nicely complemented by this dicom-rt viewer: http://members.aol.com/hscheurig/1/dicorview.htm

Please consider this to be developer software though (ie: not for clinical use). Both these freewares set up easily and are not hard to use.

Kind regards

Ian

Ian Norton

Clinic for Radiation Oncology
University Hospital Zurich
Raemistrasse 100
CH-8091 Zurich
Switzerland

Tel.: +41 -(0)44-255-3575

ian.norton@usz.ch

http://www.usz.ch

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Jining Zhou
Gesendet: Donnerstag, 9. August 2007 02:11
An: pinnacle-users@explode.unsw.edu.au
Betreff: dicom RT transfer

Hi everyone,

Is there any way to export CT images and ROI from Pinnacle to external disc?

Thanks,
Jining

De:	Ashenafi, Michael S.
A:	pinnacle-users@explode.unsw.edu.au; Ashenafi, Michael S.;
Cc:	
Asunto:	Image export from IMPAC/MOZAIQ
Fecha:	jueves, 09 de agosto de 2007 20:05:24
Archivos adjuntos:	

Greeting to everyone,

Does anyone know how to export image (port image or DRR) from IMPAC/ MOZAIQ (we are using Version 1.20L1)?

The only thing I can think of is screen capture but, the quality of the image degrades when you want to expand/contract it.

Thank you in advance,
Michael

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Norton Ian
Sent: Thursday, August 09, 2007 4:56 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: AW: dicom RT transfer

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Gesendet: Donnerstag, 9. August 2007 02:11
An: pinnacle-users@explode.unsw.edu.au
Betreff: dicom RT transfer

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Thanks,
Jining

De:	Jining Zhou
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: dicom RT transfer
Fecha:	viernes, 10 de agosto de 2007 0:08:54
Archivos adjuntos:	

Hi Lan,

Thanks for the suggestion. Will try it.

Best,
Jining

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Norton Ian
Sent: Thursday, August 09, 2007 1:56 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: AW: dicom RT transfer

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Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Jining Zhou
Gesendet: Donnerstag, 9. August 2007 02:11
An: pinnacle-users@explode.unsw.edu.au
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De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Image export from IMPAC/MOZAIQ
Fecha:	viernes, 10 de agosto de 2007 1:58:13
Archivos adjuntos:	

One way is to grab it on the way in to Mq. Set the namer to research mode and it will keep a copy of the images you send before they go into Mq.

Greg Gibbs
Colorado Associates in Medical Physics

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Ashenafi, Michael S.
> **Sent:** Thursday, August 09, 2007 11:49 AM
> **To:** pinnacle-users@explode.unsw.edu.au; Ashenafi, Michael S.
> **Subject:** Image export from IMPAC/MOZAIQ
>
> Greeting to everyone,
>
> Does anyone know how to export image (port image or DRR) from IMPAC/MOZAIQ (we are using Version 1.20L1)?
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> The only thing I can think of is screen capture but, the quality of the image degrades when you want to expand/contract it.
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> Thank you in advance,
> Michael

> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Norton Ian
> **Sent:** Thursday, August 09, 2007 4:56 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** AW: dicom RT transfer
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>
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Ian Norton

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ian.norton@usz.ch
http://www.usz.ch

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Jining Zhou
Gesendet: Donnerstag, 9. August 2007 02:11
An: pinnacle-users@explode.unsw.edu.au
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disc?

Thanks,
Jining

De:	Sheila Cioffa
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	MapCheck pre-v7.4 remodel
Fecha:	viernes, 10 de agosto de 2007 18:04:28
Archivos adjuntos:	

I have begun using MapCheck for my IMRT prostate QA. I am currently using Pinnacle SW v6.2b (in the process of commissioning v8). I find about 80% of the beams pass with a >90% agreement (DTA 3mm, % Diff 3%). My impression of MapCheck for prostate IMRT QA is that the pass rate should be higher. The failures, as to be expected, are in the high gradient areas.

Does anyone have experience with a pre-v7.4 Pinnacle and MapCheck. I am wondering if the remodel of the leaves makes a noticeable difference in the pass rate. Thank you.

Sheila M. Cioffa, M.S.

Chief Medical Physicist

Boca Raton Community Hospital

Lynn Cancer Institute - West Campus

21020 State Road 7

Boca Raton, FL 33428

561-883-7525 (office)

561-218-6326 (fax)

De:	Li Ding
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MapCheck pre-v7.4 remodel
Fecha:	viernes, 10 de agosto de 2007 20:00:30
Archivos adjuntos:	

Sheila,

When we started IMRT prostate four years ago, we had v6.2c. We used 7 beams, total of 40 segments with 4 cm2 min area, 5 MU min and minimize number of segments during conversion. We had very good passing rate for 95% agreement and 3%/3mm DTA on the Varian 120 leaf machine but with some tongue and groove problems (blue dot lines) on the 80 leave machine. Since v6.2c does not model leaf ends, we also saw some leave end problem on both machines (red dot lines). v7.4f solves leaf ends problem and DMPO solves tongue and groove problem. If you use v7.4f and DMPO, 7 beams, 40 segments total, 4 cm2 and 5MU, 99% of the plans should pass 95% agreements 3%/3mm on 120 leaf machines. the passing rate will be a little bit lower for 80 leaf machines.

Good Luck.

Li Ding MS
RBOI Ocala FL

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Sheila Cioffa
Sent: Friday, August 10, 2007 11:40 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: MapCheck pre-v7.4 remodel

I have begun using MapCheck for my IMRT prostate QA. I am currently using Pinnacle SW v6.2b (in the process of commissioning v8). I find about 80% of the beams pass with a >90% agreement (DTA 3mm, % Diff 3%). My impression of MapCheck for prostate IMRT QA is that the pass rate should be higher. The failures, as to be expected, are in the high gradient areas.

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Lynn Cancer Institute - West Campus

21020 State Road 7

Boca Raton, FL 33428

561-883-7525 (office)

561-218-6326 (fax)

De:	Luse, Ray W.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MapCheck pre-v7.4 remodel
Fecha:	viernes, 10 de agosto de 2007 20:15:58
Archivos adjuntos:	

Li Ding

Do you have experience comparing between 80 and 120 leaf machines?
If so could you send me you email off the list server?

Ray Luse
Physicist
Sacred Heart Medical Center
Spokane, Wa. 99220

rluse@shmc.org

509-474-7221

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Li Ding
> **Sent:** Friday, August 10, 2007 10:33 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: MapCheck pre-v7.4 remodel
>
> Sheila,
>
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From: owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Sheila Cioffa
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To: pinnacle-users@explode.unsw.edu.au
Subject: MapCheck pre-v7.4 remodel

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Boca Raton, FL 33428

561-883-7525 (office)

561-218-6326 (fax)

De:	Kao, Mark
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MapCheck pre-v7.4 remodel
Fecha:	viernes, 10 de agosto de 2007 21:17:47
Archivos adjuntos:	

Any one has experience of exporting Forward Planning IMRT to Siemens machine for treatment with control points?

Mark Kao, Ph.D., DABR
Chief Medical Physicist
St. Barnabas Medical Center
Livingston, NJ 70039
Tel: 973-322-5698
Fax: 973-322-5648

Saint Barnabas Medical Center 2007 Distinguished Hospital Award for Clinical Excellence

Ranked Top 5% in Nation

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Sheila Cioffa
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If you need assistance with retrieving a secure email, please email sbhcsaccounts@sbhcs.com or visit http://www.zixcorp.com/evangelism/sbhcs/partners/receiving.php

De:	Kao, Mark
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: QA for Forward Planned Fields
Fecha:	viernes, 10 de agosto de 2007 21:38:51
Archivos adjuntos:	

1. It was our previous experience from other RTP.
2. Pinnacle did not print dose from each segment, unfortunately!
3. Fortunately, we do not use too many segment to begin with, so simple mu cal with equivalent square still could give you some idea of your total mu.
   This may not apply to all cases.
4. anyone has experience exporting control points to Siemens Primus machine?

Mark Kao, Ph.D., DABR
Chief Medical Physicist
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Livingston, NJ 70039
Tel: 973-322-5698
Fax: 973-322-5648

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-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Paul King
Sent: Wednesday, August 08, 2007 4:13 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: QA for Forward Planned Fields

You'd have to do a hand calculation per-segment, right?
How do you treat segments for which the CAX (or ICRU point) is blocked? Or, almost blocked?

- Paul King

_____
"Trust ... but, verify."
- The Gipper

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Kao, Mark
Sent: Wednesday, August 08, 2007 1:07 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: QA for Forward Planned Fields

We do not now. We just do hand cal to verify the mu accuracy as other external beam.

Mark Kao, Ph.D., DAB
Chief Medical Physicist
St. Barnabas Medical Center
Livingston, NJ 70039
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-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Vossler, Matthew
Sent: Tuesday, August 07, 2007 3:24 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: QA for Forward Planned Fields

Hey Joe,

I guess the first thing I have to say is...you reimbursement-luster, you! Sorry, just kidding. Hope you're doing well. Was hoping to see you at AAPM, but maybe next year.

I was wondering how you did the QA on those FP breasts. Did you do phantom measurements, or Mapcheck, or what? If you used phantom measurements, what phantom did you use?

Thanks,

Matt

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Joe Grant
Sent: Tuesday, August 07, 2007 2:46 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: QA for Forward Planned Fields

Well, for the record we stopped QA'ing FP breasts after the first 60 or 70, not the first 10. With no deviation over 2%.
And before I'm hit with the accusation of reimbursement-lust, we were able to charge both a med phys consult and
special dosimetry (77331) since these treatments didn't fall within the definition of IMRT.

The rationale for stopping these QA's (and thus losing the easy charges) was that we had established beyond a reasonable doubt that forward-planning does not carry the same hidden risks as inverse planning. Also that what
little time was left in the day after truly complex planning QA could be better used in

implementing new technologies.

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Paul King
Sent: Tuesday, August 07, 2007 10:30 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: QA for Forward Planned Fields

I wouldn't stop doing measurements after the first 10, unless I were willing to stop doing hand calculations after the first 10.

The value of a quality assurance program doesn't reveal itself in the many passing results, but in the rare failing result.

- Paul King

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Chappell Robert
Sent: Monday, August 06, 2007 7:55 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: QA for Forward Planned Fields

Scott etc

We did MapCheck and phantom measurements for our first 10 forward-planned breasts then stopped.

Our justification was that there were no surprises, and these relatively simple forward-planned (unlike inverse-planned) fields can be understood intuitively to the same extent as conformal fields with boosts (which is what they are).

Of course, perhaps we should be doing full QA on all treatments, including conformal …

Regards

Bob Chappell

W P Holman Clinic, Royal Hobart Hospital

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Scott Dube
Sent: Tuesday, 7 August 2007 7:33 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: QA for Forward Planned Fields

Hi Pinnaclers,

I have not been performing QA (such as MapCheck or RIT)

for forward planned fields such as breast tangents.
The fields do get checked by RadCalc but that is only to a single point.
And I do look at the segments to make sure they look reasonable but that is qualitative.

A physician recently asked why I don't QA forward planned fields and it is a good question.
So I am wondering what other Pinnacle users are doing for these fields.

To QA or not to QA, that is the question.

Thanks, Scott

==========

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De:	Mark Phillips
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	anonymizing plans
Fecha:	miércoles, 15 de agosto de 2007 0:15:39
Archivos adjuntos:	

Although I have a vague memory of this being addressed at some earlier time, unfortunately I have no record of the answer if any. My question is how to remove all patient identifiers (name and hospital ID) from a Pinnacle plan, including (and perhaps most difficult) the CT images in the plan.
Thanks for any help,

Mark
--

Mark H. Phillips, Ph.D.
Professor, Department of Radiation Oncology
Box 356043
University of Washington
Seattle, WA 98195-6043

(office) 206.598.6219
(fax) 206.598.6218

www.radonc.washington.edu/faculty/mark/

De:	Bruce Curran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: anonymizing plans
Fecha:	miércoles, 15 de agosto de 2007 2:13:52
Archivos adjuntos:	

Mark,

If all you need to do is produce a DICOM dataset with all the patient info removed, I recommend the ATC DICOMpiler tools (since you are an RTOG / ATC member). Easy to install and use.

Bruce

Bruce Curran
Radiation Oncology
U Michigan Medical Center (734) 936-4309
UH-B2C438 SPC 5010 (734) 936-7859 (fax)
1500 East Medical Center Drive
Ann Arbor, MI 48109-5010
-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mark Phillips
Sent: Tuesday, August 14, 2007 6:03 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: anonymizing plans

Although I have a vague memory of this being addressed at some earlier time, unfortunately I have no record of the answer if any. My question is how to remove all patient identifiers (name and hospital ID) from a Pinnacle plan, including (and perhaps most difficult) the CT images in the plan.
Thanks for any help,

Mark
--

Mark H. Phillips, Ph.D.
Professor, Department of Radiation Oncology
Box 356043
University of Washington

Seattle, WA 98195-6043

(office) 206.598.6219
(fax) 206.598.6218

www.radonc.washington.edu/faculty/mark/

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send
the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Chris Lee
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	FW: Small electron field modelling
Fecha:	miércoles, 15 de agosto de 2007 3:29:38
Archivos adjuntos:	

I am having difficulty getting an appropriate match between the Pinnacle model and measured electron depth dose data for a 4x4 cm field. My modeling for field sizes larger than 4x4 (I.e. 6x6 and above) is very good but for some unknown reason I can't get the 4x4 to agree. Can anyone shed some light on possible "tweaks" I could make to the model to help me resolve the discrepancy?

The details are:
Machine: Elekta Synergy
Energies: 6, 9, 12, 15 & 18 MeV
Applicator: 6x6cm with a 4x4cm LMA insert.
Pinnacle version 6.2b

I've measured the depth doses using a 0.04cc ion chamber as well as a diode and have obtained identical results. The model is showing a steeper fall off with depth compared to the measured data and a deeper Dmax, especially with the higher energies. Any suggestions will be very welcome.

Kind regards,
Chris.

Mr Chris Lee
Chief Medical Physicist
Central Coast Radiation Oncology Centre
41 William St, Gosford NSW 2250
AUSTRALIA

T: 61 2 4324 6066
F: 61 2 4324 6121
M: 0417 485312
www.radiotherapy.com.au

****

De:	**Groess, Greg J**
A:	**pinnacle-users@explode.unsw.edu.au;**
Cc:	
Asunto:	**DICOM Images from archive question**
Fecha:	**miércoles, 15 de agosto de 2007 17:26:55**
Archivos adjuntos:	**Glacier Bkgrd.jpg**

Everyone,

We are restoring a data set from DVD and want to export the image set as DICOM from Pinnacle. A funny thing happens on the way to the export. The system reports that there are no DICOM images to export. the restore is valid and we have images. When I look at the patient record the DICOM's appear to be rolled together into 1 single file called ImageSet_01.img.

Any way to get this extracted out to DICOM'S again??

Greg

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN 55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DICOM Images from archive question
Fecha:	miércoles, 15 de agosto de 2007 18:09:23
Archivos adjuntos:	image001.jpg

Internally pinnacle uses a single file .img to store the data set. Are you using the dicom export function, similar to exporting a plan, but a couple tabs over? That should convert it back to dicom to be sent.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Groess, Greg J
Sent: August 15, 2007 11:11 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: DICOM Images from archive question

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No trees were killed in the creation of this message.
However, Billions of electrons were terribly inconvenienced.

De:	Jackson, Scott
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DICOM Images from archive question
Fecha:	miércoles, 15 de agosto de 2007 18:11:41
Archivos adjuntos:	image001.jpg

You will have to call me on that question. Sorry

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Mike Gallamore
Sent: Wednesday, August 15, 2007 11:41 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: DICOM Images from archive question

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De:	Kevin Stead
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Questions about PINNACLE3
Fecha:	miércoles, 15 de agosto de 2007 18:15:38
Archivos adjuntos:	

Question 1:

We are running 8.0d with a backroom server (SF V250) and five workstations (4 SF V250 and 1 SB2000). We are having intermittent slowness problems on our IMRT Licensed machines. I have contacted Philips numerous times, I have checked for core files, cleaned /var/tmp. Does anyone have any other suggestions or what have they done to speed up their system?

Question 2:

In all the PINNACLE3 documentation it doesn't say what the "optimum size" is for /PrimaryPatientData, and when it will start affecting performance.
I have been told from unconfirmed sources that you should keep it below 30% or never above 55%. Any input on this would be greatly appreciated.

"Patience accomplishes its object, while hurry speeds to its ruin."

Kevin Stead
Project Development Analyst
Information & Communication Services
Application Programming & Project Management Group

Radiation Oncology System Administrator
UC Davis Health System

4501 X Street 0128
Sacramento, CA 95817
916-734-7765
916-703-5069 - FAX
kevin.stead@ucdmc.ucdavis.edu

Radiation Oncology IS On-Call Pager - 916-762-2979

Disclaimer: These opinions are my own and no one else's. My opinions are neither a tacit nor an overt endorsement from my employer on any subject . No warranty is expressed or implied.

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Questions about PINNACLE3
Fecha:	miércoles, 15 de agosto de 2007 18:45:32
Archivos adjuntos:	

In Unix memory = speed. Are the machines "Thrashing" on the hard drives?? If so it might be memory related.
IMRT is pretty memory intensive, how much RAM is in the V250's? We have 8GB in ours...

If you think it is networking verify the network connection speed and duplex are set exactly the same as the settings on the workstations. "Auto-Auto" settings sometimes cause the system to have problems negotiating the connection to the routers. Choose a forced "full-duplex" connection if you can.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Kevin Stead
Sent: Wednesday, August 15, 2007 11:02 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Questions about PINNACLE3

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De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Questions about PINNACLE3
Fecha:	miércoles, 15 de agosto de 2007 19:06:14
Archivos adjuntos:	

Agreed, RAM and network are two things to look at. If there is a lot of IO going on to the patient's directory during the IMRT calculation it has to all go through the network, and the calculation is probably locked, or at least the execution would switch to another process for each IO. So if you have network configuration (or really slow network cards) issues you'll block more often.

2) Our IT here uses a rule of 80%, with alerts going to the techs at 90% for all our UNIX servers. Seems to work well. We had Pinnacle crash once because our disk was 100% full. We had to restore from backups, not a nice thing.

The ufs filesystem tries to allocate a file intact at one location, plus a little buffer in case the file grows with time. That is why UNIX file systems don't need to be defragged, if you get too big, it will have to put files at random points, taking up the buffer for other files, and in general having a snowball effect on the systems performance. The only way to fix it at that point is to do a dump to another filesystem, delete the original file system and reload it. Not pretty.

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Groess, Greg J
Sent: August 15, 2007 12:19 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Questions about PINNACLE3

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mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

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De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DICOM Images from archive question
Fecha:	miércoles, 15 de agosto de 2007 20:20:35
Archivos adjuntos:	image001.jpg

We are and the error message on the tab is "no DICOM images to export...

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Jackson, Scott
Sent: Wednesday, August 15, 2007 10:52 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: DICOM Images from archive question

You will have to call me on that question. Sorry

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Mike Gallamore
Sent: Wednesday, August 15, 2007 11:41 AM
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greg.groess@allina.com

De:	Martin Ott
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DICOM Images from archive question
Fecha:	miércoles, 15 de agosto de 2007 20:27:31
Archivos adjuntos:	

Hi everybody,

as far as I know the original DICOM-files are not backuped. Only the image file pinnacle is working internaly with (thats the one big *.img file) is included in the backup.
So if you have restored a patient it will not have the original DICOM data and sub-directory in the patient folder, and so there is no export available.

Yours

Martin

Groess, Greg J schrieb:
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> *Sent:* Wednesday, August 15, 2007 11:41 AM
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>
> * *
>
> *Greg*
>
> * *
>
> **----------****
>
> **Gregory Groess****
>
> **Information Systems Support ****
>
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>
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> **greg.groess@allina.com <mailto:greg.groess@allina.com>****
>
> * *
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> * *
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> *
>
> This message contains information that is confidential and may be
> privileged. Unless you are the addressee (or authorized to receive for
> the addressee), you may not use, copy or disclose to anyone the
> message or any information contained in the message. If you have
> received the message in error, please advise the sender by reply
> e-mail and delete the message.*
>

De:	Pierre-Alain Tercier
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Questions about PINNACLE3
Fecha:	miércoles, 15 de agosto de 2007 23:33:16
Archivos adjuntos:	

May I add to Mike Gallamore that

RAM could be followed with a "vmstat 3" to show in an xterm
the memory status each 3 seconds and see if there is a lot of page fault
indicating the necessity to swap memory on disk
(a good way to slow down the beast)

plus the magically easy script that follow to check the status of all
the network device (speed half/full duplex). We solved something that
way on our site.

---------- script begin ----- Hutchinson script called speed_duplex

```
#!/bin/sh

# $Id: speed_duplex,v 1.4 2007/07/10 16:04:42 hutch Exp $

PATH=/bin:/usr/bin:/usr/sbin

# Print column header information
echo "Interface\tSpeed\t\tDuplex"
echo "---------\t-----\t\t------"

# Determine the speed and duplex for each live NIC on the system
for INTERFACE in `netstat -i | egrep -v "^Name|^lo0" \
  | awk '{ print $1 }' | cut -d: -f1 | sort | uniq`
do
  # Only gather information for active interfaces
  # Note: "ce" interfaces can be "UP" in "ifconfig" but have link down
  ifconfig $INTERFACE | grep "^$INTERFACE:.*<UP," > /dev/null 2>&1 ||
continue
  # Skip "cip" ATM interfaces
  echo $INTERFACE | grep "^cip" > /dev/null 2>&1 && continue
  # "ce" interfaces
  if [ "`echo $INTERFACE | awk '/^ce[0-9]+/ { print }'`" ] ; then
    kstat > /dev/null 2>&1
    if [ $? -ne 0 ] ; then
```

```
        echo "The \"kstat\" command failed for interface $INTERFACE."
        continue
      fi
      # Determine the ce interface number
      INSTANCE=`echo $INTERFACE | cut -c 3-`
      DUPLEX=`kstat ce:$INSTANCE | grep link_duplex | awk '{ print $2 }'`
      case "$DUPLEX" in
        0) DUPLEX="link down" ;;
        1) DUPLEX="half" ;;
        2) DUPLEX="full" ;;
      esac
      SPEED=`kstat ce:$INSTANCE | grep link_speed | awk '{ print $2 }'`
      case "$SPEED" in
        0) SPEED="link down" ;;
        10) SPEED="10 Mbit/s" ;;
        100) SPEED="100 Mbit/s" ;;
        1000) SPEED="1 Gbit/s" ;;
      esac
    # "dmfe" interfaces
    elif [ "`echo $INTERFACE | awk '/^dmfe[0-9]+/ { print }'`" ] ; then
      # Only the root user should run "ndd"
      if [ "`id | cut -c1-5`" != "uid=0" ] ; then
        echo "You must be the root user to determine \
${INTERFACE_TYPE}${INSTANCE} speed and duplex information."
        continue
      fi
      DUPLEX=`ndd /dev/${INTERFACE} link_mode`
      case "$DUPLEX" in
        0) DUPLEX="half" ;;
        1) DUPLEX="full" ;;
      esac
      SPEED=`ndd /dev/${INTERFACE} link_speed`
      case "$SPEED" in
        10) SPEED="10 Mbit/s" ;;
        100) SPEED="100 Mbit/s" ;;
        1000) SPEED="1 Gbit/s" ;;
      esac
    # "bge" and "iprb" interfaces
    elif [ "`echo $INTERFACE | awk '/^iprb[0-9]+|bge[0-9]+/ { print }'`"
] ; then
      kstat > /dev/null 2>&1
      if [ $? -ne 0 ] ; then
        DUPLEX="The \"kstat\" command failed for interface $INTERFACE."
        continue
      fi
```

```
    # Determine the bge|iprb interface number
    INSTANCE=`echo $INTERFACE | tr -d '[a-z]'`
    INTERFACE=`echo $INTERFACE | tr -d '[0-9]'`
    DUPLEX=`kstat $INTERFACE:$INSTANCE | grep duplex | awk '{ print $2
}'`
    SPEED=`kstat $INTERFACE:$INSTANCE | grep ifspeed | awk '{ print $2 }'`
    case "$SPEED" in
      10000000) SPEED="10 Mbit/s" ;;
      100000000) SPEED="100 Mbit/s" ;;
      1000000000) SPEED="1 Gbit/s" ;;
    esac
  elif [ "`echo $INTERFACE | awk '/^e1000g[0-9]+/ { print }'`" ] ; then
    INSTANCE=`echo $INTERFACE | cut -c7-`
    # The duplex for e1000g devices can only be found with "dladm"
    DUPLEX=`dladm show-dev $INTERFACE | awk '{ print $NF }'`
    SPEED=`kstat e1000g:$INSTANCE | grep ifspeed | awk '{ print $2 }'`
    case "$SPEED" in
      10000000) SPEED="10 Mbit/s" ;;
      100000000) SPEED="100 Mbit/s" ;;
      1000000000) SPEED="1 Gbit/s" ;;
    esac
  # le interfaces are always 10 Mbit half-duplex
  elif [ "`echo $INTERFACE | awk '/^le[0-9]+/ { print }'`" ] ; then
    DUPLEX="half"
    SPEED="10 Mbit/s"
  # All other interfaces
  else
    INTERFACE_TYPE=`echo $INTERFACE | sed -e "s/[0-9]*$//"`
    INSTANCE=`echo $INTERFACE | sed -e "s/^[a-z]*//"`
    # Only the root user should run "ndd"
    if [ "`id | cut -c1-5`" != "uid=0" ] ; then
      echo "You must be the root user to determine \
${INTERFACE_TYPE}${INSTANCE} speed and duplex information."
      continue
    fi
    ndd -set /dev/$INTERFACE_TYPE instance $INSTANCE
    SPEED=`ndd -get /dev/$INTERFACE_TYPE link_speed`
    case "$SPEED" in
      0) SPEED="10 Mbit/s" ;;
      1) SPEED="100 Mbit/s" ;;
      1000) SPEED="1 Gbit/s" ;;
    esac
    DUPLEX=`ndd -get /dev/$INTERFACE_TYPE link_mode`
    case "$DUPLEX" in
      0) DUPLEX="half" ;;
```

```
        1) DUPLEX="full" ;;
        *) DUPLEX="" ;;
      esac
    fi
    echo "$INTERFACE\t\t$SPEED\t$DUPLEX"
done
```

---------- script end -----

Bye
Pat

Mike Gallamore a écrit :
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> Sent: August 15, 2007 12:19 PM

> To: pinnacle-users@explode.unsw.edu.au
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>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Kevin
> Stead
> Sent: Wednesday, August 15, 2007 11:02 AM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Questions about PINNACLE3
>
>
> Question 1:
>
> We are running 8.0d with a backroom server (SF V250) and five
> workstations
> (4 SF V250 and 1 SB2000). We are having intermittent slowness problems
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> our IMRT Licensed machines. I have contacted Philips numerous times, I
> have checked for core files, cleaned /var/tmp. Does anyone have any
> other suggestions or what have they done to speed up their system?
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> 30% or never above 55%. Any input on this would be greatly appreciated.
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> Kevin Stead
> Project Development Analyst
> Information & Communication Services
> Application Programming & Project Management Group
>
>
> Radiation Oncology System Administrator
> UC Davis Health System
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> 4501 X Street 0128
> Sacramento, CA 95817
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> kevin.stead@ucdmc.ucdavis.edu
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> Radiation Oncology IS On-Call Pager - 916-762-2979
>
>
>
> Disclaimer: These opinions are my own and no one else's. My opinions
> are neither a tacit nor an overt endorsement from my employer on any
> subject .
> No warranty is expressed or implied.
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> This message contains information that is confidential and may be
> privileged. Unless you are the addressee (or authorized to receive for
> the addressee), you may not use, copy or disclose to anyone the message
> or any information contained in the message. If you have received the
> message in error, please advise the sender by reply e-mail and delete
> the message.
>
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>
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##

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Questions about PINNACLE3
Fecha:	jueves, 16 de agosto de 2007 0:02:26
Archivos adjuntos:	

Good point. Iostat

Eg.
Flags tell it to display in percentage argument (Interval:number of times)
Iostat -tc 3 2

Is useful too. It will tell you where your disk is spending its time. Should be 90% or so greater id (idle), except when being used a lot. Maybe it is used a lot, I'm not sure how often the IMRT module is writing to the disk, I've noticed the patient folders are a lot bigger but I'm not sure how those writes are distributed, lots of little or a few big.
Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Pierre-Alain Tercier
Sent: August 15, 2007 5:13 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Questions about PINNACLE3

May I add to Mike Gallamore that

RAM could be followed with a "vmstat 3" to show in an xterm
the memory status each 3 seconds and see if there is a lot of page fault
indicating the necessity to swap memory on disk
(a good way to slow down the beast)

plus the magically easy script that follow to check the status of all
the network device (speed half/full duplex). We solved something that
way on our site.

---------- script begin ----- Hutchinson script called speed_duplex

```
#!/bin/sh

# $Id: speed_duplex,v 1.4 2007/07/10 16:04:42 hutch Exp $

PATH=/bin:/usr/bin:/usr/sbin

# Print column header information
echo "Interface\tSpeed\t\tDuplex"
echo "---------\t-----\t\t------"

# Determine the speed and duplex for each live NIC on the system
for INTERFACE in `netstat -i | egrep -v "^Name|^lo0" \
  | awk '{ print $1 }' | cut -d: -f1 | sort | uniq`
do
  # Only gather information for active interfaces
  # Note: "ce" interfaces can be "UP" in "ifconfig" but have link down
  ifconfig $INTERFACE | grep "^$INTERFACE:.*<UP," > /dev/null 2>&1 ||
continue
  # Skip "cip" ATM interfaces
  echo $INTERFACE | grep "^cip" > /dev/null 2>&1 && continue
  # "ce" interfaces
  if [ "`echo $INTERFACE | awk '/^ce[0-9]+/ { print }'`" ] ; then
    kstat > /dev/null 2>&1
    if [ $? -ne 0 ] ; then
      echo "The \"kstat\" command failed for interface $INTERFACE."
      continue
    fi
    # Determine the ce interface number
    INSTANCE=`echo $INTERFACE | cut -c 3-`
    DUPLEX=`kstat ce:$INSTANCE | grep link_duplex | awk '{ print $2 }'`
    case "$DUPLEX" in
      0) DUPLEX="link down" ;;
      1) DUPLEX="half" ;;
      2) DUPLEX="full" ;;
    esac
    SPEED=`kstat ce:$INSTANCE | grep link_speed | awk '{ print $2 }'`
    case "$SPEED" in
      0) SPEED="link down" ;;
      10) SPEED="10 Mbit/s" ;;
      100) SPEED="100 Mbit/s" ;;
      1000) SPEED="1 Gbit/s" ;;
    esac
  # "dmfe" interfaces
  elif [ "`echo $INTERFACE | awk '/^dmfe[0-9]+/ { print }'`" ] ; then
```

```
      # Only the root user should run "ndd"
      if [ "`id | cut -c1-5`" != "uid=0" ] ; then
        echo "You must be the root user to determine \
${INTERFACE_TYPE}${INSTANCE} speed and duplex information."
        continue
      fi
      DUPLEX=`ndd /dev/${INTERFACE} link_mode`
      case "$DUPLEX" in
        0) DUPLEX="half" ;;
        1) DUPLEX="full" ;;
      esac
      SPEED=`ndd /dev/${INTERFACE} link_speed`
      case "$SPEED" in
        10) SPEED="10 Mbit/s" ;;
        100) SPEED="100 Mbit/s" ;;
        1000) SPEED="1 Gbit/s" ;;
      esac
    # "bge" and "iprb" interfaces
    elif [ "`echo $INTERFACE | awk '/^iprb[0-9]+|bge[0-9]+/ { print }'`"
] ; then
      kstat > /dev/null 2>&1
      if [ $? -ne 0 ] ; then
        DUPLEX="The \"kstat\" command failed for interface $INTERFACE."
        continue
      fi
      # Determine the bge|iprb interface number
      INSTANCE=`echo $INTERFACE | tr -d '[a-z]'`
      INTERFACE=`echo $INTERFACE | tr -d '[0-9]'`
      DUPLEX=`kstat $INTERFACE:$INSTANCE | grep duplex | awk '{ print $2
 }'`
      SPEED=`kstat $INTERFACE:$INSTANCE | grep ifspeed | awk '{ print $2 }'`
      case "$SPEED" in
        10000000) SPEED="10 Mbit/s" ;;
        100000000) SPEED="100 Mbit/s" ;;
        1000000000) SPEED="1 Gbit/s" ;;
      esac
    elif [ "`echo $INTERFACE | awk '/^e1000g[0-9]+/ { print }'`" ] ; then
      INSTANCE=`echo $INTERFACE | cut -c7-`
      # The duplex for e1000g devices can only be found with "dladm"
      DUPLEX=`dladm show-dev $INTERFACE | awk '{ print $NF }'`
      SPEED=`kstat e1000g:$INSTANCE | grep ifspeed | awk '{ print $2 }'`
      case "$SPEED" in
        10000000) SPEED="10 Mbit/s" ;;
        100000000) SPEED="100 Mbit/s" ;;
        1000000000) SPEED="1 Gbit/s" ;;
```

```
    esac
  # le interfaces are always 10 Mbit half-duplex
  elif [ "`echo $INTERFACE | awk '/^le[0-9]+/ { print }'`" ] ; then
    DUPLEX="half"
    SPEED="10 Mbit/s"
  # All other interfaces
  else
    INTERFACE_TYPE=`echo $INTERFACE | sed -e "s/[0-9]*$//"`
    INSTANCE=`echo $INTERFACE | sed -e "s/^[a-z]*//"`
    # Only the root user should run "ndd"
    if [ "`id | cut -c1-5`" != "uid=0" ] ; then
      echo "You must be the root user to determine \
${INTERFACE_TYPE}${INSTANCE} speed and duplex information."
      continue
    fi
    ndd -set /dev/$INTERFACE_TYPE instance $INSTANCE
    SPEED=`ndd -get /dev/$INTERFACE_TYPE link_speed`
    case "$SPEED" in
      0) SPEED="10 Mbit/s" ;;
      1) SPEED="100 Mbit/s" ;;
      1000) SPEED="1 Gbit/s" ;;
    esac
    DUPLEX=`ndd -get /dev/$INTERFACE_TYPE link_mode`
    case "$DUPLEX" in
      0) DUPLEX="half" ;;
      1) DUPLEX="full" ;;
      *) DUPLEX="" ;;
    esac
  fi
  echo "$INTERFACE\t\t$SPEED\t$DUPLEX"
done
```

---------- script end -----

Bye
Pat

Mike Gallamore a écrit :
> Agreed, RAM and network are two things to look at. If there is a lot of
> IO going on to the patient's directory during the IMRT calculation it
> has to all go through the network, and the calculation is probably
> locked, or at least the execution would switch to another process for
> each IO. So if you have network configuration (or really slow network
> cards) issues you'll block more often.
>

> 2) Our IT here uses a rule of 80%, with alerts going to the techs at 90%
> for all our UNIX servers. Seems to work well. We had Pinnacle crash once
> because our disk was 100% full. We had to restore from backups, not a
> nice thing.
>
> The ufs filesystem tries to allocate a file intact at one location, plus
> a little buffer in case the file grows with time. That is why UNIX file
> systems don't need to be defragged, if you get too big, it will have to
> put files at random points, taking up the buffer for other files, and in
> general having a snowball effect on the systems performance. The only
> way to fix it at that point is to do a dump to another filesystem,
> delete the original file system and reload it. Not pretty.
>
> Mike Gallamore, Bsc (physics)
> Programmer Analyst
> Grand River Regional Cancer Center
> phn: 519-749-4300 X5792
> mobile: 519-503-5044
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>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Groess,
> Greg J
> Sent: August 15, 2007 12:19 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: Questions about PINNACLE3
>
> In Unix memory = speed. Are the machines "Thrashing" on the hard
> drives?? If so it might be memory related.
> IMRT is pretty memory intensive, how much RAM is in the V250's? We have
> 8GB in ours...
>
> If you think it is networking verify the network connection speed and
> duplex are set exactly the same as the settings on the workstations.
> "Auto-Auto" settings sometimes cause the system to have problems
> negotiating the connection to the routers. Choose a forced
> "full-duplex" connection if you can.
>
>
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> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Kevin
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> Sent: Wednesday, August 15, 2007 11:02 AM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Questions about PINNACLE3
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##

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Transfer Problem
Fecha:	jueves, 16 de agosto de 2007 1:20:10
Archivos adjuntos:	

I have a patient that was transferred from one institution to another and now I am unable to open one of the plans while the other is ok. I get an error message of:

Error: Unable to start /usr/local/adacnew/bin/StartPinnExec $PINN_STATIC/bin/$PINN_ARCH/Pinnacle.

If I launch Pinnacle from the terminal to see what the errors are I get the following:

ASSERTION FAILED: (mpvHandle != NULL) File: GeoWrapper.cc Line: 50

An internal exception (type 6) has occurred.
This is the result of a software programming error.
It is NOT caused by a user error or mistake.
Please report the problem to:
    Philips Medical Systems
    6400 Enterprise Lane
    Madison, WI 53719
    Phone: (800) 722-9377
    or: contact your local distributor.
You are using 7.4f
Files have been saved with the .auto prefix.
You will have an opportunity to recover your
work when the program is restarted.

I find it strange that I could open it before the transfer and now after it is giving this error while the other plan for this pt is fine. If I transfer it back to the old institution I still get this error which seems to point to a corruption of one of the files during transfer but I'm not sure how that causes errors in /usr/local/adacnew/bin/StartPinnExec.

Any thoughts on what might cause this??

Michael J. Tallhamer M.S. DABR

Medical Physicist
Department of Radiation Oncology
Rocky Mountain Cancer Centers

De:	alii@mskcc.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	print isocener information on the film
Fecha:	jueves, 16 de agosto de 2007 17:20:50
Archivos adjuntos:	

Dear Pinnacle users,
I am trying to print isocenter information on film, however, what I am getting in the printout is as follows:
Isocenter: POI_1
[reported as Table/laser movement]
Laser: 0.31
Table: 0.5
Table: 3.69

The above coordinates are not the POI coordinate. Is there a way to setup the system in a way to print absolute point coordinates.

Thanks
Imad

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
On Behalf Of Tallhamer, Mike
Sent: Wednesday, August 15, 2007 7:05 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Transfer Problem

I have a patient that was transferred from one institution to another and now I am unable to open one of the plans while the other is ok. I get an error message of:

Error: Unable to start /usr/local/adacnew/bin/StartPinnExec $PINN_STATIC/bin/$PINN_ARCH/Pinnacle.

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Any thoughts on what might cause this??

Michael J. Tallhamer M.S. DABR

Medical Physicist
Department of Radiation Oncology
Rocky Mountain Cancer Centers

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DICOM Images from archive question
Fecha:	jueves, 16 de agosto de 2007 18:11:35
Archivos adjuntos:	

I think the answer is "it depends" ... I think starting at DicomImage v4.2, Pinnacle started storing both its own format (.img) and the native DICOM format image. Any image you imported as DICOM (i.e. not Pinnacle format) would be stored both ways. But if you were running v4.0 of DicomImage or earlier (I think), or if you got the dataset into the patient folder some other way (e.g. by importing it from another patient, a workaround we've had to employ in some cases when trying to import multiple datasets for a single patient), then you have only the Pinnacle .img format. As far as I know, there is no way to convert it back to standard DICOM at this point, and you'd get "no DICOM images to export".

If you're looking in the patient dir and seeing a .img file, a .header file, a .ImageInfo file, and a .ImageSet file, but no corresponding .DICOM folder, there is no DICOM data.

Dave

David Lockman, DSc, DABR
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> Greg.Groess@allina.com 8/15/2007 12:13 PM >>>
We are and the error message on the tab is "no DICOM images to export...

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Jackson,
Scott

Sent: Wednesday, August 15, 2007 10:52 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: DICOM Images from archive question

You will have to call me on that question. Sorry

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mike Gallamore
Sent: Wednesday, August 15, 2007 11:41 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: DICOM Images from archive question

Internally pinnacle uses a single file .img to store the data set. Are you using the dicom export function, similar to exporting a plan, but a
couple tabs over? That should convert it back to dicom to be sent.

Mike Gallamore, Bsc (physics)

Programmer Analyst

Grand River Regional Cancer Center

phn: 519-749-4300 X5792

mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Groess, Greg J
Sent: August 15, 2007 11:11 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: DICOM Images from archive question

Everyone,

We are restoring a data set from DVD and want to export the image set as
DICOM from Pinnacle. A funny thing happens on the way to the export. The system reports that there are no DICOM images to export. the restore is valid and we have images. When I look at the patient record
the DICOM's appear to be rolled together into 1 single file called ImageSet_01.img.

Any way to get this extracted out to DICOM'S again??

Greg

Gregory Groess

Information Systems Support

Radiation Oncology

Abbott Northwestern Hospital

800 28th St.

Minneapolis, MN 55407

612.863.5544

612.654.3827 <Pager>

greg.groess@allina.com

No trees were killed in the creation of this message.

However, Billions of electrons were terribly inconvenienced.

De:	Bjørne
A:	Pinnacle Mailing Liste;
Cc:	
Asunto:	Pinnacle Model
Fecha:	viernes, 17 de agosto de 2007 14:21:58
Archivos adjuntos:	

Hello,
please excuse my poor English :o)

we are planning to substitute our 6MV Linac.

In Discussion are 10/4MV or 10/6MV.
Is someone willing to share their 4MV and/or 10MV Pinnacle Model to test the two Options?

Has anybody some experience with these energy combinations?

best regards
Bjørne

De:	Chris Hawkins
A:	<;
Cc:	
Asunto:	Image set Printout
Fecha:	martes, 21 de agosto de 2007 16:36:39
Archivos adjuntos:	

Is there a way to get additional image set information on the plan printout? We would like to see the date of the CT scan printed on page 2 along with the image set name. We are often doing additional CT scans for boost planning, usually when there has been weight loss or tumor shrinkage.

Thanks,

^^^^^^^^^^^^^^^^^^^^^^^^^^
Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

De:	Cynthia Seier
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	CT scanner for 4D
Fecha:	martes, 21 de agosto de 2007 22:45:17
Archivos adjuntos:	

Hi fellow physicists and dosimetrists:
Just wondering if you were to start doing CT scans for 4D what would be the minimum number of slices, etc. required in a CT scanner?

Also when calling for applications with Pinnacle is anyone else having to wait in excess of one hour before someone calls you ba

Please respond if you have any suggestions.
Thank you!
Cindy Seier, CMD

De:	Cynthia Seier
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Signatures for paper charts & administering IV contrast for CT sims
Fecha:	martes, 21 de agosto de 2007 22:45:36
Archivos adjuntos:	

Hi all,
Just a couple of questions for those of you who may be able to give me some advice.
1. We are still using a paper chart in addition to Impac. We are trying to decide the best way to have everyone's signature in the chart who will be signing off on plans, calcs, treatment record, nursing notes, etc.

What do all of you do that would pass the legal means of having all staff's signatures in the chart?

2. In the future we will be purchasing a CT unit for our department and doing all sims with it. Our conventional sim machine will be buried in a cemetery somewhere??? First of all we will probably need to purchase a refurbished CT unit do to financing available. I would appreciate any info as to what our minimum number of slices should be along with any other pertinent info. Also we are part of the hospital but are two blocks away in our own building. Our Dr. does IV contrast with a lot of different areas of the body. We will have an injector. For any of you who are free standing in a building of your own what are your policies for administering IV contrast? I assume we would need a crash cart, have the Dr. on site when administering contrast, etc. Please share if you have info for us.

You can also e-mail me at: cindyseier@hotmail.com
My work number is: (605)668-8856.
Thank you!
Cindy Seier, CMD

De:	Hargis, Dorothy A
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Signatures for paper charts & administering IV contrast for CT sims
Fecha:	martes, 21 de agosto de 2007 22:59:21
Archivos adjuntos:	

Cindy,
When we had a paper chart and Impac going at the same time, we created a signature page with everyone's signatures and scanned it into the patients eChart.

Dorothy Hargis
Manager Barren River Regional Cancer Center
103 Trista Lane
Glasgow, KY 42141
(270)651-2478
hargda@chc.net

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Cynthia Seier
Sent: Tuesday, August 21, 2007 3:28 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Signatures for paper charts & administering IV contrast for CT sims

Hi all,
Just a couple of questions for those of you who may be able to give me some advice.
1. We are still using a paper chart in addition to Impac. We are trying to decide the best way to have everyone's signature in the chart who will be signing off on plans, calcs, treatment record, nursing notes, etc.

What do all of you do that would pass the legal means of having all staff's signatures in the chart?

2. In the future we will be purchasing a CT unit for our department and doing all sims with it. Our conventional sim machine will be buried in a cemetery

somewhere??? First of all we will probably need to purchase a refurbished CT unit do to financing available. I would appreciate any info as to what our minimum number of slices should be along with any other pertinent info. Also we are part of the hospital but are two blocks away in our own building. Our Dr. does IV contrast with a lot of different areas of the body. We will have an injector. For any of you who are free standing in a building of your own what are your policies for administering IV contrast? I assume we would need a crash cart, have the Dr. on site when administering contrast, etc. Please share if you have info for us.

You can also e-mail me at: cindyseier@hotmail.com
My work number is: (605)668-8856.
Thank you!
Cindy Seier, CMD

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De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: CT scanner for 4D
Fecha:	martes, 21 de agosto de 2007 23:26:40
Archivos adjuntos:	

Occasionally I find I have to wait a few hours, sometimes till the next day to get a call back. This often is the result of me telling them that it isn't a critical issue though. Usually they are pretty quick to call back (< 30min). I think they try to prioritize the calls based on whether it is a non-functioning system or a feature request etc. A trick I use is I don't word the problem as

1) "I'd like to be able to do this, can you help me"

But as

2) "I need to do this and can't"

Really just the opposite wording, but in a tech support call center, 1) gets interpreted as either a user that doesn't know what they are doing, and will find someone else at their center that can help them, or a sales call/feature request. While 2) gets interpreted as: something must be broken, I should get an engineer to look at this. I deal with a wide range of vendors in my position and find pretty much across the board you get a quicker initial replay with 2) than 1). Now once the engineer contacts you and knows what the specifics of your problem is, then it might get dropped into the bucket of "we'll get your sales rep to contact you", but if they know the answer, you'll have them on the line.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Cynthia Seier
Sent: August 21, 2007 4:28 PM
To: pinnacle-users@explode.unsw.edu.au
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Hi fellow physicists and dosimetrists:
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Also when calling for applications with Pinnacle is anyone else having to wait in excess of one hour before someone calls you ba

Please respond if you have any suggestions.
Thank you!
Cindy Seier, CMD

De:	John Hodges
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Signatures for paper charts & administering IV contrast for CT sims
Fecha:	martes, 21 de agosto de 2007 23:40:04
Archivos adjuntos:	

Cindy, We created a cover sheet for each plan that is signed by the Physician, Dosimetrist,and Physicist. We also have each one initial by their name on the first sheet of the plan. Each one will also initial any additional calculation verification sheet ie.MU check or Electron hand calcs. We then scan it into Impac. Hopefully we will be able to export the plans via dicom directly into Impac.
Thanks,

John Hodges CMD
Bismarck Cancer Center
Bismarck ND

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Cynthia Seier
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You can also e-mail me at: cindyseier@hotmail.com
My work number is: (605)668-8856.
Thank you!
Cindy Seier, CMD

De:	Eric Ford
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: CT scanner for 4D
Fecha:	martes, 21 de agosto de 2007 23:42:12
Archivos adjuntos:	

Cindy, We do a lot of respiratory-correlated 4D-CTs here using the Philips Big Bore scanner. It has 16 detectors. Works pretty well. You definitely need a mutli-row system. 4 at the very least.

I'd be happy to discuss with you more if you like.

-Eric Ford

Eric Ford, PhD
Assistant Professor
Department of Radiation Oncology and Molecular Radiation Sciences
Johns Hopkins University
401 North Broadway
Room 1440
Baltimore, MD 21231
email: eric.ford@jhmi.edu
tel: 410-502-1477

>>> Cynthia Seier <CSeier@shhservices.com> 8/21/2007 4:28 PM >>>
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Also when calling for applications with Pinnacle is anyone else having to wait in excess of one hour before someone calls you ba
Please respond if you have any suggestions.
Thank you!
Cindy Seier, CMD

De:	Melissa Rains
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: CT scanner for 4D
Fecha:	miércoles, 22 de agosto de 2007 4:48:59
Archivos adjuntos:	

Hi Cindy,

we are currently doing 4D CT scans at our centre, and we only have a 4 slice scanner. whats important is the rotation speed. you need a variable speed; 0.5 to 1 (to accomodated for the variation in patient breathing patterns).

warmest regards

Melissa Rains
Senior Radiation Therapist
Nepean Cancer Care Centre
PO Box 63
Penrith, 2751
Australia
Sydney, NSW, Australia

Ph. +61247343500
Fax. +61247343570

>>> CSeier@shhservices.com 22/08/2007 6:28am >>>
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Cindy Seier, CMD

De:	Kevin Stead
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Edward Gruver; Kevin Stead; Margie Benard; Ryan Houston;
Asunto:	Automating the backup process from within PINNACLE3
Fecha:	jueves, 23 de agosto de 2007 22:57:57
Archivos adjuntos:	

All,

Does anyone have advice and directions on being able to automate the backup process that is launched from within the PINNACLE3 software?

"Patience accomplishes its object, while hurry speeds to its ruin."

Kevin Stead
Project Development Analyst
Information & Communication Services
Application Programming & Project Management Group
UC Davis Health System

4501 X Street 0128
Sacramento, CA 95817
916-734-7765
916-703-5069 - FAX
kevin.stead@ucdmc.ucdavis.edu

Radiation Oncology IS On-Call Pager - 916-762-2979

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##

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Edward Gruver; Margie Benard; Ryan Houston;
Asunto:	RE: Automating the backup process from within PINNACLE3
Fecha:	jueves, 23 de agosto de 2007 23:30:00
Archivos adjuntos:	

Far as I know it isn't possible. The Pinnacle backup software computes what is to be backed up when you schedule it, and hence can't see anything that gets added after the fact.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Kevin Stead
Sent: August 23, 2007 4:46 PM
To: pinnacle-users@explode.unsw.edu.au
Cc: Edward Gruver; Kevin Stead; Margie Benard; Ryan Houston
Subject: Automating the backup process from within PINNACLE3

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De:	Charles A. Pelizzari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Automating the backup process from within PINNACLE3
Fecha:	viernes, 24 de agosto de 2007 0:54:35
Archivos adjuntos:	

Depends on how sophisticated you want your control to be.

We have a script that will back up an entire institution into tar files on disk, dividing it up into 2GB chunks so that it can be restored using the Pinnacle "restore" function. This could be modified to only do a subset of patients specified in a text file. I see no reason why you couldn't create a list of only those patients whose directories have changed in the last N days, and just do those.

We run this Friday night to do a weekly full backup of the main clinical institution. There is some art to making these 2GB chunks, as each one must contain an Institution file with the correct list of patients. Also it is important to back up the physics data so you don't end up with corrupted plans when you read a patient back in. The Institution file also must contain a correct set of flags saying that patient and/or physics data are or are not present in this chunk, and so forth.

Anyway, I think the present version does this all pretty well, though it is a work in progress. I have been using it for weekly backups at one of our satellites for a month or so and everything seems ok. physics data and patients come back properly through the Pinnacle restore interface. It's just in the process of being commented well enough for somebody else to understand. if someone else wants to try it out they are welcome to.

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>Disclaimer: These opinions are my own and no one else's. My opinions are
>neither a tacit nor an overt endorsement from my employer on any subject .
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--

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Automating the backup process from within PINNACLE3
Fecha:	viernes, 24 de agosto de 2007 1:23:44
Archivos adjuntos:	

Great work. I thought of doing the same thing, but decided it was too much work to do.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Charles A. Pelizzari
Sent: August 23, 2007 6:40 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Automating the backup process from within PINNACLE3

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De:	Charles A. Pelizzari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Automating the backup process from within PINNACLE3
Fecha:	viernes, 24 de agosto de 2007 18:23:23
Archivos adjuntos:	

Well. This seems to have struck a nerve. Rather than respond individually to all who inquired about getting this script, what I will do is put it in a tar file along with its little helper files, and post it on my web page, then send the URL to the list. I'm touching up the comments to make it a little less opaque, adding some inline instructions, and then will test run the final version before posting it in case something is now broken. So should be posting it over the weekend.

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At 5:40 PM -0500 8/23/07, Charles A. Pelizzari wrote:
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>>UC Davis Health System

--

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Charles A. Pelizzari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Automating the backup process from within PINNACLE3
Fecha:	domingo, 26 de agosto de 2007 5:14:11
Archivos adjuntos:	

Hi,

A working version of the pinnacle backup script is posted on my web page:

http://www.radonc.uchicago.edu/chuck/FullPinnBackup.tar

Please drop me a line if you use it, if there are problems and also if you improve something. There are a few improvements likely to be made in the near future and I'll post new versions as they become available.

-cp

At 11:15 AM -0500 8/24/07, Charles A. Pelizzari wrote:

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Kevin Stead
Project Development Analyst
Information & Communication
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Application Programming & Project
Management Group

UC Davis Health System

- -

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	George W. Sherouse, Ph.D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Automating the backup process from within PINNACLE3
Fecha:	domingo, 26 de agosto de 2007 14:11:19
Archivos adjuntos:	

On Aug 25, 2007, at 11:03 PM, Charles A. Pelizzari wrote:

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>
> http://www.radonc.uchicago.edu/chuck/FullPinnBackup.tar
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> Please drop me a line if you use it, if there are problems and also if you improve something. There are a few improvements likely to be made in the near future and I'll post new versions as they become available.

Is there (or should there be) a central repository somewhere for user-written Pinnacle scripts?

- GWS

==========
Sherouse Systems, Inc., Chapel Hill, NC, <http://www.gwsherouse.com/>
Medical Physics and Computing services for Radiation Oncology
(919) 382-8102 voice or FAX, <mailto:gws@gwsherouse.com>

One who speaks does not know. One who knows does not speak.
- Lao Tzu
==========

De:	Charles A. Pelizzari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Automating the backup process from within PINNACLE3
Fecha:	domingo, 26 de agosto de 2007 15:18:25
Archivos adjuntos:	

Hey george! Great minds think alike. In spite of that, you and I both seem to have thought of this. If people would like to contribute things, I'll volunteer to set up a simple web page where they could be accessed.

Unless someone more skilled in the art would like to host it, of course. Any other volunteers?

-cp
-----Original Message-----
From: "George W. Sherouse, Ph.D." <GWS@GWSherouse.com>
To: pinnacle-users@explode.unsw.edu.au
Sent: 8/26/2007 7:03 AM
Subject: Re: Automating the backup process from within PINNACLE3

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One who speaks does not know. One who knows does not speak.
- Lao Tzu
==========

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Automating the backup process from within PINNACLE3
Fecha:	domingo, 26 de agosto de 2007 15:39:33
Archivos adjuntos:	

I would be willing to contribute and share what I have with the rest of the community. Would there be an interest in developing a wiki style documentation project for the object model? Developing a document that could be used by others to learn the scripting model and language (even one that offers a set of community writen tutorials) I think would really fill a need that has not been fully met.

-Mike

Any system that relies on human reliability is inherently unreliable

-----Original Message-----
From: Charles A. Pelizzari [mailto:c-pelizzari@uchicago.edu]
Sent: Sunday, August 26, 2007 08:18 AM Central Standard Time
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Automating the backup process from within PINNACLE3

Hey george! Great minds think alike. In spite of that, you and I both seem to have thought of this. If people would like to contribute things, I'll volunteer to set up a simple web page where they could be accessed.

Unless someone more skilled in the art would like to host it, of course. Any other volunteers?

-cp
-----Original Message-----
From: "George W. Sherouse, Ph.D." <GWS@GWSherouse.com>
To: pinnacle-users@explode.unsw.edu.au
Sent: 8/26/2007 7:03 AM
Subject: Re: Automating the backup process from within PINNACLE3

On Aug 25, 2007, at 11:03 PM, Charles A. Pelizzari wrote:

> A working version of the pinnacle backup script is posted on my web
> page:
>
> http://www.radonc.uchicago.edu/chuck/FullPinnBackup.tar
>
> Please drop me a line if you use it, if there are problems and also
> if you improve something. There are a few improvements likely to
> be made in the near future and I'll post new versions as they
> become available.
>

Is there (or should there be) a central repository somewhere for user-written Pinnacle scripts?

- GWS

==========

Sherouse Systems, Inc., Chapel Hill, NC, <http://www.gwsherouse.com/>
Medical Physics and Computing services for Radiation Oncology
(919) 382-8102 voice or FAX, <mailto:gws@gwsherouse.com>

One who speaks does not know. One who knows does not speak.
- Lao Tzu
==========

then delete this message without disclosing its contents to anyone.

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Automating the backup process from within PINNACLE3
Fecha:	domingo, 26 de agosto de 2007 15:43:11
Archivos adjuntos:	

I have often thought of stating something like this with its own mailing list and repositories for scripts and user writen documentain of the pinnacle object model. I have quite a collection of my own containing scripts and object definitions I have been able to documented from this list and others.I think having a community of users who are interested in working out and documenting pinnacle's object model and sharing scripting experiences (successes and failures) would serve the larger community of users by offering a ongoing knowledge base on a topic that is not often fully supported by pinnacle but one that can be a poweful tool.

-Mike

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-----Original Message-----
From: George W. Sherouse, Ph.D. [mailto:GWS@GWSherouse.com]
Sent: Sunday, August 26, 2007 07:11 AM Central Standard Time
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Automating the backup process from within PINNACLE3

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De:	Alberto Pérez Rozos
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Automating the backup process from within PINNACLE3
Fecha:	domingo, 26 de agosto de 2007 22:31:03
Archivos adjuntos:	

Great idea that could help to many users.

I will share my little experience (learned in a trial and error style) and my short script collection.

regards,

Alberto Perez

De: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **En nombre de** Tallhamer, Mike
Enviado el: domingo, 26 de agosto de 2007 15:27
Para: pinnacle-users@explode.unsw.edu.au; pinnacle-users@explode.unsw.edu.au
Asunto: Re: Automating the backup process from within PINNACLE3

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De:	George W. Sherouse, Ph.D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: central repository (was: Automating the backup process from within PINNACLE3)
Fecha:	domingo, 26 de agosto de 2007 23:30:03
Archivos adjuntos:	

On Aug 26, 2007, at 9:13 AM, Charles A. Pelizzari wrote:

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I like Mike Tallhamer's ideas of collaborating on reverse-engineered documentation of the Pinnacle database structure. Clearly that requires a good discussion forum of some sort.

I painstakingly avoid citing Wikipedia as an authoritative resource, but on geeky points like this it is fairly useful. See <http://en.wikipedia.org/wiki/Comparison_of_free_software_hosting_facilities>.

Sounds like we might should have a get-together about this.

- GWS

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: central repository (was: Automating the backup process from within PINNACLE3)
Fecha:	lunes, 27 de agosto de 2007 2:05:16
Archivos adjuntos:	

I would be will to be a part of getting those interested in spearheading this effort together to see what we could come up with.

I'm also ok with an open source repository and an open forum for the object model documentation. I do feel that some control over the documentation portion of the project would be required. It would allow a group of moderators to impose some reasonable guidlines on submission of additions to the document and to ensure secondary varification of the accuracy of the information prior to inclusion in order to maintain the integrity and function of the document.

I suppose I'm getting ahead of myself since that would most likely need to be part of the above proposed discussion. I have checked into a few ideas for getting a project like this started over the past few weeks and would be willing to share what I have learned as well.

I can be contacted privately to gather a list of those interested in pursuing this further and then try to schedule a get-together of one form or another.

George or Charles if you would like to head this up please let me know or if you feel some other first step would better suit the circumstances I would be interested in contributing to that effort as well.

-Mike

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-----Original Message-----
From: George W. Sherouse, Ph.D. [mailto:GWS@GWSherouse.com]
Sent: Sunday, August 26, 2007 04:14 PM Central Standard Time
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: central repository (was: Automating the backup process from within PINNACLE3)

On Aug 26, 2007, at 9:13 AM, Charles A. Pelizzari wrote:

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- GWS

De:	Nathan Childress
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: central repository (was: Automating the backup process from within PINNACLE3)
Fecha:	lunes, 27 de agosto de 2007 6:48:17
Archivos adjuntos:	

Feel free to use http://www.medphysfiles.com . It's set up and ready to go. I was going to add machine models sometime in the near future.

De:	Geoghegan, Sean
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: central repository (was: Automating the backup process from within PINNACLE3)
Fecha:	lunes, 27 de agosto de 2007 7:42:24
Archivos adjuntos:	

Hi all,

We've recently run a Pinnacle Users Group meeting in Fremantle, Western Australia, at which several useful scripts (including an archive script) were demonstrated. We're in the final stages of putting together a CD containing these scripts as well as other scripts contributed by other workers that we intend to put onto a freely available website. Also included is an in-house written Pinnacle scripting manual and that we are happy to make available.

At this stage Scott Neal from Radiation Oncology Resources has offered to set up and maintain such a site for Pinnacle scripts of which we intend to make use. We're a short while away from posting these scripts, however if you want to contact Scott directly with your scripts then I am sure that he'd be able to provide you with a community facility. I hate effort to be wasted on setting up a repository that isn't going to be used – and perhaps the existing www.medphysics.info website is the one to use.

Anyway, we all have scripts to contribute (whether trivial or complex), and I support the establishment of a shared scripts website.

Cheers,

Sean

Sean Geoghegan, PhD MACPSEM MAIP
Senior Medical Physicist
Royal Perth Hospital
Perth WA 6000 AUSTRALIA
t +61 8 9224 7015 h +61 8 9224 2244
f +61 8 9224 1138 m +61 437 056 932
e sean.geoghegan@health.wa.gov.au

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
Sent: Monday, 27 August 2007 07:48
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: central repository (was: Automating the backup process from within PINNACLE3)

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Sounds like we might should have a get-together about this.

- GWS

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: central repository (was: Automating the backup process from within PINNACLE3)
Fecha:	lunes, 27 de agosto de 2007 15:34:41
Archivos adjuntos:	

Would pinnacle be willing to share

-Mike

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-----Original Message-----
From: Marc Mlyn [mailto:marc.mlyn@philips.com]
Sent: Monday, August 27, 2007 08:25 AM Central Standard Time
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: central repository (was: Automating the backup process from within PINNACLE3)

Hello All,

What if Philips were to sponsor this?

Scripting has always been a tough subject for us, but we do have the onsite tools to manage a "BBS" of sorts with file submissions, etc.

We would also be willing to help out and moderate with respect to syntax and usage.

There would be a few caveats;

1) This would be a secure site. This means that you would need to sign in to a Philips web site, and no one would be allowed to take part that was not a Philips customer. If you folks remember, I tried something like this a while ago, but it failed, due to the fact that it was not as easy as getting emails from the listserver. Perhaps the content was lacking as well.

2) Philips would reserve the right to refuse to support and allow the sharing of scripts deemed "dangerous" to the common user.

3) Access would be based on support contract / warranty status (at least in this first run).

Some other things to think about;

Should we expand this to a full discussion forum so that threads are always available for review? I have seen a few people ask about archives from this current Pinnacle List, and a BBS might be more useful.
Would anyone see the benefit of sharing clinical / practical experience with IMRT / IGRT?
Do you want a "moderated" forum?

Best Regards to all,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: +1-408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Support Website: http://incenter.medical.philips.com

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: central repository (was: Automating the backup process from within PINNACLE3)
Fecha:	lunes, 27 de agosto de 2007 15:37:10
Archivos adjuntos:	

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De:	Tallhamer, Mike
A:	Pinnacle-Users;
Cc:	
Asunto:	FW: central repository (was: Automating the backup process from within PINNACLE3)
Fecha:	lunes, 27 de agosto de 2007 15:55:03
Archivos adjuntos:	

Please forgive the last partial email.

What I meant to say was...would Phillips be willing to share their object model and any other scripting language references with the community on this new list so that those of us who are interested in writing more involved scripts can do so without needing to spend more time figuring out the objects or syntax rather than writing the script.

If not...I am interested in development of this type of tool/reference as much as I am interested in open sharing of scipts I and others have written. Would efforts to develope something like this be allowed on a Phillips moderated list?

-Mike

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-----Original Message-----
From: Tallhamer, Mike
Sent: Monday, August 27, 2007 08:28 AM Central Standard Time
To: 'pinnacle-users@explode.unsw.edu.au'
Subject: RE: central repository (was: Automating the backup process from within PINNACLE3)

Would pinnacle be willing to share

-Mike

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-----Original Message-----
From: Marc Mlyn [mailto:marc.mlyn@philips.com]
Sent: Monday, August 27, 2007 08:25 AM Central Standard Time
To: pinnacle-users@explode.unsw.edu.au

Subject: RE: central repository (was: Automating the backup process from within PINNACLE3)

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PROS Support email: pros.support@philips.com
Support Website: http://incenter.medical.philips.com

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: central repository (was: Automating the backup process from within PINNACLE3)
Fecha:	lunes, 27 de agosto de 2007 15:56:46
Archivos adjuntos:	

Marc,
I am all for Philips to sponsor the site.

Kim

Kim P. Knight, R.T. (R)(T), A.R.R.T., CMD
Certified Medical Dosimetrist
Christus St. Frances Cabrini Cancer Center
3330 Masonic Drive
Alexandria, LA 71301
Email: kim.knight@christushealth.org
Phone: 318.448.6937 / Fax: 318.483.4097

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
Sent: Monday, August 27, 2007 8:28 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: central repository (was: Automating the backup process from within PINNACLE3)

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PROS Support email: pros.support@philips.com
Support Website: http://incenter.medical.philips.com

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: central repository (was: Automating the backup process from withinPINNACLE3)
Fecha:	lunes, 27 de agosto de 2007 16:20:32
Archivos adjuntos:	

In general I think that a central repository would be a great idea. I have mixed feelings with Philips supporting/hosting it. Number 3) is a deal breaker in my view. I have reservations about 2) as well.

My reasoning:

1. 2) While Philips having input, perhaps being able to flag a script as experimental, or risky would be fine, I'd be afraid that pretty much anything novel would be shot down by Philips as it hasn't gone through FDA approval, and frankly as a Canadian customer, I don't care to be moderated based on compliance to another country's laws. It would be a slippery slope of moderating anyways. Eg Philips doesn't trust a backup script so it gets moderated, so that customers won't rely on it but use the internal system instead. Or say a customer creates a script that implements the functionality of a product Philips wants to sell, again I'd think that would get moderated away, not because it is dangerous to the customer, but dangerous to Philips bottom line. Perhaps a shared moderating approach, both a community and a Philips moderator. Both moderators comments can be attached to a post, if both agree that the post is risky/offensive or whatever, then it can be removed.

2. 3) This I'm strongly against. A lot of customers can't afford SLA's, or might lapse because of funding delays; not having access to the community because they don't have a SLA seems onerous. Users are volunteering their time and skills to help out others, having the aid directed hieratically within Philips pecking order of customers doesn't make sense in my opinion. Customer volunteer work shouldn't become a selling point to a support contract with Philips.

Just as a general comment, we definitely would need a revision control system on the scripts, if for no other reason then keeping track of which version of Pinnacle the script was coded and tested on. We'd also need to keep track of which modules were installed at the site, as a script that parses the inner workings of a Pinnacle generated file, might choke if it sees a keyword it doesn't recognize say.

Mike Gallamore, Bsc (physics)

Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Marc Mlyn
Sent: August 27, 2007 9:11 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: central repository (was: Automating the backup process from withinPINNACLE3)

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Best Regards to all,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: +1-408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Support Website: http://incenter.medical.philips.com

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: central repository (was: Automating the backup process from within PINNACLE3)
Fecha:	lunes, 27 de agosto de 2007 16:22:49
Archivos adjuntos:	

I am in favor of what Mark proposed except for the final caveat. I don't see why user provided input should not be allowed to be passed onto other users simply because their admin is not in favor of service contracts. Can't imagine that hosting this would require much from Phillips. If Philips requires this I would strongly urge that the site not be hosted by Philips

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

Marc Mlyn
<marc.mlyn@philip
s.com>
Sent by:
owner-pinnacle-us
ers@explode.unsw.
edu.au
08/27/2007 08:10
AM

To
pinnacle-users@explode.unsw.edu.au
cc
Subject
RE: central repository (was:
Automating the backup process from
within PINNACLE3)

Please respond to
pinnacle-users@ex

plode.unsw.edu.au

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De:	Charles A. Pelizzari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: central repository (was: Automating the backup process from withinPINNACLE3)
Fecha:	lunes, 27 de agosto de 2007 16:56:19
Archivos adjuntos:	

Limitation to users with service contracts is clearly a non-starter. Many people will be interested in this precisely because they are doing their own support, and because of this experience they may be some of the most valuable contributors. And what about independent contractors who cover Pinnacle sites but are not themselves customers?

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-cp

At 10:14 AM -0400 8/27/07, Mike Gallamore wrote:

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Just as a general comment, we definitely would need a revision control system on the scripts, if for no other reason then keeping track of which version of Pinnacle the script was coded and tested on. We'd also need to keep track of which modules were installed at the site, as a script that parses the inner workings of a Pinnacle generated file, might choke if it sees a keyword it doesn't recognize say.

Mike Gallamore, Bsc (physics)

Programmer Analyst

Grand River Regional Cancer Center

phn: 519-749-4300 X5792

mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Marc Mlyn
Sent: August 27, 2007 9:11 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: central repository (was: Automating the backup process from withinPINNACLE3)

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- -

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: central repository (was: Automating the backup process from withinPINNACLE3)
Fecha:	lunes, 27 de agosto de 2007 17:01:16
Archivos adjuntos:	

I am fully supportive of the idea for a central repository of pinnacle/scripting info via a discussion forum, etc. But I am absolutely against the vendor have ANY involvement other than the ability to post their opinions, ideas, and comments just like any other user. Moderation, hosting, and/or the ability to censor scripts will simply not work.

Steve Thompson, M.S., DABR
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
ph 209-572-7237
fax 209-526-5280
thompssk@sutterhealth.org

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Mike Gallamore
> **Sent:** Monday, August 27, 2007 7:15 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: central repository (was: Automating the backup process from withinPINNACLE3)
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Grand River Regional Cancer Center
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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Marc Mlyn
Sent: August 27, 2007 9:11 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: central repository (was: Automating the backup process from withinPINNACLE3)

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Best Regards to all,

Marc Mlyn, CMD

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De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: central repository (was: Automating the backup process from withinPINNACLE3)
Fecha:	lunes, 27 de agosto de 2007 17:22:15
Archivos adjuntos:	

Hello All,

FYI, I will let the opinions come in to the list as people come up with concerns and suggestions, and then I will do my best to respond to them from the Philips' perspective.

Best Regards,

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Support Website: http://incenter.medical.philips.com

De:	Metzger
A:	pinnacle;
Cc:	
Asunto:	ScanTimeFromScanner
Fecha:	lunes, 27 de agosto de 2007 17:31:38
Archivos adjuntos:	metzger.vcf

Hello all,
anyone who knows the query message to get "ScanTimeFromScanner" from the current CT ?
Martin

--

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: central repository (was: Automating the backup process from withinPINNACLE3)
Fecha:	lunes, 27 de agosto de 2007 17:40:23
Archivos adjuntos:	

Sorry Marc,

But I see Philips having any hand in this as conflict of interest to the users group...

I would be concerned that you guys will kill Ideas simply because you can...

Greg

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Marc Mlyn
Sent: Monday, August 27, 2007 9:55 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: central repository (was: Automating the backup process from withinPINNACLE3)

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De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: central repository (was: Automating the backup process from within PINNACLE3)
Fecha:	lunes, 27 de agosto de 2007 17:45:26
Archivos adjuntos:	

I agree...
Some sites have no contract for various reasons and just because Philips does not approve does not mean it is not possible...
The whole point of the shared user group was to exchange information Philips did not necessarily support.

Greg

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of JGarrett@mbhs.org
Sent: Monday, August 27, 2007 9:08 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: central repository (was: Automating the backup process from within PINNACLE3)

I am in favor of what Mark proposed except for the final caveat. I don't see why user provided input should not be allowed to be passed onto other users simply because their admin is not in favor of service contracts.
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Fax: 601-960-3317

Marc Mlyn

<marc.mlyn@philip

s.com>

To

Sent by:
pinnacle-users@explode.unsw.edu.au
owner-pinnacle-us

cc

ers@explode.unsw.

edu.au

Subject

RE: central repository (was:

Automating the backup process
from
08/27/2007 08:10 within PINNACLE3)

AM

Please respond to

pinnacle-users@ex

plode.unsw.edu.au

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members, the list has been configured so that messages can only be sent
from a subscribed account. Messages sent from a users secondary account
will not be distributed unless that account is also subscribed.
##

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: central repository (was: Automating the backup process from withinPINNACLE3)
Fecha:	lunes, 27 de agosto de 2007 19:25:00
Archivos adjuntos:	

I think keeping and open source central repository where all scripts can be posted is a better model for sharing of ideas as stated by so many others already. No need to continue to pile on that point for now.

One additional idea that may have been posted in the flurry of responses already and if so my apologies for taking up more list space…

I would like to see a section associated with each script where comments on the script could be viewed or linked to by other users. A section such as this could be used by the script's creator to comment on the use of the script and/or known issues with it. It could also be a place where Phillips could post their comments or "warnings" on whether or not this script could be "dangerous" (hopefully giving real reasons rather than just "don't use this"). I think that would serve to keep the exchange of ideas open to all and still allow for Marc and the rest to make their concerns known without the worry of moderation for the sake of moderation on the part of Phillips.

Marc, (just me harping on documentation again)

I think getting Phillips to release some good documentation on ADACs scripting language and an object reference would be a good idea. Touting the utility of scripting in ADAC only to leave it up to the user to trudge his way through it on his own (or try and weasel small bits of information out of Phillips during workshops or service calls…not that I ever do that type of thing) to even be able to use it to its potential was always a strange approach in my mind. It may even help to alleviate some worries of uninformed users going it alone with "dangerous" scripts they concocted out of a half understanding of the system.

Just my thoughts…if it doesn't happen I guess I will continue with my ongoing reverse-engineered approach.

-Mike

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Charles A. Pelizzari

Sent: Monday, August 27, 2007 8:51 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: central repository (was: Automating the backup process from withinPINNACLE3)

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Subject: RE: central repository (was: Automating the backup process from withinPINNACLE3)

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- -

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Simpson, Larry D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: central repository (was: Automating the backup process from withinPINNACLE3)
Fecha:	lunes, 27 de agosto de 2007 19:49:51
Archivos adjuntos:	

---

key question -- do we want active participation by some of the Philip's Pinnacle staff gurus? I think we do! Hence my question ..... how do we assist in accomplishing that given the vein of most of the current opinions ..... can Philips compromise on 'only paid servicecontracter' ? ... can we compromise on a mechanism that allows the forum to operate in Philips enet territory?

Regards,...Larry

Larry D. Simpson, Ph.D., DABR, DABMP
Chief, Medical Physics
Helen F. Graham Cancer Center
Newark DE 19713
(302) 545-3870 ... Cell
- LSimpson@ChristianaCare.org -

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
Sent: Monday, August 27, 2007 1:15 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: central repository (was: Automating the backup process from withinPINNACLE3)

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Just my thoughts…if it doesn’t happen I guess I will continue with my ongoing reverse-engineered approach.

-Mike

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Charles A. Pelizzari
Sent: Monday, August 27, 2007 8:51 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: central repository (was: Automating the backup process from withinPINNACLE3)

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>
> Mike Gallamore, Bsc (physics)
>
> Programmer Analyst
>
> Grand River Regional Cancer Center

phn: 519-749-4300 X5792

mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Marc Mlyn
Sent: August 27, 2007 9:11 AM
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Subject: RE: central repository (was: Automating the backup process from withinPINNACLE3)

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Best Regards to all,

Marc Mlyn, CMD
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Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: +1-408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
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- -

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: central repository (was: Automating the backup process from withinPINNACLE3)
Fecha:	lunes, 27 de agosto de 2007 20:10:46
Archivos adjuntos:	

I think Philips has a lot to gain without using the community site as a saling/ pressure tactic for their SLA's. Wider distribution of answers = fewer repeat questions = lower operating costs for the help desk/engineer staff. Plus, the better people get scripting for Pinnacle, the more vendor lock in they'd get. If you don't document how to script, and the users don't use it, they have one less reason to remain a Pinnacle site.

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Simpson, Larry D.
Sent: August 27, 2007 1:33 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: central repository (was: Automating the backup process from withinPINNACLE3)

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Regards,...Larry

Larry D. Simpson, Ph.D., DABR, DABMP
Chief, Medical Physics
Helen F. Graham Cancer Center

Newark DE 19713
(302) 545-3870 ... Cell
- LSimpson@ChristianaCare.org -

De:	Paul King
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: central repository (was: Automating the backup process from withinPINNACLE3)
Fecha:	lunes, 27 de agosto de 2007 20:40:05
Archivos adjuntos:	

If Philips arranges for a customer to get "software", based on the qualification of a service contract, and screening out the "dangerous", don't they assume significant responsibility for its safety and effectiveness ... from a regulatory and liability perspective.

- Paul King

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Simpson, Larry D.
> **Sent:** Monday, August 27, 2007 12:33 PM
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Sent: Monday, August 27, 2007 1:15 PM
To: pinnacle-users@explode.unsw.edu.au
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De:	Al Roth
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	alfredr@email.com;
Asunto:	RE: central repository (was: Automating the backup process from withinPINNACLE3)
Fecha:	martes, 28 de agosto de 2007 8:04:03
Archivos adjuntos:	

As a "person of experience" I would like to comment on the few postings I have seen here.

Back in the "old days" customers would ask for "source code" in "fortran" (see wilopedia) so they could make their changes. Well, the support for this was considered to be a nightmare and it was. Fortunately back in those days people had an idea about fortran (they could spell it and took one course in college) yet had no idea on how to run a system specific compiler (PDP-11 RT-11 or RSX 11m+) so they got the code and that was the end of that. (no one really got code that I recall or maybe one got printouts!). Since each site is somewhat unique and has sepcific network and system configurations trying to "run" any script succesfully would be an accomplishment on its' own.

Some generic scripts might work yet ONLY with a specific version of software on a very specific system configuration. I doubt highly that any corporation would support user written code in a healthcare environment. In our litiguous society even those who modified the script would probably blame the company that allowed them to modify the code. (see cases of spilling hot coffee and snowblowers on roofs)

Would each author be willing to take calls and emails about the code they had written specifically for their site? Maybe? Would people be willing to pay for such a service? I doubt it! Most of the people doing this are already "off-contract" so probably not interested in support. When something if free, you get the quality you pay for. The staff that uses the system is generally not the ones who decide on the software or service contract so this would surely not convince an administrator.

Now, if the users decided to create a place for a library and any and all parties were to be relieved of any responsibility for others running their code, then this can be a good thing for all involved. This will require detailed documentation from each author etc..... So if a patient is harmed we know who is responsible.... and by the way they will inclide everyone involved in the law suit (2 courses medical malpractice and my opinion is worth exactly

what you paid for it I am not a lawyer yet I have opinions).

So please do continue to write the scripts and please do share the information. This is how we progress and move forward. While I have managed to use PC based scripting and "batch" file to do Site specific tasks, I am aware that when the version of software changes, most likely those scripts will need changing and I can depend on no one else on how to modify them.

For example when a piece of software gives and error msg, the Therapists had to hit one key, which would do a screen capture and file save. This was helpful when asking what happended and what did the screen say.

So, MEDDOS dpes have the ability to save files and documents for Yahoo Users or you may want to create your own. If I was in customer support this idea would be left for the Users to take care of, cuz I ai't gonna teach script writing and I know you don't wanna pay for it!

It is difficult enought to get people to share their IMRT treament parameters, why would they share scripts?

Have fun and keep saving lives out there! Our work is important and let's not complicate simple things, we have lives to live! KISS... Keep it simple .....

and would the volunteers to create the repository and maintain the library please step forward.

Al Roth CMD TOAO etc.

De:	Ozard, Siobhan
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: central repository (was: Automating the backup process from within PINNACLE3)
Fecha:	martes, 28 de agosto de 2007 18:26:00
Archivos adjuntos:	

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my vote is for medphys files - it is already setup, has a comments section for submitters. Also has "ratings" for submissions.

http://www.medphysfiles.com

Siobhan Ozard, Ph.D., MCCPM
Medical Physics
Windsor Regional Cancer Centre
Windsor, ON
N8W 2X3

Tel (519) 253-3191 x 58718
Fax (519) 255-8679
Pager (519) 251-6401

De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	alfredr@email.com;
Asunto:	Re: central repository
Fecha:	miércoles, 29 de agosto de 2007 7:19:47
Archivos adjuntos:	

Al,

1. It's "FORTRAN", not "fortran". The old keypunches had no lower case letters. Only later with the advent of Unix, and in parallel the availability of display CRTs, did people start using lower case in a big way.

2. Many people *did* modify vendor code and lots of innovative ideas were discussed; some were even published in journals like "Computer Programs in Biomedicine", and presented at the International Conferences on Computers in Radiation therapy (ICCR), which is still going since the 1960's. The source code to some systems, notably TP-11, *was* available in machine readable form.

3. In those days, many people not only knew how to use specific compilers, we knew how to install operating system updates and patches, and even do system administration and configuration, something very few medical physicists these days seem to know. We also bought and in some cases built boards to plug into the PDP11 and VAX UNIBUS and Q-bus backplanes (how many people on this list know what a backplane is?), and wrote or modified device drivers. It was an interesting time.

4. Kudos to the Pinnacle developers for attempting to provide some disciplined extensibility, something we built into every generation of RTP system we built at the University of Washington, including PLAN-32, our venture into the commercial world during 1984-1990, and Prism, our open source follow-on, which is written in Common Lisp (how many people on this list have heard of Lisp? It is almost as old as FORTRAN, dating to 1958, one year after FORTRAN was invented. These are the oldest and best programming languages, and will remain so for the forseeable future).

PLAN-32 and Prism both have very nice facilities for writing arbitrary user code. In the case of PLAN-32 all you needed to know was the data file format. We did not distribute the source code, but the facility allowed people to create their own menus to run user programs as if they

were built in. Prism has an even more clever facility, but it requires knowledge about the data structures. Prism is open source and not a product, so use it at your own risk (http://www.radonc.washington.edu/medinfo/prism/)

As for the PDP-11, we still own one. It runs part of our neutron therapy facility and is running RSX-11/M version 4.0, and a bunch of FORTRAN programs to which we have the vendor source code. We are in process of replacing it with our own control system code written in C, and have already done the therapy control part. The new system will use Linux/X86 systems on a local network.

Ira Kalet, p.o.t.m.e (person of too much experience)

Disclaimer: I am an old man and you are free to disregard anything I write, but you do so at your own risk.

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> Disclaimer:
> Oh, yeh..... my words and thoughts are my own and they have nothing and
> no connection to my current employer or any past or previous employer.
> No reference is made to any specific customers and any infered are
> ficticious. If this was not intended for you then why are you still
> reading this far?

>
> **

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Archivos adjuntos:	

One more thing, I just remembered. The NCI invested about $8 million in a three institution working group that successfully developed a scheme for people to write portable software tools that could run in any RTP system environment provided the RTP system had an adapter, which we wrote the specs for. We even wrote some example tools. These tools ran *without modifications* on each of the three RTP systems of the three sites, University of Washington (Prism, written in Lisp, running on VAXen with VMS, later HP workstations with HP-UX), University of North Carolina (PLUNC, C/C++, SGI IRIX), and Washington University, St. Louis (?? local system, on some Unix variant or other, also C/C++). We proved that portability can be engineered and demonstrated in a very heterogeneous environment. The software did NOT need to be "ported", only compiled and linked in the local environment, as long as the local environment provided the Foundation Library interface code required.

Here are the references:

Jacky, J., Kalet, I., Chen, J., Coggins, J., Cousins, S., Drzymala, R., Harms, W., Kahn, M., Kromhout-Schiro, S., Sherouse, G., Tracton, G., Unger, J., Weinhous, M. and Yan, D. Portable Software Tools for 3-D Radiation Therapy Planning. International Journal of Radiation Oncology, Biology and Physics, volume 30, number 4, pp. 921--928, November 1994.

Austin-Seymour, M., Kalet, I., McDonald, J., Kromhout-Schiro, S., Jacky, J., Hummel, S., and Unger, J. Three Dimensional Planning Target Volumes: A Model and a Software Tool. International Journal of Radiation Oncology, Biology and Physics, volume 33, number 5, pp. 1073--1080, December, 1995.

Kalet, I. The Practice of Radiotherapy Software Engineering: Making Software Components Work Together. Seminars in Radiation Oncology, volume 7, number 1, pp. 11--20, January, 1997.

Kalet, I. and Radiotherapy Treatment Planning Tools

Collaborative Working Group. Building Shareable Radiotherapy Treatment Planning Software. Proceedings of the Eleventh International Conference on Computers in Radiotherapy, pp. 170--171, A. R. Hounsell, J. M. Wilkinson and P. C. Williams, eds. Medical Physics Publishing, Madison, Wisconsin, 1994.

and similar publications from UNC and WUStL about the tools they developed.

This work has been completely ignored by the vendors and the rest of the medical physics community, so you all are free to continue to ignore it.

Ira Kalet
University of Washington, Seattle

Al Roth wrote:
> As a "person of experience" I would like to comment on the few postings
> I have seen here.
>
> Back in the "old days" customers would ask for "source code" in
> "fortran" (see wilopedia) so they could make their changes. Well, the
> support for this was considered to be a nightmare and it was.
> Fortunately back in those days people had an idea about fortran (they
> could spell it and took one course in college) yet had no idea on how to
> run a system specific compiler (PDP-11 RT-11 or RSX 11m+) so they got
> the code and that was the end of that. (no one really got code that I
> recall or maybe one got printouts!). Since each site is somewhat unique
> and has sepcific network and system configurations trying to "run" any
> script succesfully would be an accomplishment on its' own.
>
> Some generic scripts might work yet ONLY with a specific version of
> software on a very specific system configuration. I doubt highly that
> any corporation would support user written code in a healthcare
> environment. In our litiguous society even those who modified the
> script would probably blame the company that allowed them to modify the
> code. (see cases of spilling hot coffee and snowblowers on roofs)
>
> Would each author be willing to take calls and emails about the code
> they had written specifically for their site? Maybe? Would people be
> willing to pay for such a service? I doubt it! Most of the people
> doing this are already "off-contract" so probably not interested in
> support. When something if free, you get the quality you pay for. The
> staff that uses the system is generally not the ones who decide on the
> software or service contract so this would surely not convince an
> administrator.
>
> Now, if the users decided to create a place for a library and any and

> all parties were to be relieved of any responsibility for others running
> their code, then this can be a good thing for all involved. This will
> require detailed documentation from each author etc..... So if a
> patient is harmed we know who is responsible.... and by the way they
> will inclide everyone involved in the law suit (2 courses medical
> malpractice and my opinion is worth exactly what you paid for it I am
> not a lawyer yet I have opinions).
>
> So please do continue to write the scripts and please do share the
> information. This is how we progress and move forward. While I have
> managed to use PC based scripting and "batch" file to do Site specific
> tasks, I am aware that when the version of software changes, most likely
> those scripts will need changing and I can depend on no one else on how
> to modify them.
>
> For example when a piece of software gives and error msg, the Therapists
> had to hit one key, which would do a screen capture and file save. This
> was helpful when asking what happended and what did the screen say.
>
> So, MEDDOS dpes have the ability to save files and documents for Yahoo
> Users or you may want to create your own. If I was in customer support
> this idea would be left for the Users to take care of, cuz I ai't gonna
> teach script writing and I know you don't wanna pay for it!
>
> It is difficult enought to get people to share their IMRT treament
> parameters, why would they share scripts?
>
> Have fun and keep saving lives out there! Our work is important and
> let's not complicate simple things, we have lives to live! KISS... Keep
> it simple .....
>
> and would the volunteers to create the repository and maintain the
> library please step forward.
>
> Al Roth CMD TOAO etc.
>
> Disclaimer:
> Oh, yeh..... my words and thoughts are my own and they have nothing and
> no connection to my current employer or any past or previous employer.
> No reference is made to any specific customers and any infered are
> ficticious. If this was not intended for you then why are you still
> reading this far?
>
> **

De:	Merilee Hopkins
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	MRI billing
Fecha:	miércoles, 29 de agosto de 2007 19:12:49
Archivos adjuntos:	Merilee Hopkins.vcf

Hello All,

We have recently added an MRI scanner to our facility. For those that have a MRI scanner in their Oncology Department, what billing codes, if any, are you charging? Our billing specialist is having a difficult time with this. Any help would be appreciated.

Thanks,

Merilee Hopkins, CMD, BSRT (R)(T)
Manager Radiation Oncology
Barnes-Jewish Hospital
MS 90-38-635
St. Louis, MO 63110
(314) 362-0301
fax: 314-747-1279

De:	Hobie Shackford
A:	Pinnacle Users List;
Cc:	
Asunto:	Varian 600CD Machine Characteristics
Fecha:	miércoles, 29 de agosto de 2007 22:00:57
Archivos adjuntos:	

Would anyone have the information needed by Pinnacle
for the Varian 600CD physical machine characteristics?

I am still waiting for an reply from Varian and am not
sure that the documentation on this used machine will
have all the needed info. The unit is slated to be
unpacked and installed this weekend (you know that's a
fast track when installers are working on Labor Day).
The first treatment is scheduled 2 1/2 weeks out.

Thank God it's a single energy machine!

Thanks.

Hobie Shackford
NorthMain Radiation Oncology
Providence, RI
hshackford@nmrad.com

De:	Joon Ho Park
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varian 600CD Machine Characteristics
Fecha:	jueves, 30 de agosto de 2007 0:24:16
Archivos adjuntos:	

Try the machine database as the starting point.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Hobie Shackford
Sent: Wednesday, August 29, 2007 3:35 PM
To: Pinnacle Users List
Subject: Varian 600CD Machine Characteristics

Would anyone have the information needed by Pinnacle for the Varian 600CD physical machine characteristics?

I am still waiting for an reply from Varian and am not sure that the documentation on this used machine will have all the needed info. The unit is slated to be unpacked and installed this weekend (you know that's a fast track when installers are working on Labor Day).
The first treatment is scheduled 2 1/2 weeks out.

Thank God it's a single energy machine!

Thanks.

Hobie Shackford
NorthMain Radiation Oncology
Providence, RI
hshackford@nmrad.com

---

list, send the message unsubscribe pinnacle-users <e-mail address> to majordomo@explode.unsw.edu.au.

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##

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##

De:	Scott Dube
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Matching AP Sclav and IMRT H/N fields
Fecha:	sábado, 01 de septiembre de 2007 0:14:00
Archivos adjuntos:	

Some centers recommend using a separate AP Sclav field with midline block matched to IMRT H/N fields for patients with low risk nodes in the lower neck. This provides maximum sparing of the larynx to prevent toxicity.

A paper from University of Alabama describes a novel matching technique where the AP and IMRT fields overlap by 3 cm. (IJROBP 60(3):959-972). The upper 3 cm of the AP field is feathered using a shrinking field technique which creates a gradient in the overlap region. In that way, the dose across the matchline is less sensitive to miscalibrations of the MLC or jaws.

A more recent paper from MSKCC describes a more simple technique where the AP and IMRT are matched by the jaws. (IJROBP 68(5):1299-1309) The inferior border of the IMRT fields is extended 1 cm below the machline during optimization but then the jaw is moved backed to the matchline for the final dose calculation and treatment.

You really should read the papers to know what I am feebly trying to explain. Anyway, I was hoping to learn from the Pinnacle community how common the AP Sclav field technique is used and how the matching is achieved. Please share your wisdom with the list.

Thanks for your help, Scott

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Matching AP Sclav and IMRT H/N fields
Fecha:	sábado, 01 de septiembre de 2007 1:01:32
Archivos adjuntos:	

Having crossed the dark side and then back again, I
wonder how the Pinnacle can do to handle the way the
"base plan" of the Eclipse optimization in conjunction
with the dynamic shaper routine that the Varian does.
Have a great labor Day week-end.

Joe

--- Scott Dube <scott.dube@gmail.com> wrote:

> Some centers recommend using a separate AP Sclav
> field with midline block
> matched to IMRT H/N fields for patients with low
> risk nodes in the lower
> neck. This provides maximum sparing of the larynx
> to prevent toxicity.
>
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> which creates a gradient in the overlap region. In
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> explain. Anyway, I was hoping to learn from the
> Pinnacle community how
> common the AP Sclav field technique is used and how
> the matching is
> achieved. Please share your wisdom with the list.

>
> Thanks for your help, Scott
>

De:	Renee Goodrich
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Matching AP Sclav and IMRT H/N fields
Fecha:	sábado, 01 de septiembre de 2007 19:04:46
Archivos adjuntos:	

I do not usually post to the list but I thought I would add my two cents worth.

I used to match fields using a mono-isocentric approach. I have abandoned that, however, in favor of a single field to include the 4,5 and 6 nodes. I take the CT table plane out but I leave the Med-Tech type s carbon fiber board in so that it is included in the calculation. The SSD will be picked up at the board but that is ok. I put the larynx in as a "dose max" structure. The art and science of IMRT provides us many different approachs and solutions to traditional therapy problems. Sometimes I put "dose weighting structures" in to cause most of the dose to come from the anterior array of the 9 field approach.

Jeff Goodrich

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Scott Dube
Sent: Friday, August 31, 2007 5:03 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Matching AP Sclav and IMRT H/N fields

Some centers recommend using a separate AP Sclav field with midline block matched to IMRT H/N fields for patients with low risk nodes in the lower neck. This provides maximum sparing of the larynx to prevent toxicity.

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You really should read the papers to know what I am feebly trying to explain. Anyway, I was hoping to learn from the Pinnacle community how common the AP Sclav field technique is used and how the matching is achieved. Please share your wisdom with the list.

Thanks for your help, Scott

De:	Metzger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: ScanTimeFromScanner
Fecha:	lunes, 03 de septiembre de 2007 15:12:08
Archivos adjuntos:	metzger.vcf

I didn't found the query message but a workaround:

query: "PlanInfo. PlanPath" gives the subpath to your actual CT
(for example: Institution_33/Mount_0/Patient_4444/Plan_55)

the first line in file "plan.defaults" gives for example:
"image_file : ../ImageSet_3"

in the parent directory file "ImageSet_3.ImageSet" has an entry like:
"ScanTimeFromScanner = "2007-08-29";"

Metzger schrieb:
> Hello all,
> anyone who knows the query message to get "ScanTimeFromScanner" from
> the current CT ?
> Martin
>

--

De:	Erdal Gurgoze
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	CT DICOM export
Fecha:	miércoles, 05 de septiembre de 2007 23:11:02
Archivos adjuntos:	

Hi All,
I am wondering if CT images with drawn structures can be exported from Pinnacle 6.2 in DICOM format.
Thanks in advance for anyone that can help me.
Erdal Gurgoze
AOS
602 2403428

De:	forest.gary@marshfieldclinic.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DICOM Exam ID
Fecha:	miércoles, 05 de septiembre de 2007 23:16:48
Archivos adjuntos:	

Has anyone figured out how the Exam ID field that appears on the DICOM3File import window is generated?

The Study ID is just the 0020,0010 Study ID attribute of the file, and clearly the Exam ID has something to do with one or more of the series attributes...

Thanks in advance

Gary Forest
Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

De:	Stanley Makgere
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMRT Error on Varian
Fecha:	lunes, 10 de septiembre de 2007 8:51:48
Archivos adjuntos:	

Hi Pinnacle Users

Can some one help me with this, I got an error on the Varis saying, 'The plan requires carriage movement during a dynamic plan'. I tried to mode-up and I got this kind of message. We solved this problem before by rotating the collimator to 90 deg. on Pinnacle, but this time around it does not work. What can I do on the machine to solve this problem.

Sebushi S. Makgere
Hospital Medical Physicist
Network Healthcare Holdings Limited (Netcare)
Parklands Hospital
75 Hopelands Road
Overport
4097

Switchboard: +27 (0)31 242 4191
Fax: +27 (0)31 207 3368
Mobile: +27 (0)82 372 7788

Website: www.netcare.co.za

De:	Matthew Williams
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Dual NICS on Sun box
Fecha:	lunes, 10 de septiembre de 2007 8:53:56
Archivos adjuntos:	

Has anyone configured their Pinnacle server with dual NICs - we are exploring options for building redundancy in to our system and would appreciate hearing what others have experienced with this.

Thanks

Matthew Williams, PhD.
Medical Physicist

Illawarra Cancer Care Centre
The Wollongong Hospital
Private Mail Bag 8808
South Coast Mail Centre NSW 2521
Ph: +61 2 4222 5704
Fax: +61 2 4222 5793

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##

De:	Eason, Guy
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT Error on Varian
Fecha:	lunes, 10 de septiembre de 2007 13:59:48
Archivos adjuntos:	

Are you running your treatment plan on an ADAC/Pinnacle/Philips unit under 7.0. Check to see if the max leaf movement is over 14.9 cm. It sounds to me like your over extending the mlc leaf and the carriage has to move to compensate. The carriage movement is a no no.

Guy Eason
Radiation Oncology
Phoebe Putney Memorial Hospital
Albany, GA
229/ 312-2280

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Stanley Makgere
Sent: Monday, September 10, 2007 2:35 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT Error on Varian

Hi Pinnacle Users

Can some one help me with this, I got an error on the Varis saying, 'The plan requires carriage movement during a dynamic plan'. I tried to mode-up and I got this kind of message. We solved this problem before by rotating the collimator to 90 deg. on Pinnacle, but this time around it does not work. What can I do on the machine to solve this problem.

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Mobile: +27 (0)82 372 7788

Website: www.netcare.co.za

De: Stanley Makgere

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: IMRT Error on Varian

Fecha: lunes, 10 de septiembre de 2007 14:20:19

Archivos adjuntos:

Thanx for the reply. I use 7.6c, and I just checked the max leaf and it is over 14.9cm. Thanx again.

> ----- Original Message -----
> **From:** Eason, Guy
> **To:** pinnacle-users@explode.unsw.edu.au
> **Sent:** Monday, September 10, 2007 1:42 PM
> **Subject:** RE: IMRT Error on Varian
>
> Are you running your treatment plan on an ADAC/Pinnacle/Philips unit under 7.0. Check to see if the max leaf movement is over 14.9 cm. It sounds to me like your over extending the mlc leaf and the carriage has to move to compensate. The carriage movement is a no no.
>
> Guy Eason
> Radiation Oncology
> Phoebe Putney Memorial Hospital
> Albany, GA
> 229/ 312-2280
>
> ---
>
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Stanley Makgere
> **Sent:** Monday, September 10, 2007 2:35 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** IMRT Error on Varian
>
> Hi Pinnacle Users
>
> Can some one help me with this, I got an error on the Varis saying, 'The plan requires carriage movement during a dynamic plan'. I tried to mode-up and I got this kind of message. We solved this problem before by rotating the collimator to 90 deg. on Pinnacle, but this time around it does not work. What can I do on the machine to solve this problem.

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Overport
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Mobile: +27 (0)82 372 7788

Website: www.netcare.co.za

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Dual NICS on Sun box
Fecha:	lunes, 10 de septiembre de 2007 16:06:12
Archivos adjuntos:	

We have, but we have a full blown server (Sunfire 280R). We have dual fiber channel cards in it. We are using 2GB/s JNI FCE-6460 cards. Some of our clients have 1Gb/s dual fiber channel (purchased back when that was the only way for us to get that performance on our network). These are Sun supplied cards, I'm not sure who the OEM might be.

If your going fiber, I would recommend using a different card, JNI has been bought out recently and support has been an issue for us. It might be alright for you guys as you'd be purchasing presumably a newer card so all the documentation would be on the new owners site for it, but our experience has been that support has been limited, both with Sun contractors (never having used the card before), or online. QLogic probably would be a better solution, as they are the industry leaders.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Matthew Williams
Sent: September 10, 2007 2:41 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Dual NICS on Sun box

Has anyone configured their Pinnacle server with dual NICs - we are exploring options for building redundancy in to our system and would appreciate hearing what others have experienced with this.

Thanks

Matthew Williams, PhD.
Medical Physicist

Illawarra Cancer Care Centre
The Wollongong Hospital
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account will not be distributed unless that account is also subscribed.
##

De:	John Shakeshaft
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT Error on Varian
Fecha:	lunes, 10 de septiembre de 2007 16:42:11
Archivos adjuntos:	

This sounds like you have a problem with your Varian physics model in Pinnacle.

The MLC parameters should have the following settings

Max tip difference for leaves on a side: 15.0 cm
Max tip difference for adjacent leaves : 15.0 cm

With these settings carriage movement should not be required.

Additionally for large field IMRT situations you need to allow the segmenter/DMPO to split the fields.

Best regards

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY
UK

Tel: +44 151 334 1155 X4683
Fax: +44 151 482 7860

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Stanley Makgere
Sent: 10 September 2007 07:35
To: pinnacle-users@explode.unsw.edu.au
Subject: IMRT Error on Varian

Hi Pinnacle Users

Can some one help me with this, I got an error on the Varis saying, 'The plan requires carriage movement during a dynamic plan'. I tried to mode-up and I got this kind of message. We solved this problem before by rotating the collimator to 90 deg. on Pinnacle, but this time around it does not work. What can I do on the machine to solve this problem.

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Website: www.netcare.co.za

De:	Eason, Guy
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT Error on Varian
Fecha:	lunes, 10 de septiembre de 2007 17:37:46
Archivos adjuntos:	

Some of the physics models in the older revisions allow you to set the distance but, will not give you a notice or fault if you go beyond the max leaf movement. If I am not mistaken you have to be above the 7.3 version of Pinnacle.

Guy Eason
Radiation Oncology
Phoebe Putney Memorial Hospital
Albany, GA
229/ 312-2280
-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of John Shakeshaft
Sent: Monday, September 10, 2007 10:23 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMRT Error on Varian

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Best regards

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology

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Fax: +44 151 482 7860

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Stanley Makgere
Sent: 10 September 2007 07:35
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Subject: IMRT Error on Varian

Hi Pinnacle Users

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the related message.

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send
the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Jennifer Buskerud
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Tandberg tapes
Fecha:	martes, 11 de septiembre de 2007 22:28:55
Archivos adjuntos:	

I am in the process of converting our tandberg tapes to DVD's. As you may know the tandberg tape device (SLR4) moves at a snails pace, if not slower. We were told today that we may want to invest in a faster tandberg tape device because Philips will no longer support our current one. Does anyone know what model tandberg faster and is supported by Philips?
Thanks in advance,
Jennifer Buskerud

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Tandberg tapes
Fecha:	martes, 11 de septiembre de 2007 23:22:19
Archivos adjuntos:	

There are a bunch of tape drive standards out there, they won't address your immediate problem though. The density of the data on the tape is increased with newer models that is how the performance has been increased, so you'll still get about the same performance while reading your old tapes from a new tape drive.

That said, things would be faster for you in the future, if your planning on staying with tapes. LTO 3 I believe is the current fastest/largest in common production, I believe they hold 400 GB compressed, and a transfer rate of 80MB/s. This is faster than most harddrives can read, so that would be the bottleneck, unless you have multiple harddrives you are able to read from simultaneously(which you would if your server is a sunblade 2500 or a full 'real' server.

A good quality tape drive will set you back about 4k so it isn't something you want to buy if you aren't going to be using it for a while.

If we knew which format was going to win, this would be a great excuse to pick up a blue ray or HD-DVD writter as the media will be cheaper. Tapes cost about $40 each but these disks are only a couple dollars I think and hold 160GB compressed.

----- Original Message -----
From: owner-pinnacle-users@explode.unsw.edu.au <owner-pinnacle-users@explode.unsw.edu.au>
To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
Sent: Tue Sep 11 16:19:02 2007
Subject: Tandberg tapes

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Thanks in advance,
Jennifer Buskerud

_____

Boardwalk for $500? In 2007? Ha!
Play Monopoly Here and Now <http://us.rd.yahoo.com/evt=48223/*http://get.games.yahoo.com/proddesc?gamekey=monopolyherenow> (it's updated for today's economy) at Yahoo! Games.

De:	Jennifer Buskerud
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Tandberg tapes
Fecha:	miércoles, 12 de septiembre de 2007 0:20:34
Archivos adjuntos:	

Thanks Mike. I am looking for a drive that will increase the performance so I can do more than one patient restore over a 1-2 day time period. We currently utilize a DVD burner to make our backups but our tapes are from 5-8 years ago and we want them to get on DVD's since the tandberg will no longer be supported by Philips in the not so distant future.
Jennifer

Mike Gallamore <mike.gallamore@grhosp.on.ca> wrote:

> There are a bunch of tape drive standards out there, they won't address your immediate problem though. The density of the data on the tape is increased with newer models that is how the performance has been increased, so you'll still get about the same performance while reading your old tapes from a new tape drive.
>
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> ----- Original Message -----
> From: owner-pinnacle-users@explode.unsw.edu.au <owner-pinnacle-users@explode.unsw.edu.au>
> To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.

edu.au>
Sent: Tue Sep 11 16:19:02 2007
Subject: Tandberg tapes

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Play Monopoly Here and Now <http://us.rd.yahoo.com/evt=48223/*http://get.games.yahoo.com/proddesc?gamekey=monopolyherenow> (it's updated for today's economy) at Yahoo! Games.

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Tandberg tapes
Fecha:	miércoles, 12 de septiembre de 2007 2:21:11
Archivos adjuntos:	

DVD's will definitely help you, I can do a patient restore in about 30 min from a DVD, the biggest time is that to read the 1GB or so tar file in. I feel your pain I've had to do tape retrievals, not fun.

Also, another problem with tape is the encoding is propreitary to the program that writes it, so if you switch from Pinnacle, or their format changes you could be out of luck. With DVD's you can always untar them and manually retrieve the information, not easy but it can be done/scripted.

----- Original Message -----
From: owner-pinnacle-users@explode.unsw.edu.au <owner-pinnacle-users@explode.unsw.edu.au>
To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
Sent: Tue Sep 11 18:00:29 2007
Subject: Re: Tandberg tapes

Thanks Mike. I am looking for a drive that will increase the performance so I can do more than one patient restore over a 1-2 day time period. We currently utilize a DVD burner to make our backups but our tapes are from 5-8 years ago and we want them to get on DVD's since the tandberg will no longer be supported by Philips in the not so distant future.
Jennifer

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To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
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Thanks in advance,
Jennifer Buskerud

De:	Hobie Shackford
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMRT Error on Varian
Fecha:	miércoles, 12 de septiembre de 2007 19:39:03
Archivos adjuntos:	

John:

We also had this problem just last week and it was not a tip-to-tip issue it was the distance of the most extended leaf from the jaw covering the carriage. The beam was a forward-planned nulti-segment beam. In the last segment all the leaves moved in and the most extended leaf was allowed to move out ~16 cm from the jaw in the plan. Since Varian does not allow jaw motion during a multi-segment beam the error came up. The 15 cm tip limits were not exceeded but the "Maximum tip position from the jaw" limit on the first MLC page of the model was exceeded (we set that to 13.5).

I called Pinnacle about this and sent them the plan, which they are examining. It appears that these limits are honored for inverse IMRT planning but may be exceeded during forward IMRT or field-in-field plans.

Hobie Shackford
NorthMain Radiation Oncology
Providence, RI
--- John Shakeshaft <John.Shakeshaft@ccotrust.nhs.uk> wrote:

> This sounds like you have a problem with your Varian
> physics model in
> Pinnacle.
>
> The MLC parameters should have the following
> settings
>
> Max tip difference for leaves on a side: 15.0 cm
> Max tip difference for adjacent leaves : 15.0 cm
>
> With these settings carriage movement should not be
> required.
>
> Additionally for large field IMRT situations you
> need to allow the
> segmenter/DMPO to split the fields.
>

> Best regards
>
> John Shakeshaft
> Principal Physicist
> Clatterbridge Centre for Oncology
> Clatterbridge Rd
> Bebington
> Wirral
> CH63 4JY
> UK
>
> Tel: +44 151 334 1155 X4683
> Fax: +44 151 482 7860
>
> _____
>
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On
> Behalf Of Stanley
> Makgere
> Sent: 10 September 2007 07:35
> To: pinnacle-users@explode.unsw.edu.au
> Subject: IMRT Error on Varian
>
>
> Hi Pinnacle Users
>
> Can some one help me with this, I got an error on
> the Varis saying, 'The
> plan requires carriage movement during a dynamic
> plan'. I tried to
> mode-up and I got this kind of message. We solved
> this problem before by
> rotating the collimator to 90 deg. on Pinnacle, but
> this time around it
> does not work. What can I do on the machine to solve
> this problem.
>
>
> Sebushi S. Makgere
> Hospital Medical Physicist
> Network Healthcare Holdings Limited (Netcare)
> Parklands Hospital
> 75 Hopelands Road
> Overport
> 4097
>

surveylink.yahoo.com/gmrs/yahoo_panel_invite.asp?a=7

De:	Bernstein, Kenneth
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	autocontouring based on SUV
Fecha:	miércoles, 12 de septiembre de 2007 21:13:30
Archivos adjuntos:	

Does anyone know how to auto contour an ROI based on SUV values in a PET scan?

Thanks,

Ken Bernstein

De:	drttp24@aol.com
A:	aable@ampglobal.net; tnblazek@logicalsolutns.com; goncalong@hotmail.com; xuyanfy@hotmail.com; raw128@msn.com; kkmorrison2000@yahoo.com; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134
Fecha:	jueves, 13 de septiembre de 2007 23:53:18
Archivos adjuntos:	

-----Original Message-----
From: Patterson, Anne <apatterson@LH.org>
To: marc.mlyn@philips.com
Cc: Dutt, Punam <pdutt@lh.org>; Ted Poulton <ted.poulton@philips.com>; drttp24@aol.com; Au, Dr. Kin-Sing <kau@LH.org>
Sent: Thu, 13 Sep 2007 5:37 pm
Subject: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134

Dear Marc,
When you hear from me, you know it can't be good.
I have been on the phone for the past 2.5 hours, with We Wong and Sam Painter, because of a version 8 bug that I was not aware of.
The bug is where the institutions "replicate" and have two institutions with the same name. Sam has sent me an email detailing this, and it is the following problem:

Do not delete duplicate
Institution or Patient.
Rebuild patient database or
contact Customer Support
for assistance.
Do not use version 8.0d for
electron planning.

Unfortunately, I was not privy to this information prior to deleting an institution this morning, and now I have lost forever the images and plans on more than 30 patients. I had archived the original institution, and felt comfortable deleting that institution, as our new patients were on the other 8.0 (replicated) institution. As I was attempting to archive the new patients I got repeated error messages that it was unable to archive. When I checked the patient list, all patient names were there, but there was not a single plan for any patient.
The plans lost include 6 IMRT plans, at least 9 patients who will need boost plans, and 5 new patients who were at various stages of planning. We will at a minimum have to restore the patients who need boost plans, and this will require a significant time commitment from the dosimetrist and physician to re-create the original plans from the printed plans, then do the boost plan.
Sam and We have informed me that these patients are lost forever; there is no way to restore them. If this is a known problem, why aren't customers notified? Why does it take a catastrophic failure and disastrous loss of patient information to then be told there is a bug and nothing can be done.
In the past, Philips has been excellent at sending us bulletins about issues such as these; I have not received one for a long time, even though there are so many known problems with version 8.0. We tried to sign up for the new InCenter at two hospitals, but we never heard back about usernames, passwords, etc.
It is unfortunate that Philips has what I consider to be the best treatment planning system available today, but the notification of software issues has become non-existent.
What's done is done; now I need to know how Philips plans to inform customers of potential problems. We just installed a new Sunblade 2500 in the early spring, and the software delivered with it is 8.0d; why is Philips not more pro-active and timely in sending out the later versions to fix the known bugs? According to the Application Note that Sam sent me (a few hours too late, but not his fault) there is a fix in version 8.0h; why am I not in possession of this upgrade? Is this a reportable event to the FDA?
By the way, as is almost always the case with your customer service, Sam and We were most helpful, and they were able to help me save two patients whose plans were open at the time of the failure, and transfer them to the new institution. They were both amazed that I did not appear upset on the phone, but trust me, I am most upset by this unfortunate event. It has taken more than 6 hours of my time just to fix it, time that should be dedicated to patient care, not computer bugs. It will take an even longer time to restore the CT's from our scanner, replan the original fields, and get things back to status quo. We spend enough time doing our work once, now it is twice or more time for some unfortunate patients and their plans.

Sincerely,
Anne S. Patterson, M.S.

Associates in Medical Physics for
Loudoun Hospital Radiation Oncology Center

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au; aable@ampglobal.net; tnblazek@logicalsolutns.com; goncalong@hotmail.com; xuyanfy@hotmail.com; raw128@msn.com; kkmorrison2000@yahoo.com;
Cc:	
Asunto:	Re: Version 8.0d "Bug", Loudoun Hospital
Fecha:	viernes, 14 de septiembre de 2007 3:14:50
Archivos adjuntos:	

Hello Anne,

I am currently heading back from ESTRO and I saw your email which was sent to the Pinnacle User's List, so I am replying to the same distribution from my personal email address.

I am sorry that you came across this bug. We have notes specific about this issue on InCenter, and everyone that has an account on InCenter should set their personal options such that you get email notifications whenever anything new is posted. Anyone who does not get a reply for some reason when they apply for an account should send an email to us at pros.support@philips.com so that we can help figure out what went wrong.

There is now also a bug "FYI" which describes the most common issues with each version. This application note will be updated on a regular basis. For serious issues which can lead to patient mistreatment, we will send return receipt letters by US Mail. For customers outside of the US and Canada, each country will be notified who will in turn notify the local installed base.

Sam and Wei will log a formal complaint from your facility, but to answer your question, it is not a reportable event to the FDA.

v8.0h will be placed on InCenter within the next few weeks so that people can download it at their convenience and not have to wait for us to ship the kit.

For now, anyone that sees duplicate patients or any other database anomaly should run the database repair tool and/or call customer support, and never attempt to delete these items.

Again, I apologize for this occurrence and the inconvenience that it has caused you.

Sincerely,

Marc Mlyn
Sr. Manager, Product Support Engineering
Philips Radiation Oncology Systems

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134
Fecha:	viernes, 14 de septiembre de 2007 15:02:18
Archivos adjuntos:	

Unfortunately this is not a new issue. The same event happened to us several months ago. Lost everything in Pinnacle. I had just backed up the Completed Patients folder when I noticed duplicate institutions. Before I deleted an institution I tested it by deleting just one patient from a duplicate institute. I looked fine so I deleted the duplicates. However, as you saw this deletes all copies. Never heard about this prior.

Mark,
While I understand this is not an FDA reportable event it is serious. Very serious. And I am shocked this hasn't been corrected. Patient data has been lost that cannot be recovered - try explaining that to a lawyer. Not to mention the explanations to the Rad Oncs that all treatment planning data was lost.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

drttp24@aol.com
Sent by:
owner-pinnacle-users@explode.unsw.edu.au
09/13/2007 04:41

To
aable@ampglobal.net,
tnblazek@logicalsolutns.com,
goncalong@hotmail.com,
xuyanfy@hotmail.com,
raw128@msn.com,

PM kkmorrison2000@yahoo.com,
pinnacle-users@explode.unsw.edu.au
cc
Please respond to
pinnacle-users@ex
plode.unsw.edu.au
Subject
Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134

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From: Patterson, Anne <apatterson@LH.org>
To: marc.mlyn@philips.com
Cc: Dutt, Punam <pdutt@lh.org>; Ted Poulton <ted.poulton@philips.com>; drttp24@aol.com; Au, Dr. Kin-Sing <kau@LH.org>
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Associates in Medical Physics for
Loudoun Hospital Radiation Oncology Center

De:	Kent Krugh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Version 8.0d "Bug", Loudoun Hospital
Fecha:	viernes, 14 de septiembre de 2007 15:11:22
Archivos adjuntos:	

What is InCenter?

Kent Krugh
Cincinnati

On 9/13/07, **Marc Mlyn** <mmlyn@optonline.net> wrote:

> Hello Anne,
>
> I am currently heading back from ESTRO and I saw your email which was sent to the Pinnacle User's List, so I am replying to the same distribution from my personal email address.
>
> I am sorry that you came across this bug. We have notes specific about this issue on InCenter, and everyone that has an account on InCenter should set their personal options such that you get email notifications whenever anything new is posted. Anyone who does not get a reply for some reason when they apply for an account should send an email to us at pros.support@philips.com so that we can help figure out what went wrong.
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Philips Radiation Oncology Systems

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Version 8.0d "Bug", Loudoun Hospital
Fecha:	viernes, 14 de septiembre de 2007 15:30:17
Archivos adjuntos:	

Kent,

I have forwarded on your email to pros.support so that they can send you the information that you need to get an account.

Regards,
Marc Mlyn

> ----- Original Message -----
> **From:** Kent Krugh
> **To:** pinnacle-users@explode.unsw.edu.au
> **Sent:** Friday, September 14, 2007 9:07 AM
> **Subject:** Re: Version 8.0d "Bug", Loudoun Hospital
>
> What is InCenter?
>
> Kent Krugh
> Cincinnati

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134
Fecha:	viernes, 14 de septiembre de 2007 15:35:00
Archivos adjuntos:	

Jeffrey,

We agree that it is serious and version 8.0h will address it.

InCenter will be the primary method for our communication on issues like this, so I urge people to contact pros.support@philips.com if you need information for signing up.

Patient backup is a critical component of treatment planning or any other treatment related software / modality. I recommend that NFS mounting from an IT enterprise system that can do a nightly backup of the /PrimaryPatientData directory be employed. This way, there is little lost if the unforeseen occurs.

As an aside, this database issue is not really new - we put database check and repair tools into the system years ago because of this. However, we did see the frequency of duplicate institutions increase in v8.0d. Additionally, when you go into the patient backup tools, a check is performed automatically.

Regards,
Marc Mlyn

----- Original Message -----
From: <JGarrett@mbhs.org>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Friday, September 14, 2007 8:54 AM
Subject: Re: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134

> Unfortunately this is not a new issue. The same event happened to us
> several months ago. Lost everything in Pinnacle. I had just backed up the
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> mention the explanations to the Rad Oncs that all treatment planning data
> was lost.
>
> Jeffrey A. Garrett, MS, DABR
> Chief Physicist
> Mississippi Baptist Medical Center
> 1225 North State Street
> Jackson, MS 39202
>
> Office: 601-968-1725
> Cancer Center: 601-968-1416 or 1420
> Fax: 601-960-3317
>

De:	Tim Paul
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134
Fecha:	viernes, 14 de septiembre de 2007 17:18:59
Archivos adjuntos:	

Jeffery,

You are not alone. This happened to us a few months ago. Like you, we had a solid backup, but we lost a few plans, and our server was down for a day while we figured out what had happened and what to do.

It was a huge embarrassment to me. It irritated our Rad Oncs to no end, particularly when they found out it was a well-known bug to Phillips/Pinnacle.

Unfortunately, it is not so well known to the users, particularly the newer users.

From my conversations with their people... this has happened to a number of customers. Apparently, they have kicked around the idea of notifying their customers, but I don't think they have yet. Maybe, the acknowledgement below is considered a notification.

Did everyone else get the notification? Maybe, it's just me.

Tim Paul

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Marc Mlyn
Sent: Friday, September 14, 2007 6:29 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134

Jeffrey,

We agree that it is serious and version 8.0h will address it.

InCenter will be the primary method for our communication on issues like

this, so I urge people to contact pros.support@philips.com if you need information for signing up.

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treatment related software / modality. I recommend that NFS mounting from
an IT enterprise system that can do a nightly backup of the
/PrimaryPatientData directory be employed. This way, there is little lost
if the unforeseen occurs.

As an aside, this database issue is not really new - we put database check
and repair tools into the system years ago because of this. However, we did
see the frequency of duplicate institutions increase in v8.0d.
Additionally, when you go into the patient backup tools, a check is performed automatically.

Regards,
Marc Mlyn

----- Original Message -----
From: <JGarrett@mbhs.org>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Friday, September 14, 2007 8:54 AM
Subject: Re: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134

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De:	Lederer, Ernst
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134
Fecha:	viernes, 14 de septiembre de 2007 17:30:29
Archivos adjuntos:	

My 2 cents

We know that v8.0h is out for at least 2 month (It was mentioned on this list server for the first time end of July and I also have earlier messages regarding Version 8.0h being installed.

Calling in to PROS support didn't get me any further. The statement was that they take my name and they will see what they can do. That was in the first week of August. I have not heard from PROS support ever since. The tactics seems clear: Don't call us we'll call you. I have about 3500 patients in my and I have double Institutions once or twice a week. Out of habit we rebuild the database every Thursday morning. Before I do the rebuild I move all the Patients that haven't been corked on for 60 days to an "Inactive Institution". We do that outside Pinnacle (the script was developed in-house) because the provided transfer between Institutions is not very reliable (PROS admits to that).

Having written all this I was just wondering why Philips does not write a SQL front-end to the database (I am well aware means re-vamping many lines of code) instead of using UNIX scripts. That would alleviate so many problems e.g. the locking of patient files would be at a much higher level and would not rely on reading a file that can be easily deleted. A SQL front-end can handle the amount of data that many of us want to keep on line more efficiently and with much less headaches no double and triple Institutions. Just my 2 cents.

Final Question: Why don't we have v8.0h yet? Is it so hard to burn 1000 CDs (or less) and send them out (that should not take longer than 1 week for a company like Philips).

Still waiting for V8.0h
Best regards
Ernst

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Marc Mlyn
Sent: 2007-Sep-14 09:29
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134

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> Office: 601-968-1725
> Cancer Center: 601-968-1416 or 1420
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De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Fwd: Version 8.0d "Bug", Loudoun Hospital
Fecha:	viernes, 14 de septiembre de 2007 17:45:03
Archivos adjuntos:	

> Did everyone else get the notification? Maybe, it's
> just me.
>
>
Also, the users must consider whom Phillips will notify. Since this is not FDA mandated, I doubt that Phillips has an obligation to notify those who has no currently paid support. Remember the bottom line when there may be centers that are going bare, since hey already know how to use the machine, plus they are not interested in upgrades since upgrades equate more bugs.
Good luck.

Joe Wong

De:	JGarrett@mbhs.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134
Fecha:	viernes, 14 de septiembre de 2007 17:50:00
Archivos adjuntos:	

Unfortunately, I believe the notification for this particular bug only occurs when you are on the receiving end of the problem. Although this may be off base, it seems that the notification of bugs and issues was far superior prior to the take over by Philips. And now the "it will be fixed in this version" is sounding way too much like Varian. A bug that results in the deletion of the entire database should be a top priority. Not so. It seems biological modeling is more important - never mind many still don't know what to do with simple DVHs. And there still isn't, as far as I know, a real solution for importing digital images e.g. from a simulator of Vidar into ADAC for calculating an irregular field dose/MU. You would think a company, like Philips, rooted in imaging would make some effort into allowing the import of digital images into the planning system.

I still wouldn't trade Pinnacle for anything else - and maybe that is the problem - but it sure would be nice if Philips would take a lesson from ADAC in terms of customer service.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

"Tim Paul" <tpaul@ironwoodcr c.com> Sent by: owner-pinnacle-us <pinnacle-users@explode.unsw.edu.au> To

ers@explode.unsw.edu.au

cc

Subject

RE: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134

09/14/2007 10:05 AM

Please respond to pinnacle-users@explode.unsw.edu.au

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To: pinnacle-users@explode.unsw.edu.au
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From: <JGarrett@mbhs.org>
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Sent: Friday, September 14, 2007 8:54 AM
Subject: Re: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134

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##

De: swarwick@stmaryshealth.com

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Fwd: Version 8.0d "Bug", Loudoun Hospital

Fecha: viernes, 14 de septiembre de 2007 17:54:43

Archivos adjuntos:

Philips just needs to sell the product to Elekta/Impac and we would all be better served. For a good example of the emphasis Philips places on Pinnacle all one has to do is travel to their website. Where can you find the Cancer / Rad Onc product? Under Imaging. ADAC was purchased for the Nuc Med business, not the Rad Onc and if Philips can't put the right R & D, Sales, and Service into it to keep Pinnacle at the head of the class then they need to sell it to someone who can. Plus, with a Elekta/Impac/Pinnacle solution we would finally have a competitor on equal footing to compete with the Varian "total solution".

Disclaimer: the above and 4 dollars will get you a cup of coffee at Starbucks.

Scott W.

De:	jianrong dai
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134
Fecha:	sábado, 15 de septiembre de 2007 2:40:37
Archivos adjuntos:	

---

my 2 cents,

The "bug" in version 8.0d recently happened to our system as well. Fortunately, our administrator did the right thing, rebuild the database instead of deleting dublicated institutions. This time we are lucky. But a few years ago when we used version 6.2, we were not so lucky. More than 20 patient data were deleted by mistake without any warning from stystem.

The "bug" is just another evidence of the most serious problem related to Pinnacle system. The problem is data safety! There is totatly no function of user right adminstration. Every user has all rights to access every patient data files. I do believe the problem should be fixed with the highest priority.

Sincerely,

Jianrong, Dai

Department of radiation oncology
Cancer Institute (Hospital)
Chinese Academy of Medical Sciences
Beijing, China

--- drttp24@aol.com wrote:

>
>
>
> -----Original Message-----
> From: Patterson, Anne <apatterson@LH.org>
> To: marc.mlyn@philips.com
> Cc: Dutt, Punam <pdutt@lh.org>; Ted Poulton <ted.poulton@philips.com>; drttp24@aol.com;
> Au, Dr. Kin-Sing <kau@LH.org>
> Sent: Thu, 13 Sep 2007 5:37 pm
> Subject: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134
>
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>
> Dear Marc,
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> When you hear from me, you know it can't be good.
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> I have been on the phone for the past 2.5 hours, with We Wong and Sam Painter, because

> of a version 8 bug that I was not aware of.
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> The bug is where the institutions "replicate" and have two institutions with the same
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> this morning, and now I have lost forever the images and plans on more than 30
> patients. I had archived the original institution, and felt comfortable deleting that
> institution, as our new patients were on the other 8.0 (replicated) institution. As I
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> restore them. If this is a known problem, why aren't customers notified? Why does it
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> In the past, Philips has been excellent at sending us bulletins about issues such as
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> problems with version 8.0. We tried to sign up for the new InCenter at two hospitals,
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> Anne S. Patterson, M.S.
> Associates in Medical Physics for
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> use of the intended recipient(s) and may contain confidential and privileged
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>
> _____
> Email and AIM finally together. You've gotta check out free AOL Mail! -
> http://mail.aol.com
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De:	Geoghegan, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134
Fecha:	sábado, 15 de septiembre de 2007 4:51:14
Archivos adjuntos:	

This is a problem that need addressing, but I wonder why people are doing a full back up before they upgrade to 8.0; or am I missing something?

James K. Geoghegan
Medical Physicist
St. Vincent's East
44 Medical Park East Drive
Birmingham, AL 35235
james.geoghegan@stvhs.com

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of jianrong dai
Sent: Fri 9/14/2007 7:27 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134

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Cc:	
Asunto:	RE: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134
Fecha:	sábado, 15 de septiembre de 2007 5:12:48
Archivos adjuntos:	

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James K. Geoghegan
Medical Physicist
St. Vincent's East
44 Medical Park East Drive
Birmingham, AL 35235
james.geoghegan@stvhs.com
Pone: (205) 838 3663
Fax: (205) 838 3715.

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Geoghegan, James
Sent: Fri 9/14/2007 9:37 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134

This is a problem that need addressing, but I wonder why people are doing a full back up before they upgrade to 8.0; or am I missing something?

James K. Geoghegan
Medical Physicist
St. Vincent's East
44 Medical Park East Drive
Birmingham, AL 35235
james.geoghegan@stvhs.com

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of jianrong dai
Sent: Fri 9/14/2007 7:27 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134

my 2 cents,

The "bug" in version 8.0d recently happened to our system as well. Fortunately, our administrator did the right thing, rebuild the database instead of deleting dublicated institutions. This time we are lucky. But a few years ago when we used version 6.2, we

were not so lucky. More than 20 patient data were deleted by mistake without any warning from stystem.

The "bug" is just another evidence of the most serious problem related to Pinnacle system. The problem is data safety! There is totatly no function of user right adminstration. Every user has all rights to access every patient data files. I do believe the problem should be fixed with the highest priority.

Sincerely,

Jianrong, Dai

Department of radiation oncology
Cancer Institute (Hospital)
Chinese Academy of Medical Sciences
Beijing, China

--- drttp24@aol.com wrote:

>
>
>
> -----Original Message-----
> From: Patterson, Anne <apatterson@LH.org>
> To: marc.mlyn@philips.com
> Cc: Dutt, Punam <pdutt@lh.org>; Ted Poulton <ted.poulton@philips.com>; drttp24@aol.com;
> Au, Dr. Kin-Sing <kau@LH.org>
> Sent: Thu, 13 Sep 2007 5:37 pm
> Subject: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134
>
>
>
> Dear Marc,
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> When you hear from me, you know it can't be good.
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> I have been on the phone for the past 2.5 hours, with We Wong and Sam Painter, because
> of a version 8 bug that I was not aware of.
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> The bug is where the institutions "replicate" and have two institutions with the same
> name. Sam has sent me an email detailing this, and it is the following problem:
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>
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> Do not delete duplicate
> Institution or Patient.
> Rebuild patient database or
> contact Customer Support
> for assistance.
> Do not use version 8.0d for
> electron planning.
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> Unfortunately, I was not privy to this information prior to deleting an institution
> this morning, and now I have lost forever the images and plans on more than 30
> patients. I had archived the original institution, and felt comfortable deleting that
> institution, as our new patients were on the other 8.0 (replicated) institution. As I
> was attempting to archive the new patients I got repeated error messages that it was
> unable to archive. When I checked the patient list, all patient names were there, but
> there was not a single plan for any patient.
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> The plans lost include 6 IMRT plans, at least 9 patients who will need boost plans, and
> 5 new patients who were at various stages of planning. We will at a minimum have to
> restore the patients who need boost plans, and this will require a significant time
> commitment from the dosimetrist and physician to re-create the original plans from the
> printed plans, then do the boost plan.
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> Sam and We have informed me that these patients are lost forever; there is no way to
> restore them. If this is a known problem, why aren't customers notified? Why does it
> take a catastrophic failure and disastrous loss of patient information to then be told
> there is a bug and nothing can be done.
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> In the past, Philips has been excellent at sending us bulletins about issues such as
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> but we never heard back about usernames, passwords, etc.
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> It is unfortunate that Philips has what I consider to be the best treatment planning
> system available today, but the notification of software issues has become
> non-existent.
>
> What's done is done; now I need to know how Philips plans to inform customers of
> potential problems. We just installed a new Sunblade 2500 in the early spring, and the
> software delivered with it is 8.0d; why is Philips not more pro-active and timely in
> sending out the later versions to fix the known bugs? According to the Application Note
> that Sam sent me (a few hours too late, but not his fault) there is a fix in version
> 8.0h; why am I not in possession of this upgrade? Is this a reportable event to the
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>
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> Sincerely,
>
> Anne S. Patterson, M.S.
> Associates in Medical Physics for
> Loudoun Hospital Radiation Oncology Center

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>
> _____
> Email and AIM finally together. You've gotta check out free AOL Mail! -
> http://mail.aol.com
>

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Electron Model Question
Fecha:	sábado, 15 de septiembre de 2007 22:03:36
Archivos adjuntos:	

Does anyone have a good suggestion on how to export an electron model out of Pinnacle or possibly even a script that would at least export all of the modeling points/values you enter to fit the model to you profiles? I don't see why this feature isn't included in the physics section since there is an export option for the photon model.

Thanks
Mike

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Electron Model Question
Fecha:	sábado, 15 de septiembre de 2007 22:55:46
Archivos adjuntos:	

Please disregard my question I have figured it out.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
Sent: Saturday, September 15, 2007 1:50 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Electron Model Question

Does anyone have a good suggestion on how to export an electron model out of Pinnacle or possibly even a script that would at least export all of the modeling points/values you enter to fit the model to you profiles? I don't see why this feature isn't included in the physics section since there is an export option for the photon model.

Thanks
Mike

The contents of this electronic mail message and any attachments are confidential, possibly privileged and intended for the addressee(s) only. Only the addressee(s) may read, disseminate, retain or otherwise use this message. If received in error, please immediately inform the sender and then delete this message without disclosing its contents to anyone.

De:	Tianxiao Liu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Electron Model Question
Fecha:	domingo, 16 de septiembre de 2007 21:26:34
Archivos adjuntos:	

Hello, Mike,

I am doing electron modeling too. May I ask how you do that? Another question I have is, do you have a way to write a script to input OAR numbers to Pinnacle?

Thanks a lot!

Regards,

Tianxiao

On 9/15/07, **Tallhamer, Mike** <Mike.Tallhamer@usoncology.com> wrote:

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>
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>
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>
> ---
>
>

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De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134
Fecha:	lunes, 17 de septiembre de 2007 17:32:28
Archivos adjuntos:	

Pinnacle's backup and recovery system has been flaky for at least the last 4 releases. I've been told by service that moving the system to a real database is in the works. This would make things much better, as databases have nice backup and recovery tools, plus you'd be able to search for patients much easier.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of JGarrett@mbhs.org
Sent: September 14, 2007 8:55 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134

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Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

drttp24@aol.com

Sent by:

owner-pinnacle-us

To

ers@explode.unsw. aable@ampglobal.net,

edu.au tnblazek@logicalsolutns.com,

goncalong@hotmail.com,

xuyanfy@hotmail.com,

09/13/2007 04:41 raw128@msn.com,

PM kkmorrison2000@yahoo.com,

pinnacle-users@explode.unsw.edu.au

cc

Please respond to

pinnacle-users@ex

Subject

plode.unsw.edu.au Fwd: Version 8.0d "Bug", Loudoun

Hospital, Philips Case #3214449,

Site Code 553134

-----Original Message-----
From: Patterson, Anne <apatterson@LH.org>
To: marc.mlyn@philips.com
Cc: Dutt, Punam <pdutt@lh.org>; Ted Poulton <ted.poulton@philips.com>; drttp24@aol.com; Au, Dr. Kin-Sing <kau@LH.org>
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##

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De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134
Fecha:	lunes, 17 de septiembre de 2007 17:46:12
Archivos adjuntos:	

I didn't get the notification, but the previous IT guy was aware of it and let me know. If you call Philips support when it happens they walk you through how to fix it. Unfortunately Philips isn't alone with this mentality. We use Aria for our OIS. A number of "features" are present that they don't notify you of. We migrated from Varis and lost a bunch of functionality. The problem is, the systems are so complicated there is a dozen ways to do anything. They just happened to remove a few of the options that were part of our work flow. Therapists came in and couldn't do what they wanted, we bounced it through several layers of support and came back with that can't be done any more on a lot of issues.

I'm glad they are finally addressing this; backups have been a problem in at least 6.2, 6.5, 7.2, 7.4, 8.0d. It seems that the vendors are in an arms race, and they have to get the new features in as quick as possible, even if they are flaky. FDA doesn't help in that department, it is very similar to FDA approval. They monitor the process not the quality of the end product. So as long as you have the paperwork showing 20% of your code is crap you pass.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Tim Paul
Sent: September 14, 2007 11:05 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134

Jeffery,

You are not alone. This happened to us a few months ago. Like you, we had a solid backup, but we lost a few plans, and our server was down for a day while we figured out what had happened and what to do.

It was a huge embarrassment to me. It irritated our Rad Oncs to no end, particularly when they found out it was a well-known bug to Phillips/Pinnacle.

Unfortunately, it is not so well known to the users, particularly the newer users.

From my conversations with their people... this has happened to a number of customers. Apparently, they have kicked around the idea of notifying their customers, but I don't think they have yet. Maybe, the acknowledgement below is considered a notification.

Did everyone else get the notification? Maybe, it's just me.

Tim Paul

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Marc Mlyn
Sent: Friday, September 14, 2007 6:29 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134

Jeffrey,

We agree that it is serious and version 8.0h will address it.

InCenter will be the primary method for our communication on issues like

this, so I urge people to contact pros.support@philips.com if you need information for signing up.

Patient backup is a critical component of treatment planning or any other
treatment related software / modality. I recommend that NFS mounting from
an IT enterprise system that can do a nightly backup of the /PrimaryPatientData directory be employed. This way, there is little lost

if the unforeseen occurs.

As an aside, this database issue is not really new - we put database check
and repair tools into the system years ago because of this. However, we did
see the frequency of duplicate institutions increase in v8.0d.
Additionally, when you go into the patient backup tools, a check is performed automatically.

Regards,
Marc Mlyn

----- Original Message -----
From: <JGarrett@mbhs.org>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Friday, September 14, 2007 8:54 AM
Subject: Re: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134

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> Jeffrey A. Garrett, MS, DABR

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De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134
Fecha:	lunes, 17 de septiembre de 2007 17:50:43
Archivos adjuntos:	

We have the silver service option or whatever it is called, the middle one. We've been entitled to 8.0 since it came out. We've called repeatedly about it, we've had conference calls about it. Still no date when they will come and install it, but their sales has been in touch to request we renew our SLA with them, ridiculous.

Having just gone through an upgrade from Varis to Aria, I can see the staffing issues they would have. The project management for our Aria upgrade was a 4 month weekly meeting process. Engineers test migrated our database, new servers had to be ordered, all the hardware was checked. Then they came and installed it. There was still problems, but I'd guess the process for the upgrade took about 80hrs of work on my end, and 100 hrs on there side, then about 100 man hrs during the upgrade weekend. I think Philips is having staffing issues, our sales person has quit, the current rep is apparently the north American sales rep, which went on vacation the couple weeks following the other one quitting. If their engineering staff is anything like there sales/support management I'd say they can't effectively run the business anymore with what is left.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Lederer, Ernst
Sent: September 14, 2007 11:20 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134

My 2 cents

We know that v8.0h is out for at least 2 month (It was mentioned on this list server for the first time end of July and I also have earlier messages regarding Version 8.0h being installed.

Calling in to PROS support didn't get me any further. The statement was that they take my name and they will see what they can do. That was in the first week of August. I have not heard from PROS support ever since. The tactics seems clear: Don't call us we'll call you. I have about 3500 patients in my and I have double Institutions once or twice a week. Out of habit we rebuild the database every Thursday morning. Before I do the rebuild I move all the Patients that haven't been corked on for 60 days to an "Inactive Institution". We do that outside Pinnacle (the script was developed in-house) because the provided transfer between Institutions is not very reliable (PROS admits to that).

Having written all this I was just wondering why Philips does not write a SQL front-end to the database (I am well aware means re-vamping many lines of code) instead of using UNIX scripts. That would alleviate so many problems e.g. the locking of patient files would be at a much higher level and would not rely on reading a file that can be easily deleted. A SQL front-end can handle the amount of data that many of us want to keep on line more efficiently and with much less headaches no double and triple Institutions. Just my 2 cents.

Final Question: Why don't we have v8.0h yet? Is it so hard to burn 1000 CDs (or less) and send them out (that should not take longer than 1 week for a company like Philips).

Still waiting for V8.0h

Best regards

Ernst

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Marc Mlyn

Sent: 2007-Sep-14 09:29

To: pinnacle-users@explode.unsw.edu.au

Subject: Re: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134

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Asunto:	RE: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134
Fecha:	lunes, 17 de septiembre de 2007 17:53:09
Archivos adjuntos:	

Agreed, I think Philips lost a lot of good people from ADAC when they took over and haven't been able to repair the small company corporate culture. As far as images go, their getting there slowly from what I hear 8.0h is supposed to have full dicom RT import/export of DRRs. So many vendors are busy adding the latest and greatest, gated IGRT etc. rather than fix fundamental problems with there system. I think the users have to take some of the blame though, especially US type medical systems. If you push for IMRT so you can increase your $$ you can't be surprised that is what the vendors push to have in their next release.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of
JGarrett@mbhs.org
Sent: September 14, 2007 11:39 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134

Unfortunately, I believe the notification for this particular bug only occurs when you are on the receiving end of the problem. Although this may
be off base, it seems that the notification of bugs and issues was far superior prior to the take over by Philips. And now the "it will be fixed
in this version" is sounding way too much like Varian. A bug that results

in the deletion of the entire database should be a top priority. Not so. It
seems biological modeling is more important - never mind many still don't
know what to do with simple DVHs. And there still isn't, as far as I know,
a real solution for importing digital images e.g. from a simulator of Vidar
into ADAC for calculating an irregular field dose/MU. You would think a
company, like Philips, rooted in imaging would make some effort into
allowing the import of digital images into the planning system.

I still wouldn't trade Pinnacle for anything else - and maybe that is the
problem - but it sure would be nice if Philips would take a lesson from
ADAC in terms of customer service.

Jeffrey A. Garrett, MS, DABR
Chief Physicist
Mississippi Baptist Medical Center
1225 North State Street
Jackson, MS 39202

Office: 601-968-1725
Cancer Center: 601-968-1416 or 1420
Fax: 601-960-3317

"Tim Paul"

<tpaul@ironwoodcr

c.com>

To

Sent by:
<pinnacle-users@explode.unsw.edu.au
owner-pinnacle-us >

ers@explode.unsw.

cc

edu.au

Subject

RE: Fwd: Version 8.0d "Bug",

09/14/2007 10:05 AM Loudoun Hospital, Philips Case #3214449, Site Code 553134

Please respond to

pinnacle-users@explode.unsw.edu.au

Jeffery,

You are not alone. This happened to us a few months ago. Like you, we had a solid backup, but we lost a few plans, and our server was down for a day while we figured out what had happened and what to do.

It was a huge embarrassment to me. It irritated our Rad Oncs to no end, particularly when they found out it was a well-known bug to Phillips/Pinnacle.

Unfortunately, it is not so well known to the users, particularly the newer users.

From my conversations with their people... this has happened to a number of customers. Apparently, they have kicked around the idea of notifying their customers, but I don't think they have yet. Maybe, the acknowledgement below is considered a notification.

Did everyone else get the notification? Maybe, it's just me.

Tim Paul

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Marc Mlyn
Sent: Friday, September 14, 2007 6:29 AM

To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134

Jeffrey,

We agree that it is serious and version 8.0h will address it.

InCenter will be the primary method for our communication on issues like

this, so I urge people to contact pros.support@philips.com if you need information for signing up.

Patient backup is a critical component of treatment planning or any other
treatment related software / modality. I recommend that NFS mounting from
an IT enterprise system that can do a nightly backup of the
/PrimaryPatientData directory be employed. This way, there is little lost
if the unforeseen occurs.

As an aside, this database issue is not really new - we put database check
and repair tools into the system years ago because of this. However, we did
see the frequency of duplicate institutions increase in v8.0d.
Additionally, when you go into the patient backup tools, a check is performed automatically.

Regards,
Marc Mlyn

----- Original Message -----
From: <JGarrett@mbhs.org>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Friday, September 14, 2007 8:54 AM
Subject: Re: Fwd: Version 8.0d "Bug", Loudoun Hospital, Philips Case #3214449, Site Code 553134

> Unfortunately this is not a new issue. The same event happened to us
> several months ago. Lost everything in Pinnacle. I had just backed up the
> Completed Patients folder when I noticed duplicate institutions. Before I
> deleted an institution I tested it by deleting just one patient from a

> duplicate institute. I looked fine so I deleted the duplicates.
However,
> as
> you saw this deletes all copies. Never heard about this prior.
>
>
> Mark,
> While I understand this is not an FDA reportable event it is serious.
Very
> serious. And I am shocked this hasn't been corrected. Patient data has

> been
> lost that cannot be recovered - try explaining that to a lawyer. Not
to
> mention the explanations to the Rad Oncs that all treatment planning
data
> was lost.
>
> Jeffrey A. Garrett, MS, DABR
> Chief Physicist
> Mississippi Baptist Medical Center
> 1225 North State Street
> Jackson, MS 39202
>
> Office: 601-968-1725
> Cancer Center: 601-968-1416 or 1420
> Fax: 601-960-3317
>

list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

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account will not be distributed unless that account is also subscribed.
##

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Electron Model Question
Fecha:	martes, 18 de septiembre de 2007 1:02:01
Archivos adjuntos:	

I am getting many private requests for this (to many to answer privately). I will be testing my solution across a few Pinnacle versions 8.0h, 7.6, 7.4, and 6.2b tomorrow and once I have a process that is working I will post it. I will also try and put together a quick tutorial and put a quick (and I mean quick) GUI on the program I have written to parse the electron model files in order to generate the scripts required to import the model parameters back into another machine.

I still have not found a way to export the actual measured profiles and pdds from the MachineDB files (if someone knows how let me know and I can try to incorporate that knowledge into a cleaner solution) but if you have your measured profiles this will recreate the exact same model parameters on all of the ADACs you use it on.

-Mike

I'm still interested in hearing from those of you in the community that would be willing to start a scripting forum dedicated to documentation, open source script sharing, and reverse engineering the object model so things like this are readily available to the community at large. I know idea kind of died out after the last go around but my interest hasn't. I'm currently working on an MLC importing script (or I should say mlc importing script generator) and would be interested in hearing what others are trying out there.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tianxiao Liu
Sent: Sunday, September 16, 2007 1:16 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Electron Model Question

Hello, Mike,

I am doing electron modeling too. May I ask how you do that? Another question I have is, do you have a way to write a script to input OAR numbers to Pinnacle?

Thanks a lot!

Regards,

Tianxiao

On 9/15/07, **Tallhamer, Mike** <Mike.Tallhamer@usoncology.com> wrote:

Does anyone have a good suggestion on how to export an electron model out of Pinnacle or possibly even a script that would at least export all of the modeling points/values you enter to fit the model to you profiles? I don't see why this feature isn't included in the physics section since there is an export option for the photon model.

Thanks

Mike

The contents of this electronic mail message and any attachments are confidential, possibly privileged and intended for the addressee(s) only. Only the addressee(s) may read, disseminate, retain or otherwise use this message. If received in error, please immediately

inform the sender and then delete this message without disclosing its contents to anyone.

De:	Sun, Mei
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Electron Model Question
Fecha:	martes, 18 de septiembre de 2007 2:15:10
Archivos adjuntos:	

Thanks, Mike. It will be a great help when the Pinnacle version is upgraded.
-Mei, Medical Physicist

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Tallhamer, Mike
Sent: Mon 9/17/2007 3:43 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Electron Model Question

I am getting many private requests for this (to many to answer privately). I will be testing my solution across a few Pinnacle versions 8.0h, 7.6, 7.4, and 6.2b tomorrow and once I have a process that is working I will post it. I will also try and put together a quick tutorial and put a quick (and I mean quick) GUI on the program I have written to parse the electron model files in order to generate the scripts required to import the model parameters back into another machine.

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Mike

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De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	plan opened multiple times
Fecha:	miércoles, 19 de septiembre de 2007 16:07:34
Archivos adjuntos:	

Hi we are suffering from what is apparently a known bug with 7.4f. Occasionally the same plan will be able to be opened in two locations at the same time. It seems to only go one way for us, a particular doctor opens the plan, and then anyone else can open the plan. The plan lock file shows up for the second individual but not the first. Philips support recommended running remove stale locks, with everyone out of the system. We did and the lock for the patient was still there for the dosimetrist. The problem is reoccurring and seems to have caused a couple plans to roll back to an earlier version causing annoyance as work has to be repeated. Philips didn't have any further suggestions on a fix, just said run that script when it happens. This is a big pain to do, because by definition it is detected in the middle of clinical hours, and the script should be run with everyone logged out. I've checked user rights and groups they are the same for the doctor in question as for everyone else on the system.

Has anyone else on the list run into this problem? Does anyone have suggestions to fix this whether official or unofficial? Thanks.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Trouble with importing MRI
Fecha:	miércoles, 19 de septiembre de 2007 18:46:25
Archivos adjuntos:	

Hello,

I am trying to import an MRI off of a CD but get the message “The dimensions of the input image set (0,0,0) are invalid.” The header information is there in the image list when I go to import. I know from the past that this will come up if the images are not axial. That is not the case in this situation. The images are in a folder on the cd-rom labeled DICOM so I believe that they are DICOM format. I downloaded Image J from the web to see if I could view them that way. I was able to view them on my PC with this software but I got an error message that the images are not 256X256, but 270X260 or some such. The only other information I have is that the study was done on an open MRI scanner. I have had problems importing an MRI from another open MRI facility before. Is there a problem importing open MRI images or is there something else I am doing wrong?

Thank you in advance,

Bryan Murray, CMD
Northpoint Cancer Center
12606 Greenville Avenue #160
Dallas, TX 75243
ph: 469-364-7880

De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Trouble with importing MRI
Fecha:	miércoles, 19 de septiembre de 2007 19:25:11
Archivos adjuntos:	

Bryan,
Every time we have seen this error it has been a licensing issue. Call Philips as they will have to license this new scanner.

Regards,
Vicki

Victoria LaCerba, MS, CMD, RT(T)

Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-Free: 866-312-3499 x 713
Cell: 971-235-9266
vlacerba@roresources.com

www.roresources.com

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bryan Murray
Sent: Wednesday, September 19, 2007 11:22 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Trouble with importing MRI

Hello,

I am trying to import an MRI off of a CD but get the message “The dimensions of the input image set (0,0,0) are invalid.” The header information is there in the image list when I go to import. I know from the past that this will come up if the images are not axial. That is not the case in this situation. The images are in a folder on the cd-rom labeled DICOM so I believe that they are DICOM format. I downloaded Image J from the web to see if I could view them that way. I was able to view them on my PC with this software but I got an error message that the images are not 256X256, but 270X260 or some such. The only other

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Bryan Murray, CMD
Northpoint Cancer Center
12606 Greenville Avenue #160
Dallas, TX 75243
ph: 469-364-7880

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Trouble with importing MRI
Fecha:	miércoles, 19 de septiembre de 2007 22:01:09
Archivos adjuntos:	

Well, duh. Thank you Vicki. For some reason I had got it in my head that you didn't need to get licenses anymore. It's that you don't have to PAY for the licenses anymore. Argh.

Bryan Murray, CMD
Northpoint Cancer Center
12606 Greenville Avenue #160
Dallas, TX 75243
ph: 469-364-7880

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Victoria LaCerba
Sent: Wednesday, September 19, 2007 12:10 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Trouble with importing MRI

Bryan,
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Vicki

Victoria LaCerba, MS, CMD, RT(T)

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12606 Greenville Avenue #160
Dallas, TX 75243
ph: 469-364-7880

De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Trouble with importing MRI
Fecha:	miércoles, 19 de septiembre de 2007 22:28:11
Archivos adjuntos:	

Glad to be of help!

vicki

Victoria LaCerba, MS, CMD, RT(T)

Clinical Services Manager

Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-Free: 866-312-3499 x 713
Cell: 971-235-9266
vlacerba@roresources.com

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bryan Murray
Sent: Wednesday, September 19, 2007 2:40 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Trouble with importing MRI

Well, duh. Thank you Vicki. For some reason I had got it in my head that you didn't need to get licenses anymore. It's that you don't have to PAY for the licenses anymore. Argh.

Bryan Murray, CMD
Northpoint Cancer Center
12606 Greenville Avenue #160
Dallas, TX 75243
ph: 469-364-7880

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Victoria LaCerba
Sent: Wednesday, September 19, 2007 12:10 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Trouble with importing MRI

Bryan,
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problem importing open MRI images or is there something else I am doing wrong?

Thank you in advance,

Bryan Murray, CMD
Northpoint Cancer Center
12606 Greenville Avenue #160
Dallas, TX 75243
ph: 469-364-7880

De:	Deurloo, K.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Elekta Beam Modulator 4MV model
Fecha:	viernes, 21 de septiembre de 2007 11:28:49
Archivos adjuntos:	

Hi,

Does anybody have a (Pinnacle version 8) model of the Elekta Beam Modulator at 4MV that they would be prepared to share?

Many thanks,

Kirsten Deurloo, Ph.D., M.Sc.
Medical Physicist
Radiotherapy Department
Alkmaar, The Netherlands

De:	Cynthia Seier
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Wax Sheets for Bolus
Fecha:	viernes, 21 de septiembre de 2007 21:13:31
Archivos adjuntos:	

Scott,
Would you please give us more specific details on which one of the Specialty Waxes you use for electrons? You stated that you get the 12" X 24" X0.25 in. sheets. We checked out the website but don't know which one this is.
Thank you very much!
Cindy Seier, CMD

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Scott Dube
Sent: Monday, July 23, 2007 12:05 PM
To: pinnacle-users@explode.unsw.edu.au; meddos@yahoogroups.com
Subject: Wax Sheets for Bolus

We have been using 0.5 and 1.0 cm Superflab for bolus as needed on most photon and electron fields.
There are two exceptions.
One is the Brass Mesh Bolus we use on tangents for post-mastectomy chestwalls.
The other is Dental Wax we use for electron masks.

As you know, Superflab does not hold its shape when applied
to contoured surfaces like the scalp or neck.
It must be taped in place and does not maintain skin contact in many cases

And Dental Wax comes in thin and/or small pieces which often must be laminated.
Sometimes it needs to be heated to be formed.
And sometimes it breaks after a few fractions.

I recently found a new form of wax (at least for me) which you may

want to try.

It is sold by http://www.kindt-collins.com/waxes/index.html

It comes off the shelf in 12" x 24" x 0.25" sheets.
But you can order it in any thickness up to 0.5".
The cost is less than $20 per sheet.

I measured a sample recently and found that the 0.25" thickness
is approximately equal to 6 mm of solid water.
In other words, it is tissue equivalent.

It offers the advantage of being very pliable at room temperature yet holds its shape.
It is uniform in thickness and its large size can cover very large fields.
Plus it is red in color which is very sexy.

If you would like to try this material, you can contact the company through the website above.
Ask for "Master Red Utility Wax" with the "JUSTI fomula". And have fun!

Scott Dube, MS
Queen of the Valley Medical Center
Napa, CA

De:	Scott Dube
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Wax Sheets for Bolus
Fecha:	viernes, 21 de septiembre de 2007 23:53:50
Archivos adjuntos:	

HI Cindy,

Look at the "Utility Wax Sheets, Rods, and Strips".
Then scroll down to the "Master Standard Red Utility Wax"
Be sure to specify the "JUSTI formula" when ordering.

TGIF, Scott

On 9/21/07, **Cynthia Seier** <CSeier@shhservices.com> wrote:

> Scott,
> Would you please give us more specific details on which one of the Specialty Waxes you use for electrons? You stated that you get the 12" X 24" X0.25 in. sheets. We checked out the website but don't know which one this is.
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In other words, it is tissue equivalent.

It offers the advantage of being very pliable at room temperature yet holds its shape.
It is uniform in thickness and its large size can cover very large fields.
Plus it is red in color which is very sexy.

If you would like to try this material, you can contact the company through the website above.
Ask for "Master Red Utility Wax" with the "JUSTI fomula". And have fun!

Scott Dube, MS
Queen of the Valley Medical Center
Napa, CA

De:	Ray Van Ausdal
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Wax Sheets for Bolus
Fecha:	sábado, 22 de septiembre de 2007 1:57:32
Archivos adjuntos:	

I took Scott's suggestion a few weeks ago, and found that the company was very cooperative and sent me a free sample.

I suggest that wrapping the wax in plastic wrap, since its composition and cleanliness are not known.

Ray Van Ausdal
Univ of Virginia

De:	Provost, Dr. Daniel
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: plan opened multiple times
Fecha:	lunes, 24 de septiembre de 2007 4:06:56
Archivos adjuntos:	

Just a suggestion: delete that user which seems to cause problems and recreate it. It does not explain why, but such simple approaches usually work.

Daniel

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Mike Gallamore
Sent: Wednesday, September 19, 2007 9:52 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: plan opened multiple times

Hi we are suffering from what is apparently a known bug with 7.4f. Occasionally the same plan will be able to be opened in two locations at the same time. It seems to only go one way for us, a particular doctor opens the plan, and then anyone else can open the plan. The plan lock file shows up for the second individual but not the first. Philips support recommended running remove stale locks, with everyone out of the system. We did and the lock for the patient was still there for the dosimetrist. The problem is reoccurring and seems to have caused a couple plans to roll back to an earlier version causing annoyance as work has to be repeated. Philips didn't have any further suggestions on a fix, just said run that script when it happens. This is a big pain to do, because by definition it is detected in the middle of clinical hours, and the script should be run with everyone logged out. I've checked user rights and groups they are the same for the doctor in question as for everyone else on the system.

Has anyone else on the list run into this problem? Does anyone have suggestions to fix this whether official or unofficial? Thanks.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

****

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: plan opened multiple times
Fecha:	lunes, 24 de septiembre de 2007 13:58:30
Archivos adjuntos:	

Yeah, probably a good idea. Perhaps somehow their user rights get corrupted.

This is a really big beef I have with Pinnacle, everyone has the ability to add or remove patients or whole institutions. As well, there is a number of scripts and such that anyone can run, which will freeze the system for everyone (restores, backups, etc). A database would help tighten user rights immensely.

----- Original Message -----
From: owner-pinnacle-users@explode.unsw.edu.au <owner-pinnacle-users@explode.unsw.edu.au>
To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
Sent: Sun Sep 23 21:45:42 2007
Subject: RE: plan opened multiple times

Just a suggestion: delete that user which seems to cause problems and recreate it. It does not explain why, but such simple approaches usually work.

Daniel

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mike Gallamore
Sent: Wednesday, September 19, 2007 9:52 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: plan opened multiple times

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Has anyone else on the list run into this problem? Does anyone have suggestions to fix this whether official or unofficial? Thanks.

Mike Gallamore, Bsc (physics)

Programmer Analyst

Grand River Regional Cancer Center

phn: 519-749-4300 X5792

mobile: 519-503-5044

****

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle Electron Model Processor
Fecha:	lunes, 24 de septiembre de 2007 21:27:06
Archivos adjuntos:	

I have written a program that I hope to incorporate into a suite of tools for writing and generating ADAC scripts. I posted a question about a week ago about exporting electron models from ADAC. I found there was no answer but a lot of interest in doing so. I have not found a completely script based method for doing this but I have written a program that can generate a script that will exactly duplicate your electron model and import it into any machine (without the measured data –profiles and pdds - which will need to be imported into the new machine using the ADAC tools provided). I have done some testing and time studies and found this reduced the moving of modeled electrons from one machine to another down to approx. 10 -15 min (about 15-20 sec for the script to recreate the model parameters in ADAC and the rest to import the profiles and pdds) and reproduced the exact same calculated model on ADAC versions 6.2, 7.4, 7.6, and 8.0.

I am interested in doing more testing on this solution to the electron model problem. We are currently an all Varian shop so this program generated script has only been tested using our model data and the versions of ADAC we have available to us. I am currently interested in seeing if there are limits to this program based approach that I have not detected in my testing.

What I need…If you are interested in getting a script created for your model, please do the following:

1. Create a script file with the following line:
    a. MachineList.Current.Save = "*SomePath/machine.txt*";
2. Go into the physics tools on your ADAC and select the machine you wish to retrieve the model information from and run the script above from the script utility.
3. Email me (mike.tallhamer@usoncology.com) the resulting file with the type of machine and the version of ADAC the file was created on indicated in the email (easier for me…it is in the file that is generated).
4. I will run some testing here on our machines using your file information and email you back the final tested script that is generated as yours to use as you see fit with the understanding that the script comes as is and is to be used at your own risk - there is no warranty.

Once the testing is complete and I have worked out as many bugs as I can I will be looking at packaging this and other tools to release to the community.

Regards,
-Mike

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle Electron Model Processor
Fecha:	martes, 25 de septiembre de 2007 1:13:50
Archivos adjuntos:	

Thank you to those who responded…I don't need any more files J

I ran a bunch of the files and it appears that everything is working well from what I can tell. I have posted the application on MedPhys File (www.medphysfiles.com) for those of you who are interested. The download also includes an electron model for a Varian IX accelerator with all the script files the application can generate as an example. Please read the instruction text included and let me know if there are any problems with the app or the model provided. Any other comments are welcome as well.

-Mike

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
Sent: Monday, September 24, 2007 1:19 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle Electron Model Processor

I have written a program that I hope to incorporate into a suite of tools for writing and generating ADAC scripts. I posted a question about a week ago about exporting electron models from ADAC. I found there was no answer but a lot of interest in doing so. I have not found a completely script based method for doing this but I have written a program that can generate a script that will exactly duplicate your electron model and import it into any machine (without the measured data –profiles and pdds - which will need to be imported into the new machine using the ADAC tools provided). I have done some testing and time studies and found this reduced the moving of modeled electrons from one machine to another down to approx. 10 -15 min (about 15-20 sec for the script to recreate the model parameters in ADAC and the rest to import the profiles and pdds) and reproduced the exact same calculated model on ADAC versions 6.2, 7.4, 7.6, and 8.0.

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4. I will run some testing here on our machines using your file information and email you back the final tested script that is generated as yours to use as you see fit with the understanding that the script comes as is and is to be used at your own risk - there is no warranty.

Once the testing is complete and I have worked out as many bugs as I can I will be looking at packaging this and other tools to release to the community.

Regards,
-Mike

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De:	Maria Trinitat García Hernández
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	update from version 7.4 to 8.0h
Fecha:	martes, 25 de septiembre de 2007 8:21:23
Archivos adjuntos:	

We are now going to update software from version 7.4 to 8.0h. Do you have information about bugs, new features, things that work differently from before, etc.

Thank you.

Mensaje enviado desde IMP. Sistema interno de correo de Eresa.

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	inCenter help
Fecha:	miércoles, 26 de septiembre de 2007 0:47:51
Archivos adjuntos:	

Can anyone from philips help me get access (AGAIN!) to the InCenter website?

I am getting increasingly frustrated with this system.

I have had many problems getting in, the current problem is that although it recognizes my username and password, the message "no roles in portal" comes back and I cannot login.

Regards,

Steve T

Steve Thompson, M.S., DABR
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
ph 209-572-7237
fax 209-526-5280
thompssk@sutterhealth.org

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: inCenter help
Fecha:	miércoles, 26 de septiembre de 2007 15:59:32
Archivos adjuntos:	

Steve,
Give a call to Philips and they will more than happy to help you. I have had some issues in the past, and Philips helped me resolve them quickly.

Regards,
Kim

Kim P. Knight, R.T.,(R)(T), CMD
Certified Medical Dosimetrist
Christus St. Frances Cabrini Cancer Center
3330 Masonic Dr.
Alexandria, LA 71301
Tel 318.448.6937 Fax 318.483.4097
email: kim.knight@christushealth.org

De:	Geoghegan, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: V8.0 and Siemens Primeview Field Sequencing
Fecha:	miércoles, 26 de septiembre de 2007 19:48:08
Archivos adjuntos:	

We run the same configuration as you do and have no problems since our upgrade to 8.0d, 10 months ago.

James K. Geoghegan
Medical Physicist
St. Vincent's East
44 Medical Park East Drive
Birmingham, AL 35235
james.geoghegan@stvhs.com
Pone: (205) 838 3663
Fax: (205) 838 3715

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Joe Herrick
Sent: Wed 9/26/2007 12:24 PM
To: pinnacle-users@explode.unsw.edu.au; herrick_js@hotmail.com
Subject: V8.0 and Siemens Primeview Field Sequencing

We recently upgraded to Pinnacle 8.0 at one of our centers and have run into problems with Fields being "kicked out" of our treatment sequencing group. Our field transfer path is Pinnacle-Lantis-Siemens Primeview. Typically, the therapists will create an auto sequence group in Primeview with standard conformal fields (non-imrt like a 4 field pelvis) and once they try to treat this group, the auto sequence will terminate after the first field with an "81-sequencing error" on the Primus linac control console. If the sequence is loaded again, this first field is removed by the Primeview software from the auto sequence group. Lantis technical support has suggested that the issue may be due to a different course assigned to the kicked out field vs the other fields. Although in Lantis, all fields show up under the same course number.

If anyone else has experienced this problem and has a solution, please comment.

Thanks,

Joe Herrick

Reno, NV

De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au; herrick_js@hotmail.com;
Cc:	
Asunto:	V8.0 and Siemens Primeview Field Sequencing
Fecha:	miércoles, 26 de septiembre de 2007 20:01:00
Archivos adjuntos:	

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Thanks,

Joe Herrick
Reno, NV

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle Electron Model Processor
Fecha:	miércoles, 26 de septiembre de 2007 20:24:19
Archivos adjuntos:	

For those of you who keep sending me emails privately asking where this is posted. It is posted on the MedPhys Files page (see below) under the linear accelerator category. I don't know why it is still pending but if it continues I will start sending out the .zip file to those who are interested. I am looking into what is needed to start a separate open forum dedicated to the topic of ADAC scripting and scripting type solutions in general as I have the time so we can avoid this type of thing.

My apologies
Mike

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
Sent: Monday, September 24, 2007 4:59 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle Electron Model Processor

Thank you to those who responded…I don't need any more files J

I ran a bunch of the files and it appears that everything is working well from what I can tell. I have posted the application on MedPhys File (www.medphysfiles.com) for those of you who are interested. The download also includes an electron model for a Varian IX accelerator with all the script files the application can generate as an example. Please read the instruction text included and let me know if there are any problems with the app or the model provided. Any other comments are welcome as well.

-Mike

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
Sent: Monday, September 24, 2007 1:19 PM
To: pinnacle-users@explode.unsw.edu.au

Subject: Pinnacle Electron Model Processor

I have written a program that I hope to incorporate into a suite of tools for writing and generating ADAC scripts. I posted a question about a week ago about exporting electron models from ADAC. I found there was no answer but a lot of interest in doing so. I have not found a completely script based method for doing this but I have written a program that can generate a script that will exactly duplicate your electron model and import it into any machine (without the measured data –profiles and pdds - which will need to be imported into the new machine using the ADAC tools provided). I have done some testing and time studies and found this reduced the moving of modeled electrons from one machine to another down to approx. 10 -15 min (about 15-20 sec for the script to recreate the model parameters in ADAC and the rest to import the profiles and pdds) and reproduced the exact same calculated model on ADAC versions 6.2, 7.4, 7.6, and 8.0.

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Once the testing is complete and I have worked out as many bugs as I can I will be looking at packaging this and other tools to release to the community.

Regards,
-Mike

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De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: V8.0 and Siemens Primeview Field Sequencing
Fecha:	miércoles, 26 de septiembre de 2007 21:42:39
Archivos adjuntos:	

Thanks James

Subject: RE: V8.0 and Siemens Primeview Field Sequencing
Date: Wed, 26 Sep 2007 12:39:42 -0500
From: James.Geoghegan@stvhs.com
To: pinnacle-users@explode.unsw.edu.au

We run the same configuration as you do and have no problems since our upgrade to 8.0d, 10 months ago.

James K. Geoghegan
Medical Physicist
St. Vincent's East
44 Medical Park East Drive
Birmingham, AL 35235
james.geoghegan@stvhs.com
Pone: (205) 838 3663
Fax: (205) 838 3715

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Joe Herrick
Sent: Wed 9/26/2007 12:24 PM
To: pinnacle-users@explode.unsw.edu.au; herrick_js@hotmail.com
Subject: V8.0 and Siemens Primeview Field Sequencing

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If anyone else has experienced this problem and has a solution, please comment.

Thanks,

Joe Herrick
Reno, NV

De:	Geoghegan, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: V8.0 and Siemens Primeview Field Sequencing
Fecha:	miércoles, 26 de septiembre de 2007 22:14:20
Archivos adjuntos:	

It looks to me like the problem is on the Siemens LANTIS side of life. Correct me if I am wrong, but it appears this problem only occurs after you have down loaded the Tx fields to the LINAC? I would keep bugging the tech support folks at Siemens. I have learned the hard way that you have to dig deep to find the people at Siemens who really know how to trouble shoot their software. You have to find a guru!

James K. Geoghegan
Medical Physicist
St. Vincent's East
44 Medical Park East Drive
Birmingham, AL 35235
james.geoghegan@stvhs.com
Pone: (205) 838 3663
Fax: (205) 838 3715

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Joe Herrick
Sent: Wed 9/26/2007 2:22 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: V8.0 and Siemens Primeview Field Sequencing

Thanks James

Subject: RE: V8.0 and Siemens Primeview Field Sequencing
Date: Wed, 26 Sep 2007 12:39:42 -0500
From: James.Geoghegan@stvhs.com
To: pinnacle-users@explode.unsw.edu.au

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Joe Herrick
Reno, NV

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	p3md problems
Fecha:	jueves, 27 de septiembre de 2007 19:49:34
Archivos adjuntos:	

Hi we are running P3MD connecting to a 7.4f system. Sometimes the users don't get all of the view options in the application, eg. no image in DRR view, 5 window option only has stuff in 3 of the windows. Has anyone run into this before?

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

De:	Kao, Mark
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Breast Tx with Bolus
Fecha:	jueves, 27 de septiembre de 2007 20:10:57
Archivos adjuntos:	

We like to ask Pinnacle users regarding your experience with bolused breast tx.

1. In our clinic brst tangential tx with bolus, most time every other day, we planed two cases, one w/o and one w/ bolus, (0.5 CM), then we use the averaged mu for everyday tx to avoid the problems of creating two tx files in Impact.

2. since our experience was from other treatment planning system, and it did not calculate the real tx depth changes with the bolus set up precisely. Then this average method will not give too much problems.

3. But now, we do find the Pinnacle give more mu in general than the other planning system, +1 to 3% . and the bolus give even more mu deference. What is your experience? Will you use average mu to treat or any convenient way to execute this kind plan with minimized human errors? Would like to know how will you do this kind of case.

Your answer will be great help. Or you can call me.

Mark Kao, Ph.D., DABR
Chief Medical Physicist
St. Barnabas Medical Center
Livingston, NJ 07039
Tel: 973-322-5698
Fax: 973-322-5648

Ranked Top 5% in Nation

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Mike Gallamore
Sent: Thursday, September 27, 2007 1:31 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: p3md problems

Hi we are running P3MD connecting to a 7.4f system. Sometimes the users don't get all of the view options in the application, eg. no image in DRR view, 5 window option only has stuff in 3 of the windows. Has anyone run into this before?

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: inCenter help
Fecha:	jueves, 27 de septiembre de 2007 20:54:38
Archivos adjuntos:	

Yes - pros.support@philps.com is a good email address to start with.

Steve Thompson, M.S., DABR
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
ph 209-572-7237
fax 209-526-5280
thompssk@sutterhealth.org

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Abe K. Kuruvilla
> **Sent:** Thursday, September 27, 2007 4:58 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: inCenter help
>
> I am having the same problem w/ the InCenter....did anyone respond and if so, can you tell me how to get in to their chat room as well.. thanks.
>
> ABE KURUVILLA, Bsc,RT(R)(T)(CMD)
> Charlotte Hungerford Hospital
> Torrington, CT
>
> > -----Original Message-----
> > **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Thompson, Stephen K

Sent: Tuesday, September 25, 2007 6:32 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: inCenter help

Can anyone from philips help me get access (AGAIN!) to the InCenter website?

I am getting increasingly frustrated with this system.

I have had many problems getting in, the current problem is that although it recognizes my username and password, the message "no roles in portal" comes back and I cannot login.

Regards,

Steve T

Steve Thompson, M.S., DABR
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
ph 209-572-7237
fax 209-526-5280
thompssk@sutterhealth.org

De:	Poteet, Leslie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Breast Tx with Bolus
Fecha:	jueves, 27 de septiembre de 2007 21:18:51
Archivos adjuntos:	

When using bolus qod, we tend to do three trials, one with bolus, one without bolus and then a composite of the two and export the composite plan to Impac. In Impac, to reduce the possibility of error with respect to the days to use bolus or not, we utilize the Treatment Calendar feature in Impac. This ensures that the correct field is accessed for treatment each day.

Leslie K Poteet, CMD
303-518-7205

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Kao, Mark
Sent: Thursday, September 27, 2007 12:02 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Breast Tx with Bolus

We like to ask Pinnacle users regarding your experience with bolused breast tx.

1. In our clinic brst tangential tx with bolus, most time every other day, we planed two cases, one w/o and one w/ bolus, (0.5 CM), then we use the averaged mu for everyday tx to avoid the problems of creating two tx files in Impact.

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than the other planning system, +1 to 3% . and the bolus give even more mu deference. What is your experience? Will you use average mu to treat or any convenient way to execute this kind plan with minimized human errors? Would like to know how will you do this kind of case.

Your answer will be great help. Or you can call me.

Mark Kao, Ph.D., DABR
Chief Medical Physicist
St. Barnabas Medical Center
Livingston, NJ 07039
Tel: 973-322-5698
Fax: 973-322-5648

Saint Barnabas Medical Center 2007 Distinguished Hospital Award for Clinical Excellence

Ranked Top 5% in Nation

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Mike Gallamore
Sent: Thursday, September 27, 2007 1:31 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: p3md problems

> Hi we are running P3MD connecting to a 7.4f system. Sometimes the users don't get all of the view options in the application, eg. no image in DRR view, 5 window option only has stuff in 3 of the windows. Has anyone run into this before?
>
> Mike Gallamore, Bsc (physics)
> Programmer Analyst
> Grand River Regional Cancer Center
> phn: 519-749-4300 X5792
> mobile: 519-503-5044

Saint Barnabas Health Care System has implemented secure messaging services.

To learn more about SBHCS Secure Messaging, go to: http://www.zixcorp.com/evangelism/sbhcs/

If you need assistance with retrieving a secure email, please email sbhcsaccounts@sbhcs.com or visit http://www.zixcorp.com/evangelism/sbhcs/partners/receiving.php

---

De:	drttp24@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Incenter
Fecha:	jueves, 27 de septiembre de 2007 21:36:05
Archivos adjuntos:	

Can also try this:

To reapply for InCenter, send an email to coop.helpdesk@Philips.com

Be sure to include a site name, site ID (5xxxxx), names and email addresses of all users wishing to register.

Anne Patterson

De:	Scott Dube
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Breast Tx with Bolus
Fecha:	viernes, 28 de septiembre de 2007 0:28:17
Archivos adjuntos:	

Many years ago at a previous center, we found that the skin gets the same net dose by using a single layer of brass mesh bolus every day as using a full bolus every day. The therapists really appreciated the simplicity of using the same bolus every day with the same MU. And the dosimetrists appreciated only running one isodose plan.

I've posted before about our brass bolus experience so I will spare the list. But let me know if you need more info.

Scott Dube, MS
Queen of the Valley Medical Center
Napa, CA

On 9/27/07, **Poteet, Leslie** <Leslie.Poteet@usoncology.com> wrote:

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> *303-518-7205*
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Tel: 973-322-5698
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De:	Scott Dube
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Oops: Breast Tx with Bolus
Fecha:	viernes, 28 de septiembre de 2007 0:28:32
Archivos adjuntos:	

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> Queen of the Valley Medical Center
> Napa, CA
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Leslie K Poteet, CMD

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Sent: Thursday, September 27, 2007 12:02 PM
To: pinnacle-users@explode.unsw.edu.au

Subject: RE: Breast Tx with Bolus

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Mark Kao, Ph.D., DABR
Chief Medical Physicist
St. Barnabas Medical Center
Livingston, NJ 07039
Tel: 973-322-5698
Fax: 973-322-5648

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Breast Tx with Bolus
Fecha:	viernes, 28 de septiembre de 2007 5:01:05
Archivos adjuntos:	

> to the days to use bolus or not, we utilize the
> Treatment Calendar
> feature in Impac. This ensures that the correct
> field is accessed for
> treatment each day.
>
>
How do you do that with Impac when Impac only allows alternate "days" and not alternate "treatment"? i.e. if you start on a Monday, it is OK for the first week. However, when you get to the second week, it is back to Monday, Wednesday and Friday for all fields. At least this was the version I used to have in two of the centers I used to work at.

Joe Wong

De:	Poteet, Leslie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Breast Tx with Bolus
Fecha:	viernes, 28 de septiembre de 2007 17:40:13
Archivos adjuntos:	

Impac does actually offer "Alternate Treatment". After creating the sessions, click on the "select sessions" tab and either choose "Prescription" or "Range" ensuring all the days are highlighted that you are concerned with. Next, "click on "Repeating" and select "On" 1 and "Off" 1 for the first set and schedule these fields. Then, go back to "Select Sessions" with the same parameters as above and select "Invert". This will allow you to schedule the other set of actual Treatment days not days of the week.

Leslie K Poteet, CMD
303-518-7205

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Joe Wong
Sent: Thursday, September 27, 2007 8:51 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Breast Tx with Bolus

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Joe Wong

Tonight's top picks. What will you watch tonight? Preview the hottest shows on Yahoo! TV.
http://tv.yahoo.com/

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Kao, Mark
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Oops: Breast Tx with Bolus
Fecha:	viernes, 28 de septiembre de 2007 21:04:35
Archivos adjuntos:	

Good ideal, what kind of brass mesh or you mean the thermal plastic for head mask?
Like to know.

Mark Kao, Ph.D., DABR
Chief Medical Physicist
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Ranked Top 5% in Nation

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Scott Dube
Sent: Thursday, September 27, 2007 6:16 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Oops: Breast Tx with Bolus

I meant brass bolus every day versus full bolus every OTHER day.

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> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.

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Sent: Thursday, September 27, 2007 12:02 PM
To: pinnacle-users@explode.unsw.edu.au

Subject: RE: Breast Tx with Bolus

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Chief Medical Physicist
St. Barnabas Medical Center
Livingston, NJ 07039
Tel: 973-322-5698
Fax: 973-322-5648

De:	Ozard, Siobhan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	leaf/weight checks for control points for forward planned cases
Fecha:	viernes, 28 de septiembre de 2007 22:50:44
Archivos adjuntos:	

Hi Everyone,

Does anyone have a solution to verification of weight/leaf positions for control point cases other than measurement QA? What I am referring to is comparison of the the R&V (Multi-Access) vs plan data (Pinnacle) for segment weights and leaf positions. Anyone know if it is theoretically possible to do a software comparison of the RTP data in Multi-Access and the Pinnacle RTP file? Anyone written the software/scripts for this?

Thanks,
Siobhan

Siobhan Ozard, Ph.D., MCCPM
Medical Physics
Windsor Regional Cancer Centre
Windsor, ON
N8W 2X3

Tel (519) 253-3191 x 58718
Fax (519) 255-8679
Pager (519) 251-6401

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: leaf/weight checks for control points for forward planned cases
Fecha:	viernes, 28 de septiembre de 2007 23:23:53
Archivos adjuntos:	

I wrote a small application that will compare MLC files exported from a TPS to those exported from the R&V system. It will compare MLC files in a number of different modes (Line-By-Line, Byte-By-Byte, Only MLC Header Information, Only Leaf Positions, or By CRC Value). Line-By-Line is a simple text comparison between the two files, the Byte-By-Byte converts each file into a byte ordered array and verifies one against the other using a sliding array comparison, Only MLC Headers verifies the header information from each file and the CRC check looks at the CRC values for each file to see if they are the same. The weight should be indicated by the index field value in the MLC file. It isn't fancy but it has always done the job for me. It does some preprocessing of the files and it will give you a log file of all detected differences to look over for their impact on the field (sometimes the name fields for the MLC files are different because the R&V system appends characters to the name which doesn't effect the field geometry or weighting). It also has a default behavior of stopping at the first detected difference between the two files but this can be turned off in the tools menu.

The line by line function and the byte by byte functions also work nicely for comparing config files for the R&V systems before and after upgrades and config changes before releasing it for treatment.

-Mike

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Ozard, Siobhan
Sent: Friday, September 28, 2007 2:33 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: leaf/weight checks for control points for forward planned cases

Hi Everyone,

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De:	Scott Dube
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Brass Bolus info
Fecha:	sábado, 29 de septiembre de 2007 1:15:06
Archivos adjuntos:	

I've received many requests for info on "Brass Bolus" so let me offer this to the list:

"Brass Bolus" is available from Whiting and Davis Company:

http://www.whitinganddavis.com/Products_brass.htm

We now use a single mesh sheet measuring 18"x18" of the SM70BR-Gold fabric. It's approximately $80 per sheet.

I first learned of brass bolus back in 1980 by reading "Dosimetry for Tangential Chest Wall Irradiation" by Fessenden, Palos, and Karzmark in Radiology, Vol 128, No 2, pgs 485-489, August 1978.

At that time, many centers made a 2 cm bolus using a pink powder mixed with water that made a goopy gel. The gel was wrapped in plastic to keep its shape. This bolus would be used every other day to increase the dose to the chestwall.

For those of you old enough to remember, the gel bolus had its problems. Worst of all, it would lose its consistency with time. So you had to make a new one on a regular basis.

Then the physicists at Stanford reported that four sheets of brass mesh would be a good alternative for chestwall bolus. That was true because it would not degrade with repeated use. It would also conform better to the contour of the chestwall.

So back in 1980, we followed their lead and used four layers of brass mesh every other day. It was better than gel bolus but there were other issues. The therapists had to remember each day whether or not to use

the bolus.

And we struggled with the idea of running a bolus plan and open plan with different MU on alternate days. We decided not to do that because the net effect on total dose to the deep tissue was only 2-3% which was not deemed worth the effort.

Then in 1991, I wondered if there was a magic number of brass mesh sheets which would give the same net dose in the build-up region as four sheets every other day. Much to my surprise, it only takes one sheet to do it.

I estimated that 1 sheet of brass mesh is equivalent to 2 mm of tissue. This was based on the shift of the buildup curve as well as the attenuation measured at 5 cm depth. (Other physicists have since told me they concur.)

For the first several months, we did TLD on patients and confirmed the net skin dose using 4 sheets QOD was the same as 1 sheet QD. Plus the the clinical skin reactions looked the same as in the past so that was convincing as well.

Regarding beam energy, the majority of cases were 6X, while some were a mix of 6X and 16X. We used the same 1 sheet of brass bolus in each case. Even though 16X has a lower entrance dose on a flat surface, I find the skin dose on a chestwall is not much different that 6X. Perhaps that is because of the increased exit dose with 16X as well as extended range of the Compton electrons generated at depth by 16X.

Regarding treatment plans, our Pinnacle does not let us apply a 2 mm bolus. But even if it did, the change in MU would be insignificant. So we run the plan with no bolus and use those MU for treatments with bolus knowing the skin dose as well as dose at depth is just what the doctor ordered.

Bottom line is that we have been pleased with using one sheet of brass mesh every day as bolus for chestwalls.

Please let me know if you have any comments one way or the other. Thanks.

De:	Paule Charland
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: leaf/weight checks for control points for forward planned cases
Fecha:	lunes, 01 de octubre de 2007 15:08:22
Archivos adjuntos:	

With RT Chart/Varis, I've done this on UNIX: diff mlc1 mlc2 > output
That's if you can export MLC file in ascii out of your R&V.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Ozard, Siobhan
Sent: Friday, September 28, 2007 4:33 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: leaf/weight checks for control points for forward planned cases

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De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	MedPhys File Problem (previously leaf/weight checks...)
Fecha:	lunes, 01 de octubre de 2007 18:00:54
Archivos adjuntos:	

Ok I'm now getting lots of requests for this program as well. In addition, I appear to have an issue with www.medphysfiles.com. I have posted both this and the electron model processor programs and they are still pending. If I am ding something wrong in the posting process I can not readily identify it. I have created an account and have supplied all of the information requested for each of the downloads…however they both are still pending. Both are .zip files containing the applications and in the case of the electron model program I have also included a full Varian IX electron model. I can't seem to see the problem but am open to suggestions on how to fix this. In the mean time I have been trying to keep up with the requests via private emails but getting this fixed would be a more ideal solution.

To date I have not received any help by contacting the site admin. So if anyone knows who I could talk to I would gladly do it.

-Mike

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
Sent: Friday, September 28, 2007 3:09 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: leaf/weight checks for control points for forward planned cases

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Ozard, Siobhan
Sent: Friday, September 28, 2007 2:33 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: leaf/weight checks for control points for forward planned cases

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confidential information. If you receive this email in error please notify the writer and destroy the material.

The contents of this electronic mail message and any attachments are confidential, possibly privileged and intended for the addressee(s) only. Only the addressee(s) may read, disseminate, retain or otherwise use this message. If received in error, please immediately inform the sender and then delete this message without disclosing its contents to anyone.

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MedPhys File Problem (previously leaf/weight checks...)
Fecha:	lunes, 01 de octubre de 2007 18:37:36
Archivos adjuntos:	

Just a guess, your posts probably have to be approved by the “moderator”, which probably is the same as the site admin, hence nothing happening on both ends.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
Sent: October 1, 2007 11:54 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: MedPhys File Problem (previously leaf/weight checks…)

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
Sent: Friday, September 28, 2007 3:09 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: leaf/weight checks for control points for forward planned cases

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Ozard, Siobhan
Sent: Friday, September 28, 2007 2:33 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: leaf/weight checks for control points for forward planned cases

Hi Everyone,

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written the software/scripts for this?

Thanks,
Siobhan

Siobhan Ozard, Ph.D., MCCPM
Medical Physics
Windsor Regional Cancer Centre
Windsor, ON
N8W 2X3

Tel (519) 253-3191 x 58718
Fax (519) 255-8679
Pager (519) 251-6401

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De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: central repository
Fecha:	lunes, 01 de octubre de 2007 18:57:06
Archivos adjuntos:	

Hello,
what about the Idea of the Scripting Forum ?

I tried to Start a scripting group in Germany, but with no success :o(
I have a couple of nice scripts to share, but i only want to start the translation if it's necessity.(Maybe you notice that my English isn't so well :o))

greetings
Bjørne

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MedPhys File Problem (previously leaf/weight checks...)
Fecha:	lunes, 01 de octubre de 2007 22:02:44
Archivos adjuntos:	

I believe this is in fact the issue I am having. However multiple attempts to contact the moderator have not resulted in any action. I can't even get a reply.

-Mike

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Mike Gallamore
Sent: Monday, October 01, 2007 10:32 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: MedPhys File Problem (previously leaf/weight checks...)

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Mike Gallamore, Bsc (physics)
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phn: 519-749-4300 X5792
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Sent: October 1, 2007 11:54 AM
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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Ozard, Siobhan
Sent: Friday, September 28, 2007 2:33 PM

To: pinnacle-users@explode.unsw.edu.au
Subject: leaf/weight checks for control points for forward planned cases

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De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MedPhys File Problem (previously leaf/weight checks...)
Fecha:	martes, 02 de octubre de 2007 4:14:38
Archivos adjuntos:	

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Ozard, Siobhan
Sent: Friday, September 28, 2007 2:33 PM
To: pinnacle-users@explode.unsw.edu.au
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A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MedPhys File Problem (previously leaf/weight checks...)
Fecha:	martes, 02 de octubre de 2007 16:23:27
Archivos adjuntos:	

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To: pinnacle-users@explode.unsw.edu.au
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De:	Scott Neal
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: central repository
Fecha:	martes, 02 de octubre de 2007 16:33:38
Archivos adjuntos:	

Bjorne:

I think this is a great idea and Sean Goeghegan and I discussed this same issue and went so far as creating a forum just for this use. The site is forum.roresources.com and I am still a proponent to make this happen. We have some scripts that we are happy to share with the group as well and for our systems to host the scripts.

I will reconnect with Sean as he has several scripts he has expressed interest in sharing and maybe we can kick this off.

Scott Neal
503.883.4111
Radiation Oncology Resources
www.roresources.com

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Bjørne
Sent: Mon 10/1/2007 9:53 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: central repository

Hello,
what about the Idea of the Scripting Forum ?

I tried to Start a scripting group in Germany, but with no success :o(
I have a couple of nice scripts to share, but i only want to start the translation if it's necessity.(Maybe you notice that my English isn't so well :o))

greetings
Bjørne

unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MedPhys File Problem (previously leaf/weight checks...)
Fecha:	martes, 02 de octubre de 2007 16:53:17
Archivos adjuntos:	

Strange it seems that every time I send this an extra period gets added to the address (now there is 3 periods in the first email).

One last try…if it doesn't work I'm sure you all can figure it out. Chase the self replicating period!!

http://www.radonc..uchicago.edu/chuck/pinnacle/

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
Sent: Tuesday, October 02, 2007 8:02 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: MedPhys File Problem (previously leaf/weight checks...)

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To date I have not received any help by contacting the site admin. So if anyone knows who I could talk to I would gladly do it.

-Mike

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
Sent: Friday, September 28, 2007 3:09 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: leaf/weight checks for control points for forward planned cases

I wrote a small application that will compare MLC files exported from a TPS to those exported from the R&V system. It will compare MLC files in a number of different modes (Line-By-Line, Byte-By-Byte, Only MLC Header Information, Only Leaf Positions, or By CRC Value). Line-By-Line is a simple text comparison between the two files, the Byte-By-Byte converts each file into a byte ordered array and verifies one against the other using a sliding array comparison, Only MLC Headers verifies the header information from each file and the CRC check looks at the CRC values for each file to see if they are the same. The weight should be indicated by the index field value in the MLC file. It isn't fancy but it has always done the job for me. It does some preprocessing of the files and it will give you a log file of all detected differences to look over for their impact on the field (sometimes the name fields for the MLC files are different because the R&V system appends characters to the name which doesn't effect the field geometry or weighting). It also has a default behavior of stopping at the first detected difference between the two files but this can be turned off in the tools menu.

The line by line function and the byte by byte functions also work nicely for comparing config files for the R&V systems before and after upgrades and config changes before releasing it for treatment.

-Mike

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Ozard, Siobhan
Sent: Friday, September 28, 2007 2:33 PM

To: pinnacle-users@explode.unsw.edu.au
Subject: leaf/weight checks for control points for forward planned cases

Hi Everyone,

Does anyone have a solution to verification of weight/leaf positions for control point cases other than measurement QA? What I am referring to is comparison of the the R&V (Multi-Access) vs plan data (Pinnacle) for segment weights and leaf positions. Anyone know if it is theoretically possible to do a software comparison of the RTP data in Multi-Access and the Pinnacle RTP file? Anyone written the software/scripts for this?

Thanks,
Siobhan

Siobhan Ozard, Ph.D., MCCPM
Medical Physics
Windsor Regional Cancer Centre
Windsor, ON
N8W 2X3

Tel (519) 253-3191 x 58718
Fax (519) 255-8679
Pager (519) 251-6401

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De:	Anton Eagle
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: central repository
Fecha:	martes, 02 de octubre de 2007 18:32:36
Archivos adjuntos:	

I know this has probably been asked before, but is there some kind of documentation for all the possible scripting commands (and scripting object definitions) available in Pinnacle?

Anton Eagle, MS.
Northwest Medical Physics

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Scott Neal
Sent: Tuesday, October 02, 2007 6:54 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: central repository

Bjorne:

I think this is a great idea and Sean Goeghegan and I discussed this same issue and went so far as creating a forum just for this use. The site is forum.roresources.com and I am still a proponent to make this happen. We have some scripts that we are happy to share with the group as well and for our systems to host the scripts.

I will reconnect with Sean as he has several scripts he has expressed interest in sharing and maybe we can kick this off.

Scott Neal
503.883.4111
Radiation Oncology Resources
www.roresources.com

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Bjørne
Sent: Mon 10/1/2007 9:53 AM
To: pinnacle-users@explode.unsw.edu.au

Subject: Re: central repository

Hello,
what about the Idea of the Scripting Forum ?

I tried to Start a scripting group in Germany, but with no success :o(
I have a couple of nice scripts to share, but i only want to start the translation if it's necessity.(Maybe you notice that my English isn't so well :o))

greetings
Bjørne

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: central repository
Fecha:	martes, 02 de octubre de 2007 19:43:02
Archivos adjuntos:	

I have tried to get this information from a few folks a Pinnacle and as one could imagine they are tight lipped about the existence of any documentation of this type (though any reasonable person would have to assume it exists in some for or fashion). I'm currently working on reverse engineering the object model in my spare time. I have quite a bit of it figured out and am working on providing an object model definition as a wiki style document or html help when I have some time to work on it.

-Mike

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Anton Eagle
Sent: Tuesday, October 02, 2007 10:26 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: central repository

I know this has probably been asked before, but is there some kind of documentation for all the possible scripting commands (and scripting object definitions) available in Pinnacle?

Anton Eagle, MS.
Northwest Medical Physics

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Scott Neal
Sent: Tuesday, October 02, 2007 6:54 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: central repository

Bjorne:

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www.roresources.com

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Bjørne
Sent: Mon 10/1/2007 9:53 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: central repository

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what about the Idea of the Scripting Forum ?

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I have a couple of nice scripts to share, but i only want to start the translation if it's necessity.(Maybe you notice that my English isn't so well :o))

greetings
Bjørne

De:	Maria Trinitat García Hernández
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MedPhys File Problem (previously leaf/weight checks...)
Fecha:	martes, 02 de octubre de 2007 20:41:46
Archivos adjuntos:	

We are now updating software from version 7.4 to 8.0h. We are comparing plans calculated in both versions. As is recommended in the manual in version 8.0 we have remodeled eletron contamination. When comparing dose distribution we find differences near the surface. Did you find that?

Mensaje enviado desde IMP. Sistema interno de correo de Eresa.

De:	Nathan Childress
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: MedPhys File Problem (previously leaf/weight checks...)
Fecha:	martes, 02 de octubre de 2007 21:56:17
Archivos adjuntos:	

I am in the Dominican Republic and have not been able to approve files yet. Give me a couple more days and all will be well.

Nathan

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MedPhys File Problem (previously leaf/weight checks...)
Fecha:	martes, 02 de octubre de 2007 22:57:31
Archivos adjuntos:	

What kind of differences? Are you saying there are unexpected differences or something strange about the doses near the surface?

I assume if you remodeled the electron contamination in 8.0h you would expect to see differences from your 7.4 model in areas where electron contamination plays more of a role in the delivered dose (i.e. the buildup region) rather than at deeper depth where it dosen't play a role.

Have you tried to verify the doses you are seeing? Often times the TPS is not a reliable indicator of surface doses since the method of measurement used in modeling this region is usually a cylindrical chamber (scanning system chambers of various types) and is often not corrected using parallel plate chamber readings in the buildup region. Even with those corrections surface dose can be unreliable due to the calculation algorithm used and its method of compensating for the tangential rays of some beams.

-Mike

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Maria Trinitat García Hernández
Sent: Tuesday, October 02, 2007 12:36 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: MedPhys File Problem (previously leaf/weight checks...)

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##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Juan Diego Azcona
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Electron MU calculation with blocks
Fecha:	miércoles, 03 de octubre de 2007 18:01:57
Archivos adjuntos:	

We have a problem regarding electron monitor units calculation in blocked fields. There are a number of circumstances under which the TPS is unable to provide a calculated number of monitor units. We have the following applicators: 5x5, 10x10, 15x15, 20x20 and 25x25. Additionally, we have measured output factors (and also profiles and pdd) for a square field of 12x12, collimated with cerrobend on the 15x15 applicator, and 6x6 and 8x8 collimated on the 10x10 applicator. We were told that there was no need of collimating, i.e., a field of 15x15 on a 25x25 provided there is an applicator of such size.

What is the reason then for not calculating the MUs with some blocked fields? For the 25x25 applicator, since the previous field is the applicator of 20x20, the MUs are never calculated if a block is introduced, irrespective of the blocked area. For example, in a case with a very small corner blocked, the TPS does not provide MUs. It seems that the TPS does not know how to interpolate if there are no values measured for block collimated fields with that applicator.

I guess we do not have to measure all OF for all field sizes collimated on all applicators (i.e. we do not have to measure the OF for the 10x10 field on the corresponding applicator and also on the 15x15, 20x20 and 25x25 applicators). At least, this do not seem to be the recommendation on the manuals. Can anybody share his/her experience in circumventing this problem and calculating MUs in those cases?

Thanks in advance!

- -

Juan Diego Azcona
Radiation Physicist
Department of Oncology
Clínica Universitaria
Universidad de Navarra
Avda. Pío XII, 36
31008 Pamplona
Navarra
Spain

Tel/Phone: 34 948 25 54 00 x4913
Fax: 34 948 25 55 00
http://www.unav.es

De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: central repository
Fecha:	jueves, 04 de octubre de 2007 6:36:58
Archivos adjuntos:	

Scott Neal schrieb:
> Bjorne:
>
> I think this is a great idea and Sean Goeghegan and I discussed this same issue and went so far as creating a forum just for this use. The site is forum.roresources.com and I am still a proponent to make this happen. We have some scripts that we are happy to share with the group as well and for our systems to host the scripts.
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>
> Scott Neal
> 503.883.4111
> Radiation Oncology Resources
> www.roresources.com
>
> _____
>

Hello Scott,

looks good for me.

I'm waiting for the activation of my account, then i will send the first Script for testing the response :o)

Bjørne

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Stanley Makgere
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Electron MU calculation with blocks
Fecha:	jueves, 04 de octubre de 2007 9:30:17
Archivos adjuntos:	

I think your problem is the output factors. We had similar problem before. In our case we have 6x6, 10x10, 15x15,20x20 and 25x25 applicators. For example, inside 10x10 applicator we measured the output factors of square fields of 4x4, 6x6, and 8x8 cutouts. I may be wrong, but I think each and every applicator needs its own output factor curve.

Stanley

> ----- Original Message -----
> **From:** Juan Diego Azcona
> **To:** pinnacle-users@explode.unsw.edu.au
> **Sent:** Wednesday, October 03, 2007 5:38 PM
> **Subject:** Electron MU calculation with blocks
>
> We have a problem regarding electron monitor units calculation in blocked fields. There are a number of circumstances under which the TPS is unable to provide a calculated number of monitor units. We have the following applicators: 5x5, 10x10, 15x15, 20x20 and 25x25. Additionally, we have measured output factors (and also profiles and pdd) for a square field of 12x12, collimated with cerrobend on the 15x15 applicator, and 6x6 and 8x8 collimated on the 10x10 applicator. We were told that there was no need of collimating, i.e., a field of 15x15 on a 25x25 provided there is an applicator of such size.
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>
> Thanks in advance!
>
> -

Juan Diego Azcona
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31008 Pamplona
Navarra
Spain

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Fax: 34 948 25 55 00
http://www.unav.es

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Electron MU calculation with blocks
Fecha:	jueves, 04 de octubre de 2007 14:32:23
Archivos adjuntos:	

Stanley is correct, you need a range of OFs for EACH cone and EACH SSD... this is in the manual, Juan.

The way Pinnacle uses the OFs is that it draws a rectangle around an irregular block. It then looks up the OF for the short and the long dimension, multiplies them and takes the square root.

If one of the two dimensions is not in the OF table, you will not get MU.

This does not mean that you need to go down to a 2x2 OF for the 25x25 cone, and if you have an unusual cutout, it might make more sense to measure it anyway. If you do measure it and get a cGY/MU, make sure to put that value in the Monitor Unit window, and override the OF table. This way you will get the correct MU printed with the plan.

Regards,
Marc Mlyn
Sr. Manager, Philips Radiation Oncology Systems

> ----- Original Message -----
> **From:** Stanley Makgere
> **To:** pinnacle-users@explode.unsw.edu.au
> **Sent:** Thursday, October 04, 2007 3:20 AM
> **Subject:** Re: Electron MU calculation with blocks
>
> I think your problem is the output factors. We had similar problem before. In our case we have 6x6, 10x10, 15x15,20x20 and 25x25 applicators. For example, inside 10x10 applicator we measured the output factors of square fields of 4x4, 6x6, and 8x8 cutouts. I may be wrong, but I think each and every applicator needs its own output factor curve.
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> > **From:** Juan Diego Azcona
> > **To:** pinnacle-users@explode.unsw.edu.au
> > **Sent:** Wednesday, October 03, 2007 5:38 PM
> > **Subject:** Electron MU calculation with blocks
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> > We have a problem regarding electron monitor units calculation in blocked fields. There are a number of circumstances under which the TPS is unable to provide a calculated number of monitor units. We have the following applicators: 5x5, 10x10,

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Thanks in advance!

- -

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Radiation Physicist
Department of Oncology
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Avda. Pío XII, 36
31008 Pamplona
Navarra
Spain

Tel/Phone: 34 948 25 54 00 x4913
Fax: 34 948 25 55 00
http://www.unav.es

De: Myler Uwe

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Electron MU calculation with blocks

Fecha: jueves, 04 de octubre de 2007 16:02:44

Archivos adjuntos:

Hi,

I have a related question: In Pinnacle, it seems to me that one can only define square electron cones (6x6, 10x10…) Now with our newer Varian accelerators, we also got 6X10 cones. How can I define these in Pinnacle, and what output measurements would they need (for a number of smaller squares like the other cones, i.e. after the 6x10, do a 6x6 and then the same as for the 6x6 cone, or a number of smaller rectangles, like 4.8x8, 3.6x6, etc)?

Thanks!

Uwe Myler

Juravinski Cancer Centre
Hamilton, Ontario

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Marc Mlyn
Sent: Thursday, October 04, 2007 8:14 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Electron MU calculation with blocks

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Marc Mlyn
Sr. Manager, Philips Radiation Oncology Systems

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> **From:** Stanley Makgere
> **To:** pinnacle-users@explode.unsw.edu.au
> **Sent:** Thursday, October 04, 2007 3:20 AM
> **Subject:** Re: Electron MU calculation with blocks

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Thanks in advance!

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31008 Pamplona
Navarra
Spain

Tel/Phone: 34 948 25 54 00 x4913
Fax: 34 948 25 55 00
http://www.unav.es

De:	Jeremy Dobbins
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Neutrons
Fecha:	jueves, 04 de octubre de 2007 18:42:24
Archivos adjuntos:	

Since we know that the neutron dose equivalent in a typical treatment is non-negligible (especially for photons and electrons with energies greater than 10 MeV), how can we more accurately incorporate this into our treatment plans?

Jeremy Dobbins
Medical Physicist
Shreveport, LA

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Neutrons
Fecha:	jueves, 04 de octubre de 2007 19:28:28
Archivos adjuntos:	

I'd like to hear more about this, being in a lowly IT position with a bent towards physics, every once in a while I need the mental stimulation :) I thought biologically what was happening during radiation treatment, was oxidization of the DNA while it is being transcribed. Essentially the oxygen gets in the way and causes the cell not to be able to replicate. I'd think neutrons wouldn't have preference for cancer cells like electrons do, because there isn't anything in the meiosis pathway that would gobble them up more than other tissues. Anyways, I'd be interested if my thinking is right, and if so how does the presence of non selective destruction affect the probability of killing the tumor (does it just raise the curve by the amount of death due to neutrons or what(probably an oversimplification, but probably close enough for biological systems)?)

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Jeremy Dobbins
Sent: October 4, 2007 12:28 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Neutrons

Since we know that the neutron dose equivalent in a typical treatment is non-negligible (especially for photons and electrons with energies greater than 10 MeV), how can we more accurately incorporate this into our treatment plans?

Jeremy Dobbins
Medical Physicist

Shreveport, LA

Moody friends. Drama queens. Your life? Nope! - their life, your story.
Play Sims Stories at Yahoo! Games.
http://sims.yahoo.com/

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
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to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Lars Ewell
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Neutrons
Fecha:	jueves, 04 de octubre de 2007 20:03:35
Archivos adjuntos:	

Mike Gallimore,

I think that the neutrons being referred to here are a by-product of the radiation (photons), rather than the primary treatment. I also believe that there are some places that have actually used reactor produced neutrons to treat disease.

The true answer to your question would come from a randomized trial whereby patients are treated with either neutrons or photons for the same disease. I don't believe that this trial has been conducted, so the answer as to whether neutrons are better or worse for treating disease may not yet have been answered.

I think that you have it basically right about how photons effect their cytoxic actions on tumor cells, but I would not state that electrons have a 'preference for cancer cells'.

You may want to post to the medphys listserver, as this topic probably is more appropriate for there (see LISTSERV@LISTS.WAYNE.EDU).

regards,

Lars Ewell

> I'd like to hear more about this, being in a lowly IT position with a
> bent towards physics, every once in a while I need the mental
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>
> Mike Gallamore, Bsc (physics)
> Programmer Analyst
> Grand River Regional Cancer Center
> phn: 519-749-4300 X5792
> mobile: 519-503-5044
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Jeremy
> Dobbins
> Sent: October 4, 2007 12:28 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Neutrons
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##

De:	Chris Hawkins
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Neutrons
Fecha:	jueves, 04 de octubre de 2007 20:18:20
Archivos adjuntos:	

I believe Ernest Lawrence treated his mother with neutrons from cyclotron-produced protons back in the 1930's. His brother was an MD.

^^^^^^^^^^^^^^^^^^^^^^^^^^^^
Chris Hawkins, M.S.
Radiation Oncology
Tallahassee Memorial Cancer Center
1300 Miccosukee Road
Tallahassee, FL 32308

850-431-5255
850-431-6039 (fax)
chris.hawkins@tmh.org

"Luck is the residue of design." - Branch Rickey

>>> lewell@email.arizona.edu 10/4/2007 1:50:27 PM >>>
Mike Gallimore,

I think that the neutrons being referred to here are a by-product of the radiation (photons), rather than the primary treatment. I also believe that there are some places that have actually used reactor produced neutrons to treat disease.

The true answer to your question would come from a randomized trial whereby patients are treated with either neutrons or photons for the same disease. I don't believe that this trial has been conducted, so the answer as to whether neutrons are better or worse for treating disease may not yet have been answered.

I think that you have it basically right about how photons effect their cytoxic actions on tumor cells, but I would not state that electrons have a 'preference for cancer cells'.

You may want to post to the medphys listserver,
as this topic probably is more appropriate for there
(see LISTSERV@LISTS.WAYNE.EDU).

regards,

Lars Ewell

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De:	Mark Phillips
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Neutrons
Fecha:	jueves, 04 de octubre de 2007 20:27:14
Archivos adjuntos:	

In fact, there have been many trials comparing neutron therapy with photon therapy. Neutron therapy is conducted using accelerator based neutrons, not reactor-based. (The exception is for boron-neutron capture therapy, but that is not considered in the same category as fast neutron therapy.)

Mark Phillips

Mark H. Phillips, Ph.D.
Professor, Department of Radiation Oncology
Box 356043
University of Washington
Seattle, WA 98195-6043

(office) 206.598.6219
(fax) 206.598.6218

www.radonc.washington.edu/faculty/mark/

On Thu, 4 Oct 2007, Lars Ewell wrote:

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>> From: owner-pinnacle-users@explode.unsw.edu.au
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>> Sent: October 4, 2007 12:28 PM
>> To: pinnacle-users@explode.unsw.edu.au
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De:	Ostapiak Orest
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Neutrons
Fecha:	jueves, 04 de octubre de 2007 20:47:14
Archivos adjuntos:	

The whole topic can easily be looked up on Wikipedia, but I'll try to give a nutshell summary:

Both neutrons and photons give rise to secondary charged particles which in turn produce oxygen free radicals (oxygen ion with unpaired electron in outer shell) which mediate the DNA damage. The big difference is that neutrons are able to excite heavy protons which leave dense tracks of ionizations while electrons produced from photon interactions leave sparser ionization tracks. The denser tracks from protons are more efficient at DNA double strand breaks and therefore more damaging than those produced by electrons which result in more single strand breaks.

The original question about effective neutron dose to a patient undergoing radiotherapy may answered in terms of the relative magnitude of neutron to photon doses from a linac beam operating at 18MV. Taking into account the equivalent dose, the neutron dose is 0.15% of the photon dose.

Therefore accounting for this dose is well beyond the accuracy of the planning system (~1% at best).

Orest.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mike Gallamore
Sent: Thursday, October 04, 2007 1:24 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Neutrons

I'd like to hear more about this, being in a lowly IT position with a bent towards physics, every once in a while I need the mental stimulation :) I thought biologically what was happening during radiation treatment, was oxidization of the DNA while it is being transcribed. Essentially the oxygen gets in the way and causes the cell

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Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
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Subject: Neutrons

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Jeremy Dobbins
Medical Physicist
Shreveport, LA

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De:	Tim Paul
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Neutrons
Fecha:	jueves, 04 de octubre de 2007 20:50:07
Archivos adjuntos:	

Jeremy,

There's a research project for someone. I'm not sure I'd agree with your premise regarding significance.

Do you also consider portal imaging dose and/or IGRT imaging dose? They are probably more significant and much more predictable.

The increased significance of neutron dose equivalent over photons is the usually the radiation quality or weighting factor, given to be as much as 20 for energies between 100 keV to 2 MeV (ICRP60).

However, the radiation safety term "Dose Equivalent" or "Equivlanet Dose" is only defined for low doses delivered at a low dose rate (BEIR V). Additionally, "dose equivalent" is only defined for a fatal cancer end point. These conditions, and many others, are not met in radiotherapy.

If you wish to use a neutron RBE factor in cell killing for radiotherapy treatment plannning, you are talking about a factor that is a much lower number, closer to 3.

Manufacturers are required by regulation to produce linacs so that the neutron contamination is less than 0.1% of the CAX photon absorbed dose (open fields). Some would considered this negligible.

For IMRT cases using high energy photons, with IMRT factors from 3-10, it may be more significant. This situation is typically avoided. However in a few rare cases, we trade the better dose distribution today for the possibly increased risk of secondary cancers later, with latencies assumed to be 10 years (BEIR V).

Timothy Paul, MS, DABR, CHP
Chief Physicist
Ironwood Cancer & Research Centers, PC

695 S. Dobson Rd. 6111 E. Arbor Ave.
Chandler, AZ 85224 Mesa, AZ 85224
Tel: (480) 821-2838 ext 3041 Tel:(480) 981-1326

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Jeremy Dobbins
Sent: Thursday, October 04, 2007 9:28 AM
To: pinnacle-users@explode.unsw.edu.au
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De:	Lars Ewell
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Neutrons
Fecha:	jueves, 04 de octubre de 2007 20:52:38
Archivos adjuntos:	

Mark,

Thanks for the information.

Please provide the reference(s) about
which you are speaking.

regards,

Lars
----- Original Message -----
From: "Mark Phillips" <markp@u.washington.edu>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Thursday, October 04, 2007 11:20 AM
Subject: Re: Neutrons

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> ----------
>
> Mark H. Phillips, Ph.D.
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> Box 356043
> University of Washington
> Seattle, WA 98195-6043
>
> (office) 206.598.6219
> (fax) 206.598.6218
>

> www.radonc.washington.edu/faculty/mark/
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> On Thu, 4 Oct 2007, Lars Ewell wrote:
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De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Neutrons
Fecha:	jueves, 04 de octubre de 2007 20:57:46
Archivos adjuntos:	

On the question of neutron therapy, indeed it has been well established that for some tumors, notably salivary gland tumors and some sarcomas, there is a relatively larger effect of neutrons on tumor vs normal tissue than for photons or electrons or protons. It is this advantage that is the reason there are a handful of fast neutron therapy facilities around the world, with several in the US, including one here at the University of Washington in Seattle, and another at Harper-Grace hospital in Detroit (Wayne State U). We use a cyclotron that is in the department, in the same area as our photon/electron linacs, and it includes an isocentric gantry and multileaf collimator. It is not experimental, it is available for referrals from anywhere in the world, and most insurance plans will reimburse for it.

Ira Kalet

Ostapiak Orest wrote:
> The whole topic can easily be looked up on Wikipedia, but I'll try to
> give a nutshell summary:
>
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> Mike Gallamore, Bsc (physics)
> Programmer Analyst
> Grand River Regional Cancer Center
> phn: 519-749-4300 X5792
> mobile: 519-503-5044
>
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> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Jeremy
> Dobbins
> Sent: October 4, 2007 12:28 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Neutrons
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Ira J. Kalet, Ph.D.
Professor, Radiation Oncology
Professor, Medical Education and Biomedical Informatics
Adjunct Professor, Computer Science and Engineering
Adjunct Professor, Biological Structure
Director, Security and Networking, UW Medicine IT Services

office: 206 598-4107
FAX: 206 598-3786
email: ikalet@u.washington.edu
www: http://www.radonc.washington.edu/faculty/ira/

De:	Richer, Jeffrey
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: Neutrons
Fecha:	jueves, 04 de octubre de 2007 21:19:19
Archivos adjuntos:	

FYI...the cyclotron facility at Harper Hospital/Wayne State University was decommissioned about a year ago...

-Jeff

-----Original Message-----
From: Ira Kalet [mailto:ikalet@u.washington.edu]
Sent: Thursday, October 04, 2007 2:53 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Neutrons

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Ira Kalet

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> From: owner-pinnacle-users@explode.unsw.edu.au
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office: 206 598-4107
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De:	Lars Ewell
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Neutrons
Fecha:	jueves, 04 de octubre de 2007 21:24:46
Archivos adjuntos:	

Ira Kalet,

Thanks for this information.

If you are aware of a randomized prospective
study that compares neutron therapy to photon therapy,
and shows, e.g., a survival benefit, please give
the reference.

Thanks in advance.

regards,

Lars Ewell

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From: "Ira Kalet" <ikalet@u.washington.edu>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Thursday, October 04, 2007 11:52 AM
Subject: Re: Neutrons

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> > Sent: October 4, 2007 12:28 PM
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De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Neutrons
Fecha:	jueves, 04 de octubre de 2007 23:00:15
Archivos adjuntos:	

Most of this work was done in the 1990's, and a PubMed search on something like "fast neutron radiotherapy clinical trials" might bring up most, although it likely will bring up a lot of other stuff like BNCT.

Ira

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office: 206 598-4107
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email: ikalet@u.washington.edu
www: http://www.radonc.washington.edu/faculty/ira/

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Information regarding Pinnacle Recall
Fecha:	jueves, 04 de octubre de 2007 23:57:46
Archivos adjuntos:	

Hello All,

Recently, we sent out letters describing a problem with the absolute marking with PQ scanners in our AcQsim3 product.

A continuation of this effort will be the replacement of 8.0 software out in the field with Pinnacle v8.0i. We will be posting some details regarding this release in a couple of days, but it will be available at the end of this month, and you will also be able to download it from InCenter so that you need not wait for a shipment.

Customers with v7.6c and AcQsim3 licenses will also receive 8.0i as part of this activity.

This is known as a Class II recall and we are working this appropriately with the FDA. This recall is related ONLY to the PQ absolute marking issue. There is no need to take action outside of what was outlined in the letter about Absolute Marking and the PQ CT Scanners.

If you have any questions, please contact customer support or send an email to pros.support@philips.com.

Best Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems
Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: +1-408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Support Website: http://incenter.medical.philips.com

De:	Lars Ewell
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Neutrons
Fecha:	viernes, 05 de octubre de 2007 0:41:03
Archivos adjuntos:	

Ira,

I did the search you recommended, but came up dry.

This leads me to believe that my original assertion, that in fact there are no prospective randomized trials comparing neutron (fast or otherwise) therapy to photon therapy, is correct.

regards,

Lars

----- Original Message -----
From: "Ira Kalet" <ikalet@u.washington.edu>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Thursday, October 04, 2007 1:46 PM
Subject: Re: Neutrons

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> > ----- Original Message -----
> > From: "Ira Kalet" <ikalet@u.washington.edu>
> > To: <pinnacle-users@explode.unsw.edu.au>
> > Sent: Thursday, October 04, 2007 11:52 AM
> > Subject: Re: Neutrons
> >
> >
> >> On the question of neutron therapy, indeed it has been well established
> >> that for some tumors, notably salivary gland tumors and some sarcomas,
> >> there is a relatively larger effect of neutrons on tumor vs normal
> >> tissue than for photons or electrons or protons. It is this advantage
> >> that is the reason there are a handful of fast neutron therapy
> >> facilities around the world, with several in the US, including one here
> >> at the University of Washington in Seattle, and another at Harper-Grace
> >> hospital in Detroit (Wayne State U). We use a cyclotron that is in the
> >> department, in the same area as our photon/electron linacs, and it
> >> includes an isocentric gantry and multileaf collimator. It is not
> >> experimental, it is available for referrals from anywhere in the world,
> >> and most insurance plans will reimburse for it.
> >>
> >> Ira Kalet
> >>
> >> Ostapiak Orest wrote:
> >>> The whole topic can easily be looked up on Wikipedia, but I'll try to
> >>> give a nutshell summary:
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> >>> neutrons are able to excite heavy protons which leave dense tracks of
> >>> ionizations while electrons produced from photon interactions leave
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> >>> those produced by electrons which result in more single strand breaks.
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> >>> From: owner-pinnacle-users@explode.unsw.edu.au
> >>> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mike
> >>> Gallamore
> >>> Sent: Thursday, October 04, 2007 1:24 PM
> >>> To: pinnacle-users@explode.unsw.edu.au
> >>> Subject: RE: Neutrons
> >>>
> >>> I'd like to hear more about this, being in a lowly IT position with a
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> >>> stimulation :) I thought biologically what was happening during
> >>> radiation treatment, was oxidization of the DNA while it is being
> >>> transcribed. Essentially the oxygen gets in the way and causes the cell
> >>> not to be able to replicate. I'd think neutrons wouldn't have preference
> >>> for cancer cells like electrons do, because there isn't anything in the
> >>> meiosis pathway that would gobble them up more than other tissues.
> >>> Anyways, I'd be interested if my thinking is right, and if so how does
> >>> the presence of non selective destruction affect the probability of
> >>> killing the tumor (does it just raise the curve by the amount of death
> >>> due to neutrons or what(probably an oversimplification, but probably
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> >>>
> >>> Mike Gallamore, Bsc (physics)
> >>> Programmer Analyst
> >>> Grand River Regional Cancer Center
> >>> phn: 519-749-4300 X5792
> >>> mobile: 519-503-5044
> >>>
> >>> -----Original Message-----
> >>> From: owner-pinnacle-users@explode.unsw.edu.au
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> >>> Sent: October 4, 2007 12:28 PM
> >>> To: pinnacle-users@explode.unsw.edu.au
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> >>> Since we know that the neutron dose equivalent in a typical treatment
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De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Neutrons
Fecha:	viernes, 05 de octubre de 2007 1:51:11
Archivos adjuntos:	

Lars,

I just ran it, and got back 156 articles. However, the ones that really are reports of neutron clinical trials are down the list somewhat, in the 1990s range, since that is when it all happened. The first 20 or so are on other topics, that nevertheless satisfy the search query.

In particular, at the UW we ran many clinical trials, and for prostate cancer, salivary gland tumors and other sites, the results were so definitive we closed the trials early and got CMS to agree to pay for treatment where clinically indicated.

Here is a sentence from the abstract of item 18 from my search results: "CONCLUSION: According to this experience and taking into account the so far collected experience, fast neutron radio-therapy remains the treatment of choice for large and unresectable primary and recurrent ACC, and residual disease after surgery."

Another one (item 21): "The Radiation Therapy Oncology Group (RTOG) performed a multi-institutional randomized trial (RTOG 77-04) comparing mixed beam (neutron plus photon) irradiation to conventional photon irradiation for the treatment of locally advanced prostate cancer. A subsequent trial by the Neutron Therapy Collaborative Working Group (NTCWG 85-23) compared pure neutron irradiation to standard photon irradiation. Both randomized trials demonstrate significant improvement in locoregional control with neutron irradiation compared to conventional photon irradiation in the treatment of locally advanced prostate carcinoma. To date, only the mixed beam trial has shown a significant survival benefit." It goes on to suggest that pure neutron therapy may also, and recommends further studies.

There are many more, going a little further back.

By the way, there are likely more articles than you will find in the above PubMed search - the sensitivity and specificity of such searches

is highly variable. A more focused search would require starting with one of the articles and using their citations and the citation index to do backward and forward searches might come up with more.

Perhaps you need some instruction on literature searching, or perhaps you are using Google instead of PubMed. I have no idea what kind of garbage a Google search might turn up.

I hope this will put to rest your totally groundless claim.

Ira

Lars Ewell wrote:
> Ira,
>
> I did the search you recommended, but came
> up dry.
>
> This leads me to believe that my original assertion,
> that in fact there are no prospective randomized trials
> comparing neutron (fast or otherwise) therapy to
> photon therapy, is correct.
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> regards,
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Cc:	
Asunto:	Re: Neutrons
Fecha:	viernes, 05 de octubre de 2007 2:27:15
Archivos adjuntos:	

Ira,

Thanks for the suggestion about google.

However, 'item 21' on your search is not the way I am used to citing references. What I would ususally do is state the author(s) name(s), the journal title, date, etc.

I did manage to dig up a German article from a journal titled 'Anticancer Research'. The title was '

Radiotherapy on adult patients with soft tissure sarcoma with fast neutrons or photons.

Anticancer Res. 1999 May-Jun;19(3B):2355-9.

In this article, they state their conclusion in the abstract: The 5-year survival rate of the photon group rated 43.1%. In the neutron group we found 42.5%, respectively. In both groups the results of surgical resection and grading were of high significance according to survival.

So clearly this article is at odds with your claim that there is a 'well established' benefit of neutrons over photons.

If there is a particular article that you are referring to, please cite the title of the article, the journal in which it was published along with the date, etc. If indeed such an article exists, only that will put rest to my 'groundless claim'.

Thanks in advance.

regards,

Lars

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> >>> Ira Kalet
> >>>
> >>> Ostapiak Orest wrote:
> >>>> The whole topic can easily be looked up on Wikipedia, but I'll try
to
> >>>> give a nutshell summary:
> >>>>
> >>>> Both neutrons and photons give rise to secondary charged particles
> > which

> >>>>> in turn produce oxygen free radicals (oxygen ion with unpaired
> > electron
> >>>>> in outer shell) which mediate the DNA damage. The big difference is
> > that
> >>>>> neutrons are able to excite heavy protons which leave dense tracks
of
> >>>>> ionizations while electrons produced from photon interactions leave
> >>>>> sparser ionization tracks. The denser tracks from protons are more
> >>>>> efficient at DNA double strand breaks and therefore more damaging
than
> >>>>> those produced by electrons which result in more single strand
breaks.
> >>>>>
> >>>>> The original question about effective neutron dose to a patient
> >>>>> undergoing radiotherapy may answered in terms of the relative
> > magnitude
> >>>>> of neutron to photon doses from a linac beam operating at 18MV.
Taking
> >>>>> into account the equivalent dose, the neutron dose is 0.15% of the
> >>>>> photon dose.
> >>>>>
> >>>>> Therefore accounting for this dose is well beyond the accuracy of
the
> >>>>> planning system (~1% at best).
> >>>>>
> >>>>> Orest.
> >>>>>
> >>>>> -----Original Message-----
> >>>>> From: owner-pinnacle-users@explode.unsw.edu.au
> >>>>> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mike
> >>>>> Gallamore
> >>>>> Sent: Thursday, October 04, 2007 1:24 PM
> >>>>> To: pinnacle-users@explode.unsw.edu.au
> >>>>> Subject: RE: Neutrons
> >>>>>
> >>>>> I'd like to hear more about this, being in a lowly IT position with
a
> >>>>> bent towards physics, every once in a while I need the mental
> >>>>> stimulation :) I thought biologically what was happening during
> >>>>> radiation treatment, was oxidization of the DNA while it is being
> >>>>> transcribed. Essentially the oxygen gets in the way and causes the
> > cell
> >>>>> not to be able to replicate. I'd think neutrons wouldn't have
> > preference
> >>>>> for cancer cells like electrons do, because there isn't anything in
> > the

> >>>>> meiosis pathway that would gobble them up more than other tissues.
> >>>>> Anyways, I'd be interested if my thinking is right, and if so how
does
> >>>>> the presence of non selective destruction affect the probability of
> >>>>> killing the tumor (does it just raise the curve by the amount of
death
> >>>>> due to neutrons or what(probably an oversimplification, but probably
> >>>>> close enough for biological systems)?)
> >>>>>
> >>>>> Mike Gallamore, Bsc (physics)
> >>>>> Programmer Analyst
> >>>>> Grand River Regional Cancer Center
> >>>>> phn: 519-749-4300 X5792
> >>>>> mobile: 519-503-5044
> >>>>>
> >>>>> -----Original Message-----
> >>>>> From: owner-pinnacle-users@explode.unsw.edu.au
> >>>>> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of
Jeremy
> >>>>> Dobbins
> >>>>> Sent: October 4, 2007 12:28 PM
> >>>>> To: pinnacle-users@explode.unsw.edu.au
> >>>>> Subject: Neutrons
> >>>>>
> >>>>> Since we know that the neutron dose equivalent in a typical
treatment
> > is
> >>>>> non-negligible (especially for photons and electrons with energies
> >>>>> greater than 10 MeV), how can we more accurately incorporate this
into
> >>>>> our treatment plans?
> >>>>>
> >>>>> Jeremy Dobbins
> >>>>> Medical Physicist
> >>>>> Shreveport, LA
> >>>>>
> >>>>>
> >>>>>
> >>>>>
> >>

> >>>>> _____
> >>>>> Moody friends. Drama queens. Your life? Nope! - their life, your
> > story.
> >>>>> Play Sims Stories at Yahoo! Games.
> >>>>> http://sims.yahoo.com/

> >>>>>
> >>>>>
> >>>>>
##
> >>>>> To unsubscribe (yourself or other account) from the pinnacle-users
> >>>>> mailing list, send the message unsubscribe pinnacle-users <e-mail
> >>>>> address> to majordomo@explode.unsw.edu.au.
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> >
##
> >>>> --
> >>>> Ira J. Kalet, Ph.D.
> >>>> Professor, Radiation Oncology
> >>>> Professor, Medical Education and Biomedical Informatics
> >>>> Adjunct Professor, Computer Science and Engineering
> >>>> Adjunct Professor, Biological Structure
> >>>> Director, Security and Networking, UW Medicine IT Services
> >>>>
> >>>> office: 206 598-4107
> >>>> FAX: 206 598-3786
> >>>> email: ikalet@u.washington.edu
> >>>> www: http://www.radonc.washington.edu/faculty/ira/
> >>>>
> >>>>
> >>>>
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###

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Information regarding Pinnacle Recall
Fecha:	viernes, 05 de octubre de 2007 2:31:24
Archivos adjuntos:	

Marc:

1. I was told during AAPM by the Philips tech support that 8.0h would be out within 3-4 weeks. Is it available now?

2. What is the difference between 8.0i and 8.0h?

3. Our site has had service contract since 2002 but we have not received any info from Philips about bugs discovered in version 8.0 (including the letter you are referring to in your e-mail). All our “knowledge” is coming from the list server. Is it now the official position of the company that all notifications are made available only through your i-center?

Vadim Kuperman, Ph.D.

--- Marc Mlyn <marc.mlyn@philips.com> wrote:

> Hello All,
>
> Recently, we sent out letters describing a problem
> with the absolute
> marking with PQ scanners in our AcQsim3 product.
>
> A continuation of this effort will be the
> replacement of 8.0 software out
> in the field with Pinnacle v8.0i. We will be
> posting some details
> regarding this release in a couple of days, but it
> will be available at the

> end of this month, and you will also be able to
> download it from InCenter
> so that you need not wait for a shipment.
>
> Customers with v7.6c and AcQsim3 licenses will also
> receive 8.0i as part of
> this activity.
>
> This is known as a Class II recall and we are
> working this appropriately
> with the FDA. This recall is related ONLY to the PQ
> absolute marking
> issue. There is no need to take action outside of
> what was outlined in the
> letter about Absolute Marking and the PQ CT
> Scanners.
>
> If you have any questions, please contact customer
> support or send an email
> to pros.support@philips.com.
>
> Best Regards,
>
> Marc Mlyn, CMD
> Philips Radiation Oncology Systems
> Sr. Manager, Product Support Engineering
> marc.mlyn@philips.com
> Fax: +1-408-965-2023
> PROS Support North America 1-800-722-9377, then
> 5,5,3.
> PROS Support email: pros.support@philips.com
> Support Website: http://incenter.medical.philips.com

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Information regarding Pinnacle Recall
Fecha:	viernes, 05 de octubre de 2007 3:07:01
Archivos adjuntos:	

Hello Dr. Kuperman,

Yes, v8.0h was released and is being delivered with the new 810 platform.

We also released it to a few sites as part of a "limited release", but then this PQ issue came up. We are hoping once and for all to release the v8.0i software as soon as possible to that everyone can download the software and get it up and running.

As for your other question, non-critical bugs that we believe that you should know about will be located in two places - 1) in a bug document on InCenter, and 2) in the "Known Problems" sections of the release notes (also available on InCenter).

More important issues will be communicated through mail. You should have received this letter from us. Please send an email to pros.support@philips.com with your sitecode and your address so we can look into this.

Best Regards,
Marc Mlyn
Philips Medical Systems

----- Original Message -----
From: "Vadim Kuperman" <vadimkuperman@yahoo.com>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Thursday, October 04, 2007 8:23 PM
Subject: Re: Information regarding Pinnacle Recall

> Marc:
>
> 1. I was told during AAPM by the Philips tech support
> that 8.0h would be out within 3-4 weeks. Is it
> available now?
>

> 2. What is the difference between 8.0i and 8.0h?
>
> 3. Our site has had service contract since 2002 but
> we have not received any info from Philips about bugs
> discovered in version 8.0 (including the letter you
> are referring to in your e-mail). All our "knowledge"
> is coming from the list server. Is it now the
> official position of the company that all
> notifications are made available only through your
> i-center?
>
>
> Vadim Kuperman, Ph.D.
>
>
> --- Marc Mlyn <marc.mlyn@philips.com> wrote:
>
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>> Hello All,
>>
>> Recently, we sent out letters describing a problem
>> with the absolute
>> marking with PQ scanners in our AcQsim3 product.
>>
>> A continuation of this effort will be the
>> replacement of 8.0 software out
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>> end of this month, and you will also be able to
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>> This is known as a Class II recall and we are
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account will not be distributed unless that account is also subscribed.

##

De:	Ira Kalet
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Neutrons
Fecha:	viernes, 05 de octubre de 2007 5:20:48
Archivos adjuntos:	

Listers,

I'm only writing this one final message to clarify that I did not claim neutrons are good for everything, only good for some things, and that a reasonable search of the literature can turn up information on this. I hope that people who are interested will read up on it, and pass on the information.

I'm not interested in a debate with Lars. If he wants to believe something and dig up justification for it, he is entitled, but it is his problem, not mine.

Ira Kalet

Lars Ewell wrote:
> Ira,
>
> Thanks for the suggestion about google.
>
> However, 'item 21' on your search is not the
> way I am used to citing references. What I would ususally do
> is state the author(s) name(s), the journal title, date, etc.
>
> I did manage to dig up a German article from a journal
> titled 'Anticancer Research'. The title was '
>
> Radiotherapy on adult patients with soft tissure sarcoma with
> fast neutrons or photons.
>
> Anticancer Res. 1999 May-Jun;19(3B):2355-9.
>
>
> In this article, they state their conclusion in the abstract:
> The 5-year survival rate of the photon group rated 43.1%.
> In the neutron group we found 42.5%, respectively. In both groups
> the results of surgical resection and grading were of high significance
> according to survival.

>
> So clearly this article is at odds with your claim that
> there is a 'well established' benefit of neutrons over
> photons.
>
> If there is a particular article that you are referring to,
> please cite the title of the article, the journal in which it
> was published along with the date, etc. If indeed such an
> article exists, only that will put rest to my 'groundless
> claim'.
>
> Thanks in advance.
>
> regards,
>
> Lars
>
>
> ----- Original Message -----
> From: "Ira Kalet" <ikalet@u.washington.edu>
> To: <pinnacle-users@explode.unsw.edu.au>
> Sent: Thursday, October 04, 2007 4:37 PM
> Subject: Re: Neutrons
>
>
>
>>Lars,
>>
>>I just ran it, and got back 156 articles. However, the ones that really
>>are reports of neutron clinical trials are down the list somewhat, in
>>the 1990s range, since that is when it all happened. The first 20 or so
>>are on other topics, that nevertheless satisfy the search query.
>>
>>In particular, at the UW we ran many clinical trials, and for prostate
>>cancer, salivary gland tumors and other sites, the results were so
>>definitive we closed the trials early and got CMS to agree to pay for
>>treatment where clinically indicated.
>>
>>Here is a sentence from the abstract of item 18 from my search results:
>>"CONCLUSION: According to this experience and taking into account the so
>>far collected experience, fast neutron radio-therapy remains the
>>treatment of choice for large and unresectable primary and recurrent
>>ACC, and residual disease after surgery."
>>
>>Another one (item 21): "The Radiation Therapy Oncology Group (RTOG)
>>performed a multi-institutional randomized trial (RTOG 77-04) comparing
>>mixed beam (neutron plus photon) irradiation to conventional photon
>>irradiation for the treatment of locally advanced prostate cancer. A

>>subsequent trial by the Neutron Therapy Collaborative Working Group
>>(NTCWG 85-23) compared pure neutron irradiation to standard photon
>>irradiation. Both randomized trials demonstrate significant improvement
>>in locoregional control with neutron irradiation compared to
>>conventional photon irradiation in the treatment of locally advanced
>>prostate carcinoma. To date, only the mixed beam trial has shown a
>>significant survival benefit." It goes on to suggest that pure neutron
>>therapy may also, and recommends further studies.
>>
>>There are many more, going a little further back.
>>
>>By the way, there are likely more articles than you will find in the
>>above PubMed search - the sensitivity and specificity of such searches
>>is highly variable. A more focused search would require starting with
>>one of the articles and using their citations and the citation index to
>>do backward and forward searches might come up with more.
>>
>>Perhaps you need some instruction on literature searching, or perhaps
>>you are using Google instead of PubMed. I have no idea what kind of
>>garbage a Google search might turn up.
>>
>>I hope this will put to rest your totally groundless claim.
>>
>>Ira
>>
>>Lars Ewell wrote:
>>
>>>Ira,
>>>
>>> I did the search you recommended, but came
>>>up dry.
>>>
>>> This leads me to believe that my original assertion,
>>>that in fact there are no prospective randomized trials
>>>comparing neutron (fast or otherwise) therapy to
>>>photon therapy, is correct.
>>>
>>> regards,
>>>
>>> Lars
>>>
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>>>To: <pinnacle-users@explode.unsw.edu.au>
>>>Sent: Thursday, October 04, 2007 1:46 PM
>>>Subject: Re: Neutrons
>>>
>>>

>>>
>>>>Most of this work was done in the 1990's, and a PubMed search on
>>>>something like "fast neutron radiotherapy clinical trials" might bring
>>>>up most, although it likely will bring up a lot of other stuff like
>
> BNCT.
>
>>>>Ira
>>>>
>>>>Lars Ewell wrote:
>>>>
>>>>>Ira Kalet,
>>>>>
>>>>> Thanks for this information.
>>>>>
>>>>> If you are aware of a randomized prospective
>>>>>study that compares neutron therapy to photon therapy,
>>>>>and shows, e.g., a survival benefit, please give
>>>>>the reference.
>>>>>
>>>>> Thanks in advance.
>>>>>
>>>>> regards,
>>>>>
>>>>> Lars Ewell
>>>>>
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>>>>>From: "Ira Kalet" <ikalet@u.washington.edu>
>>>>>To: <pinnacle-users@explode.unsw.edu.au>
>>>>>Sent: Thursday, October 04, 2007 11:52 AM
>>>>>Subject: Re: Neutrons
>>>>>
>>>>>
>>>>>
>>>>>>On the question of neutron therapy, indeed it has been well
>
> established
>
>>>>>>that for some tumors, notably salivary gland tumors and some
>
> sarcomas,
>
>>>>>>there is a relatively larger effect of neutrons on tumor vs normal
>>>>>>tissue than for photons or electrons or protons. It is this
>
> advantage
>
>>>>>>that is the reason there are a handful of fast neutron therapy

>>>>>>facilities around the world, with several in the US, including one
>
> here
>
>>>>>>at the University of Washington in Seattle, and another at
>
> Harper-Grace
>
>>>>>>hospital in Detroit (Wayne State U). We use a cyclotron that is in
>
> the
>
>>>>>>department, in the same area as our photon/electron linacs, and it
>>>>>>includes an isocentric gantry and multileaf collimator. It is not
>>>>>>experimental, it is available for referrals from anywhere in the worl
>
> d,
>
>>>>>>and most insurance plans will reimburse for it.
>>>>>>
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>>>>>>>Grand River Regional Cancer Center
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>>>>>>>
>>>>>>>Jeremy Dobbins
>>>>>>>Medical Physicist
>>>>>>>Shreveport, LA
>>>>>>>
>>>>>>>
>>>>>>>
>>>>>>>
>>>
>>>_____
>>>
>>>>>>>_____
>>>>>>>Moody friends. Drama queens. Your life? Nope! - their life, your
>>>
>>>story.
>>>
>>>>>>>Play Sims Stories at Yahoo! Games.
>>>>>>>http://sims.yahoo.com/
>>>>>>>
>>>>>>>
>>>>>>>
>
> ###
>
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>>>>>Professor, Medical Education and Biomedical Informatics
>>>>>Adjunct Professor, Computer Science and Engineering
>>>>>Adjunct Professor, Biological Structure
>>>>>Director, Security and Networking, UW Medicine IT Services
>>>>>
>>>>>office: 206 598-4107
>>>>>FAX: 206 598-3786
>>>>>email: ikalet@u.washington.edu
>>>>>www: http://www.radonc.washington.edu/faculty/ira/
>>>>>
>>>>>

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www: http://www.radonc.washington.edu/faculty/ira/

De:	Guidi Gabriele
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Precise 6/18 MV Model and Primus 4 MV model
Fecha:	viernes, 05 de octubre de 2007 10:49:45
Archivos adjuntos:	

Does anyone can send to me a print file with all the model of a Precise 6/18 MV and a Primus 4MV
I model our machines, but I would like to compare my results, with others
I would like to compare my results especially for little fields (IMRT Purpose) and for wedge

Obviously your data, will be used with the maximum reservation, and I will not use it for any comment anywhere

Thanks in advance
lele

Gabriele Guidi
Medical Physics Dpt.
Az.Ospedaliero-Univeristaria di Modena
Via del Pozzo 71, 41110 Modena (Italy)

Phone: +39 059 422 5699
Ext: +39 059 422 4270
email: guidi.gabriele@policlinico.mo.it

The Hospital Server locks any *.zip, *.exe file or >3MB
Please try to contact me via phone or at my privete email
Sorry for any disservices or inconveniences

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##

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Neutrons
Fecha:	viernes, 05 de octubre de 2007 14:46:47
Archivos adjuntos:	

Gentlemen...Gentlemen no fighting in the war room... Dr. Strangelove <1964> Sellers et.al.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Ira Kalet
Sent: Thursday, October 04, 2007 10:01 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Neutrons

Listers,

I'm only writing this one final message to clarify that I did not claim neutrons are good for everything, only good for some things, and that a reasonable search of the literature can turn up information on this. I hope that people who are interested will read up on it, and pass on the information.

I'm not interested in a debate with Lars. If he wants to believe something and dig up justification for it, he is entitled, but it is his problem, not mine.

Ira Kalet

Lars Ewell wrote:
> Ira,
>
> Thanks for the suggestion about google.
>
> However, 'item 21' on your search is not the way I am used to citing

> references. What I would ususally do is state the author(s) name(s),
> the journal title, date, etc.
>
> I did manage to dig up a German article from a journal titled
> 'Anticancer Research'. The title was '
>

> Radiotherapy on adult patients with soft tissure sarcoma with fast
> neutrons or photons.
>
> Anticancer Res. 1999 May-Jun;19(3B):2355-9.
>
>
> In this article, they state their conclusion in the abstract:
> The 5-year survival rate of the photon group rated 43.1%.
> In the neutron group we found 42.5%, respectively. In both groups the
> results of surgical resection and grading were of high significance
> according to survival.
>
> So clearly this article is at odds with your claim that there is a
> 'well established' benefit of neutrons over photons.
>
> If there is a particular article that you are referring to, please
> cite the title of the article, the journal in which it was published
> along with the date, etc. If indeed such an article exists, only that

> will put rest to my 'groundless claim'.
>
> Thanks in advance.
>
> regards,
>
> Lars
>
>
> ----- Original Message -----
> From: "Ira Kalet" <ikalet@u.washington.edu>
> To: <pinnacle-users@explode.unsw.edu.au>
> Sent: Thursday, October 04, 2007 4:37 PM
> Subject: Re: Neutrons
>
>
>
>>Lars,
>>
>>I just ran it, and got back 156 articles. However, the ones that
>>really are reports of neutron clinical trials are down the list
>>somewhat, in the 1990s range, since that is when it all happened. The

>>first 20 or so are on other topics, that nevertheless satisfy the
search query.
>>
>>In particular, at the UW we ran many clinical trials, and for prostate

>>cancer, salivary gland tumors and other sites, the results were so
>>definitive we closed the trials early and got CMS to agree to pay for
>>treatment where clinically indicated.
>>
>>Here is a sentence from the abstract of item 18 from my search
results:
>>"CONCLUSION: According to this experience and taking into account the
>>so far collected experience, fast neutron radio-therapy remains the
>>treatment of choice for large and unresectable primary and recurrent
>>ACC, and residual disease after surgery."
>>
>>Another one (item 21): "The Radiation Therapy Oncology Group (RTOG)
>>performed a multi-institutional randomized trial (RTOG 77-04)
>>comparing mixed beam (neutron plus photon) irradiation to conventional

>>photon irradiation for the treatment of locally advanced prostate
>>cancer. A subsequent trial by the Neutron Therapy Collaborative
>>Working Group (NTCWG 85-23) compared pure neutron irradiation to
>>standard photon irradiation. Both randomized trials demonstrate
>>significant improvement in locoregional control with neutron
>>irradiation compared to conventional photon irradiation in the
>>treatment of locally advanced prostate carcinoma. To date, only the
>>mixed beam trial has shown a significant survival benefit." It goes
>>on to suggest that pure neutron therapy may also, and recommends
further studies.
>>
>>There are many more, going a little further back.
>>
>>By the way, there are likely more articles than you will find in the
>>above PubMed search - the sensitivity and specificity of such searches

>>is highly variable. A more focused search would require starting with

>>one of the articles and using their citations and the citation index
>>to do backward and forward searches might come up with more.
>>
>>Perhaps you need some instruction on literature searching, or perhaps
>>you are using Google instead of PubMed. I have no idea what kind of
>>garbage a Google search might turn up.
>>
>>I hope this will put to rest your totally groundless claim.
>>
>>Ira
>>
>>Lars Ewell wrote:
>>
>>>Ira,

>>>
>>> I did the search you recommended, but came up dry.
>>>
>>> This leads me to believe that my original assertion, that in fact
>>>there are no prospective randomized trials comparing neutron (fast or

>>>otherwise) therapy to photon therapy, is correct.
>>>
>>> regards,
>>>
>>> Lars
>>>
>>>----- Original Message -----
>>>From: "Ira Kalet" <ikalet@u.washington.edu>
>>>To: <pinnacle-users@explode.unsw.edu.au>
>>>Sent: Thursday, October 04, 2007 1:46 PM
>>>Subject: Re: Neutrons
>>>
>>>
>>>
>>>>Most of this work was done in the 1990's, and a PubMed search on
>>>>something like "fast neutron radiotherapy clinical trials" might
>>>>bring up most, although it likely will bring up a lot of other stuff

>>>>like
>
> BNCT.
>
>>>>Ira
>>>>
>>>>Lars Ewell wrote:
>>>>
>>>>>Ira Kalet,
>>>>>
>>>>> Thanks for this information.
>>>>>
>>>>> If you are aware of a randomized prospective study that compares
>>>>>neutron therapy to photon therapy, and shows, e.g., a survival
>>>>>benefit, please give the reference.
>>>>>
>>>>> Thanks in advance.
>>>>>
>>>>> regards,
>>>>>
>>>>> Lars Ewell
>>>>>
>>>>>----- Original Message -----

>>>>>From: "Ira Kalet" <ikalet@u.washington.edu>
>>>>>To: <pinnacle-users@explode.unsw.edu.au>
>>>>>Sent: Thursday, October 04, 2007 11:52 AM
>>>>>Subject: Re: Neutrons
>>>>>
>>>>>
>>>>>
>>>>>>On the question of neutron therapy, indeed it has been well
>
> established
>
>>>>>>that for some tumors, notably salivary gland tumors and some
>
> sarcomas,
>
>>>>>>there is a relatively larger effect of neutrons on tumor vs normal

>>>>>>tissue than for photons or electrons or protons. It is this
>
> advantage
>
>>>>>>that is the reason there are a handful of fast neutron therapy
>>>>>>facilities around the world, with several in the US, including one
>
> here
>
>>>>>>at the University of Washington in Seattle, and another at
>
> Harper-Grace
>
>>>>>>hospital in Detroit (Wayne State U). We use a cyclotron that is
>>>>>>in
>
> the
>
>>>>>>department, in the same area as our photon/electron linacs, and it

>>>>>>includes an isocentric gantry and multileaf collimator. It is not

>>>>>>experimental, it is available for referrals from anywhere in the
>>>>>>worl
>
> d,
>
>>>>>>and most insurance plans will reimburse for it.
>>>>>>
>>>>>>Ira Kalet

>>>>>>
>>>>>>Ostapiak Orest wrote:
>>>>>>
>>>>>>>The whole topic can easily be looked up on Wikipedia, but I'll
>>>>>>>try
>
> to
>
>>>>>>>give a nutshell summary:
>>>>>>>
>>>>>>>Both neutrons and photons give rise to secondary charged
>>>>>>>particles
>>>
>>>which
>>>
>>>>>>>in turn produce oxygen free radicals (oxygen ion with unpaired
>>>
>>>electron
>>>
>>>>>>>in outer shell) which mediate the DNA damage. The big difference
>>>>>>>is
>>>
>>>that
>>>
>>>>>>>neutrons are able to excite heavy protons which leave dense
>>>>>>>tracks
>
> of
>
>>>>>>>ionizations while electrons produced from photon interactions
>>>>>>>leave sparser ionization tracks. The denser tracks from protons
>>>>>>>are more efficient at DNA double strand breaks and therefore more

>>>>>>>damaging
>
> than
>
>>>>>>>those produced by electrons which result in more single strand
>
> breaks.
>
>>>>>>>The original question about effective neutron dose to a patient
>>>>>>>undergoing radiotherapy may answered in terms of the relative
>>>
>>>magnitude
>>>
>>>>>>>of neutron to photon doses from a linac beam operating at 18MV.

>
> Taking
>
>>>>>>>into account the equivalent dose, the neutron dose is 0.15% of
>>>>>>>the photon dose.
>>>>>>>
>>>>>>>Therefore accounting for this dose is well beyond the accuracy of
>
> the
>
>>>>>>>planning system (~1% at best).
>>>>>>>
>>>>>>>Orest.
>>>>>>>
>>>>>>>-----Original Message-----
>>>>>>>From: owner-pinnacle-users@explode.unsw.edu.au
>>>>>>>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of
>>>>>>>Mike Gallamore
>>>>>>>Sent: Thursday, October 04, 2007 1:24 PM
>>>>>>>To: pinnacle-users@explode.unsw.edu.au
>>>>>>>Subject: RE: Neutrons
>>>>>>>
>>>>>>>I'd like to hear more about this, being in a lowly IT position
>>>>>>>with
>
> a
>
>>>>>>>bent towards physics, every once in a while I need the mental
>>>>>>>stimulation :) I thought biologically what was happening during
>>>>>>>radiation treatment, was oxidization of the DNA while it is being

>>>>>>>transcribed. Essentially the oxygen gets in the way and causes
>>>>>>>the
>>>
>>>cell
>>>
>>>>>>>not to be able to replicate. I'd think neutrons wouldn't have
>>>
>>>preference
>>>
>>>>>>>for cancer cells like electrons do, because there isn't anything
>>>>>>>in
>>>
>>>the
>>>
>>>>>>>meiosis pathway that would gobble them up more than other

tissues.
>>>>>>>Anyways, I'd be interested if my thinking is right, and if so how
>
> does
>
>>>>>>>the presence of non selective destruction affect the probability
>>>>>>>of killing the tumor (does it just raise the curve by the amount
>>>>>>>of
>
> death
>
>>>>>>>due to neutrons or what(probably an oversimplification, but
>>>>>>>probably close enough for biological systems)?)
>>>>>>>
>>>>>>>Mike Gallamore, Bsc (physics)
>>>>>>>Programmer Analyst
>>>>>>>Grand River Regional Cancer Center
>>>>>>>phn: 519-749-4300 X5792
>>>>>>>mobile: 519-503-5044
>>>>>>>
>>>>>>>-----Original Message-----
>>>>>>>From: owner-pinnacle-users@explode.unsw.edu.au
>>>>>>>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of
>
> Jeremy
>
>>>>>>>Dobbins
>>>>>>>Sent: October 4, 2007 12:28 PM
>>>>>>>To: pinnacle-users@explode.unsw.edu.au
>>>>>>>Subject: Neutrons
>>>>>>>
>>>>>>>Since we know that the neutron dose equivalent in a typical
>
> treatment
>
>>>is
>>>
>>>>>>>non-negligible (especially for photons and electrons with
>>>>>>>energies greater than 10 MeV), how can we more accurately
>>>>>>>incorporate this
>
> into
>
>>>>>>>our treatment plans?
>>>>>>>
>>>>>>>Jeremy Dobbins

>>>>>>>Medical Physicist
>>>>>>>Shreveport, LA
>>>>>>>
>>>>>>>
>>>>>>>
>>>>>>>
>>>
>>>_____
>>>___
>>>
>>>>>>>_____
>>>>>>>Moody friends. Drama queens. Your life? Nope! - their life, your
>>>
>>>story.
>>>
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>>>>>>>
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>
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FAX: 206 598-3786
email: ikalet@u.washington.edu
www: http://www.radonc.washington.edu/faculty/ira/

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##

De:	rkover1@comcast.net
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Neutrons
Fecha:	viernes, 05 de octubre de 2007 20:01:00
Archivos adjuntos:	

Lars,

I have to concur with Ira. I was a Therapist who was personally involved with many of the early RTOG randomised trials regarding fast neutron therapy (at the "old" cyclotron) at the University of Washington. I have seen quite a few of the published reports, though it may be that not all of them have been translated into Internet format. George Laramore wa the principle author of several of these publications. Perhaps that will assist in your search. Good luck.

Robert Kover BS, CMD
Medical Physicist
Northwest Medical Physics Center

> ---------- Original message ----------
> From: Ira Kalet <ikalet@u.washington.edu>
>
> > Lars,
> >
> > I just ran it, and got back 156 articles. However, the ones that really
> > are reports of neutron clinical trials are down the list somewhat, in
> > the 1990s range, since that is when it all happened. The first 20 or so
> > are on other topics, that nevertheless satisfy the search query.
> >
> > In particular, at the UW we ran many clinical trials, and for prostate
> > cancer, salivary gland tumors and other sites, the results were so
> > definitive we closed the trials early and got CMS to agree to pay for
> > treatment where clinically indicated.
> >
> > Here is a sentence from the abstract of item 18 from my search results:
> > "CONCLUSION: According to this experience and taking into account the! so
> > far collected experience, fast neutron radio-therapy remains the
> > treatment of choice for large and unresectable primary and recurrent
> > ACC, and residual disease after surgery."
> >
> > Another one (item 21): "The Radiation Therapy Oncology Group (RTOG)
> > performed a multi-institutional randomized trial (RTOG 77-04) comparing
> > mixed beam (neutron plus photon) irradiation to conventional photon
> > irradiation for the treatment of locally advanced prostate cancer. A
> > subsequent trial by the Neutron Therapy Collaborative Working Group

> (NTCWG 85-23) compared pure neutron irradiation to standard photon
> irradiation. Both randomized trials demonstrate significant improvement
> in locoregional control with neutron irradiation compared to
> conventional photon irradiation in the treatment of locally advanced
> prostate carcinoma. To date, only the mixed beam trial has shown a
> ! signifi cant survival benefit." It goes on to suggest that pure neutron
> therapy may also, and recommends further studies.
>
> There are many more, going a little further back.
>
> By the way, there are likely more articles than you will find in the
> above PubMed search - the sensitivity and specificity of such searches
> is highly variable. A more focused search would require starting with
> one of the articles and using their citations and the citation index to
> do backward and forward searches might come up with more.
>
> Perhaps you need some instruction on literature searching, or perhaps
> you are using Google instead of PubMed. I have no idea what kind of
> garbage a Google search might turn up.
>
> I hope this will put to rest your totally groundless claim.
>
> Ira
>
> Lars Ewell wrote:
> > Ira,
> >
> > I did th! e searc h you recommended, but came
> > up dry.
> >
> > This leads me to believe that my original assertion,
> > that in fact there are no prospective randomized trials
> > comparing neutron (fast or otherwise) therapy to
> > photon therapy, is correct.
> >
> > regards,
> >
> > Lars
> >
> > ----- Original Message -----
> > From: "Ira Kalet"
> > To:
> > Sent: Thursday, October 04, 2007 1:46 PM
> > Subject: Re: Neutrons
> >
> >
> >> Most of this work was done in the 1990's, and a PubMed search on
> >> something like "fast neutron radiotherapy clinical trials" might bring
> >> up most, although it likely will bring up a lot of other stuff like BNCT.
> >>

> >> Ira
> >>
! > &g t;> Lars Ewell wrote:
> >>> Ira Kalet,
> >>>
> >>> Thanks for this information.
> >>>
> >>> If you are aware of a randomized prospective
> >>> study that compares neutron therapy to photon therapy,
> >>> and shows, e.g., a survival benefit, please give
> >>> the reference.
> >>>
> >>> Thanks in advance.
> >>>
> >>> regards,
> >>>
> >>> Lars Ewell
> >>>
> >>> ----- Original Message -----
> >>> From: "Ira Kalet"
> >>> To:
> >>> Sent: Thursday, October 04, 2007 11:52 AM
> >>> Subject: Re: Neutrons
> >>>
> >>>
> >>> On the question of neutron therapy,! indeed it has been well established
> >>> that for some tumors, notably salivary gland tumors and some sarcomas,
> >>> there is a relatively larger effect of neutrons on tumor vs normal
> >>> tissue than for photons or electrons or protons. It is this advantage
> >>> that is the reason there are a handful of fast neutron therapy
> >>> facilities around the world, with several in the US, including one here
> >>> at the University of Washington in Seattle, and another at Harper-Grace
> >>> hospital in Detroit (Wayne State U). We use a cyclotron that is in the
> >>> department, in the same area as our photon/electron linacs, and it
> >>> includes an isocentric gantry and multileaf collimator. It is not
> >>> experimental, it is available for referrals from anywhere in the world,
>! >&g t;>> and most insurance plans will reimburse for it.
> >>>
> >>> Ira Kalet
> >>>
> >>> Ostapiak Orest wrote:
> >>>> The whole topic can easily be looked up on Wikipedia, but I'll try to
> >>>> give a nutshell summary:
> >>>>
> >>>> Both neutrons and photons give rise to secondary charged particles
> > which
> >>>> in turn produce oxygen free radicals (oxygen ion with unpaired
> > electron
> >>>> in outer shell) which mediate the DNA damage. The big difference is
> > that

> >>>>> neutrons are able to excite heavy protons which leave dense tracks of
> >>>>> ionizations while electrons produced from photon interactions leave
> >>>>> sparser ionization tracks. The ! denser tracks from protons are more
> >>>>> efficient at DNA double strand breaks and therefore more damaging than
> >>>>> those produced by electrons which result in more single strand breaks.
> >>>>>
> >>>>> The original question about effective neutron dose to a patient
> >>>>> undergoing radiotherapy may answered in terms of the relative
> > magnitude
> >>>>> of neutron to photon doses from a linac beam operating at 18MV. Taking
> >>>>> into account the equivalent dose, the neutron dose is 0.15% of the
> >>>>> photon dose.
> >>>>>
> >>>>> Therefore accounting for this dose is well beyond the accuracy of the
> >>>>> planning system (~1% at best).
> >>>>>
> >>>>> Orest.
> >>&g! t;>& gt;
> >>>>> -----Original Message-----
> >>>>> From: owner-pinnacle-users@explode.unsw.edu.au
> >>>>> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mike
> >>>>> Gallamore
> >>>>> Sent: Thursday, October 04, 2007 1:24 PM
> >>>>> To: pinnacle-users@explode.unsw.edu.au
> >>>>> Subject: RE: Neutrons
> >>>>>
> >>>>> I'd like to hear more about this, being in a lowly IT position with a
> >>>>> bent towards physics, every once in a while I need the mental
> >>>>> stimulation :) I thought biologically what was happening during
> >>>>> radiation treatment, was oxidization of the DNA while it is being
> >>>>> transcribed. Essentially the oxygen gets in the way and causes the
> >! ; cell
> >>>>> not to be able to replicate. I'd think neutrons wouldn't have
> > preference
> >>>>> for cancer cells like electrons do, because there isn't anything in
> > the
> >>>>> meiosis pathway that would gobble them up more than other tissues.
> >>>>> Anyways, I'd be interested if my thinking is right, and if so how does
> >>>>> the presence of non selective destruction affect the probability of
> >>>>> killing the tumor (does it just raise the curve by the amount of death
> >>>>> due to neutrons or what(probably an oversimplification, but probably
> >>>>> close enough for biological systems)?)
> >>>>>
> >>>>> Mike Gallamore, Bsc (physics)
> >>>>> Programmer Analyst
> >>>>> Grand River Regional C! ancer C enter
> >>>>> phn: 519-749-4300 X5792
> >>>>> mobile: 519-503-5044
> >>>>>
> >>>>> -----Original Message-----

> >>>>> From: owner-pinnacle-users@explode.unsw.edu.au
> >>>>> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Jeremy
> >>>>> Dobbins
> >>>>> Sent: October 4, 2007 12:28 PM
> >>>>> To: pinnacle-users@explode.unsw.edu.au
> >>>>> Subject: Neutrons
> >>>>>
> >>>>> Since we know that the neutron dose equivalent in a typical treatment
> > is
> >>>>> non-negligible (especially for photons and electrons with energies
> >>>>> greater than 10 MeV), how can we more accurately incorporate this into
> >>>>> our treatment plans? > >>>>>
> >>>>> Jeremy Dobbins
> >>>>> Medical Physicist
> >>>>> Shreveport, LA
> >>>>>
> >>>>>
> >>>>>
> >>>>>
> >

> >>>>> _____
> >>>>> Moody friends. Drama queens. Your life? Nope! - their life, your
> > story.
> >>>>> Play Sims Stories at Yahoo! Games.
> >>>>> http://sims.yahoo.com/
> >>>>>
> >>>>>
> >>>>>
##
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##
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> >
##
> >>>> --
> >>>> Ira J. Kalet, Ph.D.
> >>>> Professor, Radiation Oncology
> >>>> Professor, Medical Education and Biomedical Informatics
> >>>> Adjunct Professor, Computer Science and Engineering
> >>>> Adjunct Professor, Biological Structure
> >>>> Director, Security and Networking, UW Medic! ine IT Services
> >>>>
> >>>> office: 206 598-4107
> >>>> FAX: 206 598-3786
> >>>> email: ikalet@u.washington.edu
> >>>> www: http://www.radonc.washington.edu/faculty/ira/
> >>>>
> >>>>
> >>>>
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>
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>
##

De: Kao, Mark

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Electron MU calculation with blocks

Fecha: lunes, 08 de octubre de 2007 15:03:25

Archivos adjuntos:

We just commissioned my electron beam. After calculation, there was no mu. We also have questions to display mixed beam, abutting electron and photon. The only way to get dose displayed is to have only one prescription, even there are two isocenters. Any recommendations?

Mark Kao, Ph.D., DABR
Chief Medical Physicist
St. Barnabas Medical Center
Livingston, NJ 07039
Tel: 973-322-5698
Fax: 973-322-5648

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Marc Mlyn
> **Sent:** Thursday, October 04, 2007 8:14 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Re: Electron MU calculation with blocks
>
> Stanley is correct, you need a range of OFs for EACH cone and EACH SSD... this is in the manual, Juan.
>
> The way Pinnacle uses the OFs is that it draws a rectangle around an irregular block. It then looks up the OF for the short and the long dimension, multiplies them and takes the square root.
>
> If one of the two dimensions is not in the OF table, you will not get MU.
>
> This does not mean that you need to go down to a 2x2 OF for the 25x25 cone, and if you have an unusual cutout, it might make more sense to measure it anyway. If you do measure it and get a cGY/MU, make sure to put that value in the Monitor Unit window, and override the OF table. This way you will get the correct MU printed with the plan.
>
> Regards,
> Marc Mlyn
> Sr. Manager, Philips Radiation Oncology Systems
>
> > ----- Original Message -----
> > **From:** Stanley Makgere
> > **To:** pinnacle-users@explode.unsw.edu.au
> > **Sent:** Thursday, October 04, 2007 3:20 AM
> > **Subject:** Re: Electron MU calculation with blocks

I think your problem is the output factors. We had similar problem before. In our case we have 6x6, 10x10, 15x15,20x20 and 25x25 applicators. For example, inside 10x10 applicator we measured the output factors of square fields of 4x4, 6x6, and 8x8 cutouts. I may be wrong, but I think each and every applicator needs its own output factor curve.

Stanley

----- Original Message -----
From: Juan Diego Azcona
To: pinnacle-users@explode.unsw.edu.au
Sent: Wednesday, October 03, 2007 5:38 PM
Subject: Electron MU calculation with blocks

We have a problem regarding electron monitor units calculation in blocked fields. There are a number of circumstances under which the TPS is unable to provide a calculated number of monitor units. We have the following applicators: 5x5, 10x10, 15x15, 20x20 and 25x25. Additionally, we have measured output factors (and also profiles and pdd) for a square field of 12x12, collimated with cerrobend on the 15x15 applicator, and 6x6 and 8x8 collimated on the 10x10 applicator. We were told that there was no need of collimating, i.e., a field of 15x15 on a 25x25 provided there is an applicator of such size.

What is the reason then for not calculating the MUs with some blocked fields? For the 25x25 applicator, since the previous field is the applicator of 20x20, the MUs are never calculated if a block is introduced, irrespective of the blocked area. For example, in a case with a very small corner blocked, the TPS does not provide MUs. It seems that the TPS does not know how to interpolate if there are no values measured for block collimated fields with that applicator.

I guess we do not have to measure all OF for all field sizes collimated on all applicators (i.e. we do not have to measure the OF for the 10x10 field on the corresponding applicator and also on the 15x15, 20x20 and 25x25 applicators). At least, this do not seem to be the recommendation on the manuals. Can anybody share his/her experience in circumventing this problem and calculating MUs in those cases?

Thanks in advance!

- -

Juan Diego Azcona
Radiation Physicist
Department of Oncology
Clínica Universitaria
Universidad de Navarra
Avda. Pío XII, 36
31008 Pamplona
Navarra
Spain

Tel/Phone: 34 948 25 54 00 x4913
Fax: 34 948 25 55 00

> http://www.unav.es
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> ###

De:	Maria Trinitat García Hernández
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	varian modeling
Fecha:	martes, 09 de octubre de 2007 22:49:40
Archivos adjuntos:	

Could someone share an initial photon model for a varian 2100??

Mensaje enviado desde IMP. Sistema interno de correo de Eresa.

De:	Potari, Vassiliki
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	[BULK]Electron data
Fecha:	miércoles, 10 de octubre de 2007 20:56:53
Archivos adjuntos:	

Dear users

How did you obtain the Sigma-Theta-X value required for the electron modeling in Pinnacle? Did you follow the method recommended on the Physics guide? My intention is to use our Wellhofer Blue phantom with a CC13 cylindrical chamber to acquire the profiles, but I don't have appropriate buildup caps to do measurements in air. Before I decide to spend a considerable amount of money for something that is very unlikely I will have to use routinely, I am asking for your input.
You can respond to me privately if you like.

Thank you,

Vassiliki Potari, Physicist
Department of Radiation Oncology
Danbury Hospital,
Danbury, CT
vassiliki.potari@danhosp.org

De:	Myler Uwe
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: [BULK]Electron data
Fecha:	miércoles, 10 de octubre de 2007 22:32:24
Archivos adjuntos:	

Hi Vassiliki,

Actually, I think you want as good a spatial resolution as possible when measuring the in air profiles. So, don't use any buildup caps. Its all relative dosimetry, anyway. And yes, we followed the method as outlined in the Pinnacle Beam Data Collection Guide.

Uwe Myler
Juravinski Cancer Centre
Hamilton, Ontario

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Potari, Vassiliki
Sent: Wednesday, October 10, 2007 2:38 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: [BULK]Electron data

Dear users

How did you obtain the Sigma-Theta-X value required for the electron modeling in Pinnacle? Did you follow the method recommended on the Physics guide? My intention is to use our Wellhofer Blue phantom with a CC13 cylindrical chamber to acquire the profiles, but I don't have appropriate buildup caps to do measurements in air. Before I decide to spend a considerable amount of money for something that is very unlikely I will have to use routinely, I am asking for your input.
You can respond to me privately if you like.

Thank you,

Vassiliki Potari, Physicist
Department of Radiation Oncology
Danbury Hospital,

Danbury, CT
vassiliki.potari@danhosp.org

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##

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Farewell and Hello
Fecha:	miércoles, 10 de octubre de 2007 22:46:32
Archivos adjuntos:	

Hello All,

I wanted to share with you personally that this coming Friday will be my last day with Philips.

I have been with ADAC / Philips since 1998, and I have had a wonderful time working with you, our customers.

I have decided that it is time for the next phase in my career, and this includes perfecting my skills in M&A activity, business development and portfolio management. I will be staying in Radiation Oncology because I believe that I can help create a lot of value in our industry, having twenty years of experience under my belt.

CIVCO Medical Solutions will be bringing me on as the Director of Clinical Applications and Business Development, and I will be helping them to build solutions to help drive workflow improvements in Oncology. I am very excited about this opportunity, and I fully expect that I will be working with many of you in my new role.

Philips has a bright future in Oncology. Considering Philips' strong research capability and core competencies in imaging and healthcare informatics, it is just a matter of time before some very cohesive solutions are released. Do not confuse my personal choice as any kind of statement about PROS or Philips in general. It is just time for me to move on.

I will remain active here on the Pinnacle User's List, helping whenever I can. My personal email address is mmlyn@optonline.net.

With Warm Regards,

Marc Mlyn, CMD
Philips Radiation Oncology Systems

Sr. Manager, Product Support Engineering
marc.mlyn@philips.com
Fax: +1-408-965-2023
PROS Support North America 1-800-722-9377, then 5,5,3.
PROS Support email: pros.support@philips.com
Support Website: http://incenter.medical.philips.com

De:	Warry, Alison
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Image fusion v7.4 "moveable"
Fecha:	viernes, 12 de octubre de 2007 15:47:04
Archivos adjuntos:	

Dear All,

We have recently commissioned a new linac beam in a new institution on Pinnacle v7.4. We are now finding that when we fuse images and select “No” to “Moveable”, save and exit, that when we re-open the patient the second image set is “moveable” again, rather than being “locked”.

Has anyone else seen this problem? If so, could you let us know the solution please?!

Thank you,

Alison

Alison Warry
Lead Clinical Scientist, Radiotherapy Physics
Royal Free Hospital, Pond Street,
London, NW3 2QG

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Trilogy etc.
Fecha:	sábado, 13 de octubre de 2007 3:41:12
Archivos adjuntos:	

Does anyone have experience with the following:
a) Trilogy/z-med/OBI vs Trilogy/i-vew/Exac trac
b) Aria vs IMPAC.

I would appreciate any relevant information. Since my questions are not ADAC related I prefer personal communications outside of the list server.

Vadim Kuperman, Ph.D.

De:	Maria Trinitat García Hernández
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	record and verify
Fecha:	miércoles, 17 de octubre de 2007 14:53:59
Archivos adjuntos:	

I am creating a varian 2100 machine with a millenium mlc (120 leaves) and I have a problem when I try to export record and verify. The message I get is:

The record and verify file format is limited to 50 leaf pairs. This MLC exceeds that. No expor perfomed.

Do you know what is the problem?.

Mensaje enviado desde IMP. Sistema interno de correo de Eresa.

De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: record and verify
Fecha:	miércoles, 17 de octubre de 2007 16:26:28
Archivos adjuntos:	

Hi Maria

RTP export is limited by definition to 50 leaf pairs. Try Dicom RT Plan export instead.

Kind regards

Ian

Ian Norton

Clinic for Radiation Oncology
University Hospital Zurich
Raemistrasse 100
CH-8091 Zurich
Switzerland

Tel.: +41 -(0)44-255-3575

ian.norton@usz.ch
http://www.usz.ch

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von Maria Trinitat García Hernández
Gesendet: Mittwoch, 17. Oktober 2007 14:31
An: pinnacle-users@explode.unsw.edu.au
Betreff: record and verify

I am creating a varian 2100 machine with a millenium mlc (120

leaves) and I have a problem when I try to export record and verify.
The message I get is:

The record and verify file format is limited to 50 leaf pairs. This MLC exceeds that.
No expor perfomed.

Do you know what is the problem?.

Mensaje enviado desde IMP. Sistema interno de correo de Eresa.

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	scripts in V8.0h
Fecha:	miércoles, 17 de octubre de 2007 17:32:37
Archivos adjuntos:	

Hi,

I've just gone through a lot of trouble to modify our prostate IMRT scripts (the expansion / contraction parts) to work with version 8.0h. I've got 3 problems left

- a script to compute planar dose for QA causes <exit system>, but script rerecording doesn't show any difference from the old one. Is there any script
instability in 8.0h that I should know about, has anyone had similar problems,
or have the manually (vi) entered commands changed?

- Expansion/contraction used to work without user intervention, but now the system keeps asking me to confirm "overwriting existing contours". I tried
setting Test.ExpectWarningMessage = 1 ;. That worked in version 7.6, but not in 8.0h. Alternatively, I tried to <clean roi> before expansion, but that also
required confirmation by the user. Anyone?

- now even more windows won't close. Recording opening en closing only yields the command for opening, but not for closing the window. Strange.

sincerely
Erik

****

buitenpolikliniek Wateringse Veld blijft ongewijzigd, telefoon 070-372 1100

De:	Keith Nakonechny
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: scripts in V8.0h
Fecha:	miércoles, 17 de octubre de 2007 18:11:52
Archivos adjuntos:	

Check for dependencies, such as in the script trying to delete a beam that is being used for planar dose planes. This causes a crash.

A somewhat related word of warning. Using a wildcard (~re-do spread) to compute dose for all beams/planes doesn't seem to work and actually caused all my scripts to be overwritten! Good thing I backed up first. I had to write a line to compute for each beam separately.

Keith

Keith Nakonechny, M.Sc., MCCPM
Radiotherapy Physicist
CancerCare Manitoba
675 McDermot Avenue
Winnipeg, Manitoba
Canada, R3E 0V9

Phone: (204) 787-2130

>>> "e.vdieren" <e.vdieren@hagaziekenhuis.nl> 10/17/2007 10:13 AM >>>
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de afdeling. Het telefoonnummer van de buitenpolikliniek Wateringse Veld blijft ongewijzigd, telefoon 070-372 1100

De:	Guidi Gabriele
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Machine Modeling ....
Fecha:	viernes, 19 de octubre de 2007 15:44:14
Archivos adjuntos:	

Hi

We are running Pinnacle version 8.0d
We have a primus 4MV and a Precise 6MV, both the machine with Wedge
I found a lot problem on PDD build-up (especially for wedge PDD, before of the Buildup region)

Using the K factor in Build up to modelling the experimental data, do not change the convergences of my model
All the time the Pinnacle model, is over the experimental data (only before of the build up), and from my reading of the manuals the K factor should work to move the PDD Build-up more in depth

I tried many times, to recreate a new spectrum, with more photons at low energy, with spectrum form Mohan Model and also from other machine existing in some centre close to us, but also the auto-modelling script for spectrum and spectrum + EC doesn't change the parameters and go back to my model
Also the others script for EC (electronic contamination) doesn't work very well
Unfortunately the Max K value into the v.8.0d is = 10, and the region before of the Build up has a difference dose= 6% in many points
I have no idea how can I do, Does anyone can help me?
If you like I can send to you my machine

We acquire the experimental data with 0.5mm step, because from the theory, is not clear for me why we should use a 2mm or 4mm of dose grid during the computation, but we acquire a PDD with worst resolution to model the machine
For this reason we have more data then necessary, and for profile and PDD in small field (without wedge) this was very helpful (differences less tha 0.3%)

Does anyone can help me? If you like I can send to you a screen shot of my model
Thank you in advance
Lele

Gabriele Guidi
Medical Physics Dpt.

Az.Ospedaliero-Univeristaria di Modena
Via del Pozzo 71, 41110 Modena (Italy)

Phone: +39 059 422 5699
Ext: +39 059 422 4270
email: guidi.gabriele@policlinico.mo.it

The Hospital Server locks any *.zip, *.exe file or >3MB
Please try to contact me via phone or at my privete email
Sorry for any disservices or inconveniences

De:	Anton Eagle
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Varian carbon couch top?
Fecha:	viernes, 19 de octubre de 2007 19:29:02
Archivos adjuntos:	

Dear Listers,

We have just installed a new Varian iX. There is a desire to use the new solid carbon couch tops during treatment, since this will result in better images. However, I have made some measurements, and when treating straight through, the carbon couch top attenuates a 6X beam by about 2%, and an 18X beam by a little more than 1%. Presumably, when treating at an angle, these values could easily increase to 3% and almost 2% respectively.

Is there any way to take this into account in Pinnacle? I thought about using the "tray factor" (since we don't actually use blocks), but the tray factor parameter is disabled when using MLCs. 3% for 6X oblique posterior IMRT fields seems significant enough that in should be accounted for somehow. If necessary, I can always do a hand calc adjustment, but was hoping there might be a way to get Pinnacle to add the appropriate factor at the appropriate time. Feel free to reply to the group, so others can see the response. Thanks.

Anton Eagle, MS.
Northwest Medical Physics

De:	Luse, Ray W.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varian carbon couch top?
Fecha:	viernes, 19 de octubre de 2007 20:18:09
Archivos adjuntos:	

We are applying the attenuation factor for Posterior fields by hand.

Ray Luse
Physicist
Sacred Heart Medical Center
Spokane, Wa. 99220

509-474-7221

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Anton Eagle
Sent: Friday, October 19, 2007 10:07 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Varian carbon couch top?

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Anton Eagle, MS.
Northwest Medical Physics

De:	Debbie Rothley
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Varian carbon couch top?
Fecha:	viernes, 19 de octubre de 2007 21:00:47
Archivos adjuntos:	

It wasn't easy to apply the couch attenuation in Pinnacle. In our case, the dosimetrists contoured the couch and over-rode (is that a word?) the density. Since the couch top wasn't available for the CT-scan, the contour was drawn to match the dimensions of the solid couch. We used our measured attenuation to increase the density of the contour and then made sure to include the couch contour in the calculation.

Notice that I used the past tense in my description. That's because the severe posterior skin reactions that some patients received caused us to remove the solid couch. We found a better solution with a couch top that has replaceable solid and grid inserts. The grid insert is used for non-IMRT patients treated AP/PA and the solid insert is used for all others. The solid insert does provide the best kV-image for IGRT, but the carbon fiber grid doesn't seem to interfere much with CBCT imaging.

I understand that the manufacturers have become aware of the reported skin reactions and some have made improvements in the solid couch tops. So it may not be as much of a problem currently.

Debbie Rothley, M.S., DABR
Director of Physics and Dosimetry
Radiation Oncology Services
Riverdale, GA
drothley@rosonline.net

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Anton Eagle
Sent: Fri 10/19/2007 1:07 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Varian carbon couch top?

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Anton Eagle, MS.
Northwest Medical Physics

De:	David M Nelson
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle to ARIA/MOSAIQ connectivity
Fecha:	viernes, 19 de octubre de 2007 22:42:25
Archivos adjuntos:	

Dear Pinnacle friends:

I wanted to ask for any first-hand experiences with the new R&V/OIS systems out there -- ARIA and MOSAIQ -- with regard to Pinnacle connectivity (via DICOM RT or otherwise). Please let me know any of the good, the bad and the ugly. We are, of course, committed to making these systems work well with Pinnacle.

Note: All 3 of the companies involved are engaged in the IHE-RO initiative, which aims to ensure connectivity and interoperability. However, the early stages of IHE-RO connectivity/interoperability are very basic and do not yet represent the full complexity of clinical life.

Any feedback is greatly appreciated! I look forward to meeting many of you at ASTRO!

Best regards,

Dave Nelson
Product Manager, Philips Medical Systems, Radiation Oncology Systems
5520 Nobel Drive, Suite 125, Fitchburg, WI 53711, USA
Phone: 608-288-6931, Fax: 608-298-2101, Mobile: 608-576-8363

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle to ARIA/MOSAIQ connectivity
Fecha:	viernes, 19 de octubre de 2007 23:58:07
Archivos adjuntos:	

Dave -

So glad you asked! IGRT brings on new issues of verification. Since Pinnacle displays Pinnacle (CT) coordinates, but apps like Mosaiq use standard DICOM (patient) coordinates, you can't readily rectify the two. In Mosaiq, for example, the Site Setup includes an isocenter that came from Pinnacle and can be forwarded on to, say, an Elekta XVI box, for cone beam acquisition and registration. If the iso is wrong, the registrations are wrong. So the problem is comparing an (x,y,z) triple in Pinnacle coordinates to one in DICOM coordinates - if you can't make this comparison, it's a leap of faith.

Since Pinnacle performs the conversion internally (to generate the .rtp file for the R&V system), this would seem to beg the question of why it can't simply be displayed (for any POI), for verification purposes. I think you can say that DICOM coordinates are more general, so the onus seems to be on Philips to be more transparent.

Regards - Dave

David Lockman, DSc, DABR
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> david.m.nelson@philips.com 10/19/2007 4:27:05 PM >>>

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out there -- ARIA and MOSAIQ -- with regard to Pinnacle connectivity

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5520 Nobel Drive, Suite 125, Fitchburg, WI 53711, USA
Phone: 608-288-6931, Fax: 608-298-2101, Mobile: 608-576-8363

De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Varian carbon couch top?
Fecha:	sábado, 20 de octubre de 2007 3:32:03
Archivos adjuntos:	

If you have the MBS, create a model of the couch and just 'drop it' where it needs to be. It is a very simple way of re-creating the contours of the couch. We do this for our Synergy and Primus units (in some cases not so much for transmission concerns, but beam clearance concerns). Be careful about density values you use for transmission of your model organ (i.e., use a density greater than your threshold) and where you 'clip' the couch. Works quite nice.

... but it is an expensive way to model a couch transmission.

Regards,
Parminder S. Basran PhD MCCPM
Sunnybrook Health Sciences Centre
Toronto ON Canada

----- Original Message ----
From: Debbie Rothley <DRothley@rosonline.net>
To: pinnacle-users@explode.unsw.edu.au
Sent: Friday, October 19, 2007 2:56:08 PM
Subject: RE: Varian carbon couch top?

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Debbie Rothley, M.S., DABR
Director of Physics and Dosimetry
Radiation Oncology Services
Riverdale,

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Anton Eagle
Sent: Fri 10/19/2007 1:07 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Varian carbon couch top?

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Anton Eagle, MS.

Northwest Medical Physics

De:	George W. Sherouse, Ph.D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle to ARIA/MOSAIQ connectivity
Fecha:	sábado, 20 de octubre de 2007 14:47:31
Archivos adjuntos:	

On Oct 19, 2007, at 4:27 PM, David M Nelson wrote:

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Stepping back a moment from the sublime complications of IGRT to the more mundane...

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Three examples of the many things RadCalc automates for us that come to mind:

• MOSAIQ needs to see the literal word "CUSTOM" in the field for bolus or compensator or block in order to produce and interlock a barcode.

• MOSAIQ needs the literal word "NONE" in the wedge field to interlock with an open field on the Varian 2100C.

• We have different Pinnacle models, on different machines as far as Pinnacle is concerned, for our routine work and for compensator IMRT. The machine names need to be mapped to the same physical machine name in MOSAIQ.

- GWS

==========

Sherouse Systems, Inc., Chapel Hill, NC, <http://www.gwsherouse.com/>
Medical Physics and Computing services for Radiation Oncology
(919) 382-8102 voice or FAX, <mailto:gws@gwsherouse.com>

One who speaks does not know. One who knows does not speak.
- Lao Tzu

==========

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle to ARIA/MOSAIQ connectivity
Fecha:	sábado, 20 de octubre de 2007 20:18:35
Archivos adjuntos:	

Our physicists here seem to use RadCalc a lot here to. Previously they were using some in house software, for secondary calculation, now they use radcalc, seems to have more features and be more usable for our dosimetrists to use as well..

Another tool we really like is the new Argus IMRT software from Varian(I think the new feature really was integration with Aria). We hadn't used it much because we started IMRT after our aria upgrade and didn't have a version that would work with that system. Anyways, really nice does A-B dose comparision from the log files from the mlc, versus planned, the delta of leaf position versus planned etc. It also will interface with a far number of qa equipment, but we didn't happen to have any of them so I can't really comment on that side of the software..

One of our physicists was using it and was able to tell that a couple of leaves were starting to lag and would probably need maintanence soon, even though the dose was still in tolerence, because we get snapshots of the leaf position every 50ms. Otherwise, this probably wouldn't have gotten caught until the leaves were bad enough that QA's start failing.

----- Original Message -----
From: owner-pinnacle-users@explode.unsw.edu.au <owner-pinnacle-users@explode.unsw.edu.au>
To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
Sent: Sat Oct 20 08:27:56 2007
Subject: Re: Pinnacle to ARIA/MOSAIQ connectivity

On Oct 19, 2007, at 4:27 PM, David M Nelson wrote:

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Medical Physics and Computing services for Radiation Oncology

(919) 382-8102 voice or FAX, <mailto:gws@gwsherouse.com>

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- Lao Tzu

==========

De:	Mark Phillips
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle to ARIA/MOSAIQ connectivity
Fecha:	sábado, 20 de octubre de 2007 21:01:06
Archivos adjuntos:	

Mike,

Some of the comments about the Argus results are very interesting. What are the tolerances and has the delivery system ever exceeded them? Is this dynamic or step-and-shoot? I have seen results from Varian dynamic logs that show that sometimes control points are not met within specification. Also, have you tried to estimate the dosimetric errors that would result given a delivery at the edge of the allowable tolerances? (This would, of course, be very beam-specific)

Mark

Mark H. Phillips, Ph.D.
Professor, Department of Radiation Oncology
Box 356043
University of Washington
Seattle, WA 98195-6043

(office) 206.598.6219
(fax) 206.598.6218

www.radonc.washington.edu/faculty/mark/

On Sat, 20 Oct 2007, Mike Gallamore wrote:

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> ----- Original Message -----
> From: owner-pinnacle-users@explode.unsw.edu.au <owner-pinnacle-users@explode.unsw.edu.au>
> To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
> Sent: Sat Oct 20 08:27:56 2007
> Subject: Re: Pinnacle to ARIA/MOSAIQ connectivity
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>
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>
> One who speaks does not know. One who knows does not speak.
>
> - Lao Tzu
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> ==========
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>

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle to ARIA/MOSAIQ connectivity
Fecha:	sábado, 20 de octubre de 2007 22:26:42
Archivos adjuntos:	

We only do step and shoot and dynamic, we can't do sliding window due to limitations with Pinnacle. The tolerances are configuratable, I believe it comes configured for +-5% on dose, and 3mm for leave position, but these are editable. We just had Argus installed 2 weeks ago, and are yet to do out of that tolerance window.

I believe how the leaf issue was caught was the first part of the analysis mode for IMRT is a red light green light listing of the A and B banks of the mlc. You can then drill down by plotting average difference between the delivered and planned leaf positions. This data comes from the dynalog files from the varian mlc controller.

It might make things easier that we have all the same linacs, varian clinacs with the millinium mlc (120 leaves). I'm not sure about the other vendors output files, I'd assume that other machines would have comparible realtime outputs of leaf position. The varian system as I mentioned samples every 50ms and dumps to a file on the 4DTC computer.

----- Original Message -----
From: owner-pinnacle-users@explode.unsw.edu.au <owner-pinnacle-users@explode.unsw.edu.au>
To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
Sent: Sat Oct 20 14:46:47 2007
Subject: Re: Pinnacle to ARIA/MOSAIQ connectivity

Mike,

Some of the comments about the Argus results are very interesting. What are the tolerances and has the delivery system ever exceeded them? Is this dynamic or step-and-shoot? I have seen results from Varian dynamic logs that show that sometimes control points are not met within specification. Also, have you tried to estimate the dosimetric errors that would result given a delivery at the edge of the allowable tolerances? (This would, of course, be very beam-specific)

Mark

Mark H. Phillips, Ph.D.
Professor, Department of Radiation Oncology
Box 356043
University of Washington
Seattle, WA 98195-6043

(office) 206.598.6219
(fax) 206.598.6218

www.radonc.washington.edu/faculty/mark/

On Sat, 20 Oct 2007, Mike Gallamore wrote:

> Our physicists here seem to use RadCalc a lot here to. Previously they were using some in house software, for secondary calculation, now they use radcalc, seems to have more features and be more usable for our dosimetrists to use as well..
>
> Another tool we really like is the new Argus IMRT software from Varian(I think the new feature really was integration with Aria). We hadn't used it much because we started IMRT after our aria upgrade and didn't have a version that would work with that system. Anyways, really nice does A-B dose comparision from the log files from the mlc, versus planned, the delta of leaf position versus planned etc. It also will interface with a far number of qa equipment, but we didn't happen to have any of them so I can't really comment on that side of the software..
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> One of our physicists was using it and was able to tell that a couple of leaves were starting to lag and would probably need maintanence soon, even though the dose was still in tolerence, because we get snapshots of the leaf position every 50ms. Otherwise, this probably wouldn't have gotten caught until the leaves were bad enough that QA's start failing.
>
> ----- Original Message -----
> From: owner-pinnacle-users@explode.unsw.edu.au <owner-pinnacle-users@explode.unsw.edu.au>
> To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
> Sent: Sat Oct 20 08:27:56 2007
> Subject: Re: Pinnacle to ARIA/MOSAIQ connectivity
>
>
> On Oct 19, 2007, at 4:27 PM, David M Nelson wrote:
>
>
> I wanted to ask for any first-hand experiences with the new R&V/OIS systems

out there -- ARIA and MOSAIQ -- with regard to Pinnacle connectivity (via DICOM RT or otherwise). Please let me know any of the good, the bad and the ugly. We are, of course, committed to making these systems work well with Pinnacle.
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> Stepping back a moment from the sublime complications of IGRT to the more mundane...
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> We routinely push beam setups from Pinnacle to RadCalc, then from RadCalc to MOSAIQ. This was not what I expected we would do, but we discovered pretty early in our RadCalc/IMPAC experience that RadCalc adds significant value by filling in values for certain fields (via its R&V customization facilities) that would otherwise have to be touched by hand. Which is to say, I guess, that Philips might want to consider offering a similar R&V configuration facility that lets an administrator map names and default values for exports.
>
> Three examples of the many things RadCalc automates for us that come to mind:
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> â€¢ MOSAIQ needs to see the literal word "CUSTOM" in the field for bolus or compensator or block in order to produce and interlock a barcode.
>
> â€¢ MOSAIQ needs the literal word "NONE" in the wedge field to interlock with an open field on the Varian 2100C.
>
> â€¢ We have different Pinnacle models, on different machines as far as Pinnacle is concerned, for our routine work and for compensator IMRT. The machine names need to be mapped to the same physical machine name in MOSAIQ.
>
> - GWS
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>
> ==========
>
> Sherouse Systems, Inc., Chapel Hill, NC, <http://www.gwsherouse.com/>
>
> Medical Physics and Computing services for Radiation Oncology
>
> (919) 382-8102 voice or FAX, <mailto:gws@gwsherouse.com>
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Cc:	
Asunto:	Re: Pinnacle to ARIA/MOSAIQ connectivity
Fecha:	sábado, 20 de octubre de 2007 22:33:42
Archivos adjuntos:	

If you'd like I'd see if I can find which plan threw the errors and post some screenshots to the list.

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From: owner-pinnacle-users@explode.unsw.edu.au <owner-pinnacle-users@explode.unsw.edu.au>
To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
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De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	New Pelvis Challenge Plan
Fecha:	miércoles, 24 de octubre de 2007 23:57:43
Archivos adjuntos:	image002.gif

Radiation Oncology Resources Fall 2007 Pelvic IMRT Challenge Plan!

Earn FREE CEU for MDCB and ASRT while you match your PINNACLE skills with other dosimetrists and learn advanced planning techniques from a panel of Pinnacle experts.

RADIATION ONCOLOGY RESOURCES announces the 2007 Fall Pinnacle Challenge Plan and invites anyone to participate free of charge. Test your own knowledge while we all help each other develop advanced Pinnacle skills. This challenge plan will focus on Pelvic IMRT planning techniques and includes 1.5 CEU credits from ASRT and 1 CEU credit from MDCB for all participants that attend the review session.

Our last Challenge Plan was a huge success with over 130 participants; we hope to have an even bigger response this time around.

WINNER GETS One Full Day of Efficiency Onsite Consulting that will include Plan Comparisons.

What to Expect:

- Plan will be available for download on October 28, 2007
- You will have until November 30, 2007 to complete the plan and return to the judging panel

- Plans will be reviewed and a winner will be chosen by a panel of leading Pinnacle users
- Details will be posted to participate in a Web presentation of the winning plan and will include:
    - Regions of interest
    - RTOG protocol overviews
    - Normal tissue delineation
    - Importance of consistency
    - Volume comparisons
    - Scripting uses and advantages
    - Location of isocenter
    - Utilization of rings
    - Objectives
    - Beam placement
    - Plan evaluation
    - Treatment planning technique comparison

SIGN UP TODAY!

Simply go to http://www.roresources.com/Challengesignupastro.htm to sign up and download the Challenge Plan.

Let's all share our planning knowledge to increase everyone's understanding of pelvic IMRT planning on Pinnacle. For questions, call 866.312.3499 or email info@roresources.com.

Visit us at ASTRO booth #1306 to receive a CD containing the plans to download. You can also visit our website at www.roresources.com.

Victoria LaCerba, MS, CMD, RT(T)
Clinical Services Manager

Radiation Oncology Resources, Inc.
Direct: 503.883.4111 x 713
Toll-Free: 866-312-3499 x 713
Cell: 971-235-9266
vlacerba@roresources.com

www.roresources.com

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	IMPAC list?
Fecha:	jueves, 25 de octubre de 2007 0:36:30
Archivos adjuntos:	

Does anyone know what happened to the IMPAC listserver? I haven't seen any activity in two weeks!

Steve T

Steve Thompson, M.S., DABR
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
ph 209-572-7237
fax 209-526-5280
thompssk@sutterhealth.org

De:	Phillip Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMPAC list?
Fecha:	jueves, 25 de octubre de 2007 3:42:50
Archivos adjuntos:	

BTW. There is also a separate listserv specifically for Medical Oncology/IMPAC. It is hosted by The Nevada Cancer Institute in Las Vegas. Additional information is available on IMPACs website. Thanks, Phillip Smith.

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Joe Wong
Sent: Wed 10/24/2007 7:52 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: IMPAC list?

This was listed in the AAPM link. I think it was
hosted by Wake-Forest.

Joe Wong

--- drttp24@aol.com wrote:

> Didn't know there was one; I would love to sign up
> if you can let me know how.
>
> Anne Patterson
>
>
> -----Original Message-----
> From: Thompson, Stephen K
> <ThompsSK@sutterhealth.org>
> To: pinnacle-users@explode.unsw.edu.au
> Sent: Wed, 24 Oct 2007 6:23 pm
> Subject: IMPAC list?
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>
>
> Does anyone know what happened to the IMPAC
> listserver? I haven't seen any activity in two
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>

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> Steve T
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> ---
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> Steve Thompson, M.S., DABR
>
> Medical Physicist
>
> Department of Radiation Therapy
>
> Memorial Medical Center
>
> 1700 Coffee Road
>
> Modesto, CA? 95355
>
> ph 209-572-7237
>
> fax 209-526-5280
>
> thompssk@sutterhealth.org
>
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De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: IMPAC list?
Fecha:	jueves, 25 de octubre de 2007 6:11:40
Archivos adjuntos:	

Philip - sorry to reply on here but I dont see your private email address.

I sent a message to the listserver a few days ago and got nothing. But I did get your test email today.

If you send me your private email I'll forward the message I sent.

Regards,

Steve Thompson
thompssk@sutterhealth.org

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Phillip Smith
Sent: Wed 10/24/2007 5:46 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: IMPAC list?

I am still the administrator of the list and all is working fine as far as I know. We did change the list software awhile back but it seems to be working fine. There is information on the IMPAC web site on how to subscribe, etc.

If anyone has any problems, feel free to contact me directly. I have noticed that the activity level has been down for the past week or so but it has done this before.

I just sent out a test message to the list and received it fine. If anyone knows of any problems, please let me know. Thanks, Phillip Smith - Wake Forest University Baptist Medical Center.

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Joe Wong
Sent: Wed 10/24/2007 6:40 PM
To: pinnacle-users@explode.unsw.edu.au

Subject: Re: IMPAC list?

I tried to re-subscribed back in about three months
ago, and I was rejected. I am glad it is not just me.
So can anyone enlighten us?

Joe

--- "Thompson, Stephen K" <ThompsSK@sutterhealth.org>
wrote:

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> any activity in two weeks!
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> Medical Physicist
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> fax 209-526-5280
> thompssk@sutterhealth.org
>
>

sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	t.barthel@skc.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle-Export Problems
Fecha:	jueves, 25 de octubre de 2007 16:17:55
Archivos adjuntos:	

Dear all!

We use Pinnacle 8.0 with a Siemens-accelerator and we have the following problems while trying to export RT-Plan to Lantis via DICOM-RT-Export:

- there are no Prescription-Data (number of fractions, single dose, totaldose etc.)in the resulting rtp-file
- the export of plans with boli does'nt work (which means I cannot use Pinnacle to plan a treatment with boli at machines with more than 50 leafpairs) correct me if I'm wrong!!
- the fields of course-id and tolerance-table are empty

If I remember right these troubles should be solved with version 8.
And last but not least the R&V-export to Lantis works neither correct at all. There is written for some beam-constellations (I think they are correct) "no beam is eligible for export, no export performed".
Can anyone of you help me, or someone has some tips, are these problems already well-known???

Thanks a lot in advance

Thomas

Dipl.-Ing. Thomas Barthel
Klinik für Radioonkologie
Abteilung Medizinische Strahlenphysik

Tel.: 0371-33342539
Fax: 0371-33342874
E-Mail: t.barthel@skc.de

KLINIKUM CHEMNITZ gGmbH
Flemmingstraße 2 / PSF 948
09009 Chemnitz

http://www.klinikum-chemnitz.de

Kaufmännischer Geschäftsführer: Dipl.-Ing. Dietmar Nichterlein
Medizinischer Geschäftsführer: Prof.Dr.med. Jürgen Klingelhöfer
Vorsitzender des Aufsichtsrates: Detlef Nonnen
Handelsregister Amtsgericht Chemnitz HRB 9601

De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Pinnacle-Export Problems
Fecha:	jueves, 25 de octubre de 2007 17:04:49
Archivos adjuntos:	

Hallo Thomas

1. There is no Prescription Data because this information is not present in the Dicom RT-Plan specification. It is however present in the Dicom-RT Dose specification. Unfortunately, the Lantis Dicom Daemon can't process Dicom-RT Dose. I have heard that better Dicom connectivity is promised with Mosaiq.

2. Do you mean Bolus? Which version of Pinnacle are you using?

3. I believe that the Lantis Dicom Daemon can't translate course-id or tolerance table.

4. You need to be really careful when you commission your machines in Pinnacle for R&V export. Pay special attention to how the virtual wedged etc. are coded so they match Lantis. Check every parameter with a comprehensive quality assurance plan before you go clinical.

Kind regards
Ian

Ian Norton

Clinic for Radiation Oncology
University Hospital Zurich
Raemistrasse 100
CH-8091 Zurich
Switzerland

Tel.: +41 -(0)44-255-3575

ian.norton@usz.ch
http://www.usz.ch

-----Ursprüngliche Nachricht-----
Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] Im Auftrag von t.barthel@skc.de
Gesendet: Donnerstag, 25. Oktober 2007 15:52
An: pinnacle-users@explode.unsw.edu.au
Betreff: Pinnacle-Export Problems

Dear all!

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Vorsitzender des Aufsichtsrates: Detlef Nonnen Handelsregister Amtsgericht Chemnitz HRB 9601

##########
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##########

De:	Ostapiak Orest
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Clinical Trial Reporting Script
Fecha:	jueves, 25 de octubre de 2007 21:37:03
Archivos adjuntos:	PROFITreport.zip

Dear Pinnacle Users,

I have written a script that you may find useful for verifying that a plan meets clinical trials objectives.
The script is specific for the OCOG PROFIT protocol but can be easily modified to report compliance with any protocol.
I expect it will save time evaluating protocol compliance and filling in the case report form.
Hope you have fun with it.

Orest.

Orest Ostapiak, Ph.D., FCCPM,
Medical Physicist, Juravinski Cancer Centre
Adjunct Assistant Professor, McMaster University
Hamilton, Ontario.
orest.ostapiak@hrcc.on.ca

De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	ROR speaker presentations at ASTRO 2007
Fecha:	viernes, 26 de octubre de 2007 23:12:27
Archivos adjuntos:	image001.jpg image003.gif

Radiation Oncology Resources pays very close attention to the needs of our community. We have assembled the finest professionals in the field to address topics that we feel you will find informative and useful in your practice. We welcome you to stop by our booth, #1306, to listen and ask any questions that you might have.

Monday, October 29th

10:15—10:45 IMRT/IGRT Billing for 2008
Peter Dritschillo, MBA, Administrative Director, Cancer Center at Lake Manassas ~ www.cancercenterlm.org

12:00-12:30 Electronic Department
Emily Robinson, MS, Medical Physicist
The Queens Medical Center ~ www.queens.org

1:00—1:30 IMRT QA; Are you delivering what you think you're delivering?
Ben Nelms, PhD
Canis Lupus, LLC ~ www.canislupusllc.com

2:30—3:00 IMRT/IGRT Billing for 2008
Speaker To Be Announced

Tuesday, October 30th

10:15—10:45 How to Bake An IMRT Cake
Ivan Cordrey, PhD

Cookeville Regional Medical Center

11:30—12:00 Trilogy, Pinnacle, IMPAC Connectivity
Greg Gibbs, Medical Physicist
Colorado Assoc. in Medical Physics

3:30—4:00 Importance of QA with Compensator Based IMRT Delivery

Ken Cashon, MS DABR, VP of Physics,
.decimal — www.dotdecimal.com

De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Varian carbon couch top?
Fecha:	lunes, 29 de octubre de 2007 21:37:46
Archivos adjuntos:	

I upload a script to insert a simple Patient couch on
forum.roresources.com and
www.medphysfiles.com

We use it on every Patient that contain Fields passing through the Table.

Anton Eagle schrieb:
> Dear Listers,
>
>
>
> We have just installed a new Varian iX. There is a desire to use the new
> solid carbon couch tops during treatment, since this will result in better
> images. However, I have made some measurements, and when treating straight
> through, the carbon couch top attenuates a 6X beam by about 2%, and an 18X
> beam by a little more than 1%. Presumably, when treating at an angle, these
> values could easily increase to 3% and almost 2% respectively.
>
>
>
> Is there any way to take this into account in Pinnacle? I thought about
> using the "tray factor" (since we don't actually use blocks), but the tray
> factor parameter is disabled when using MLCs. 3% for 6X oblique posterior
> IMRT fields seems significant enough that in should be accounted for
> somehow. If necessary, I can always do a hand calc adjustment, but was
> hoping there might be a way to get Pinnacle to add the appropriate factor at
> the appropriate time. Feel free to reply to the group, so others can see
> the response. Thanks.
>
>
>
>
>
> Anton Eagle, MS.

>
> Northwest Medical Physics
>
>
>
>

De:	Chris Lee
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Workstation workload.
Fecha:	martes, 30 de octubre de 2007 6:20:33
Archivos adjuntos:	

Greetings All,

We are tossing around the idea of getting another Pinnacle workstation. Our discussions turned to how to quantify a level at which another workstation can be justified. This exercise is purely for the bean-counters as we already know need another workstation.

What we have: 2 dual modality linacs, 4 workstations
What we do: 70 patients per day. 20 new patients per week. 90% of our patients are CT'ed.
What we don't do: Inverse planning as yet but that is on the horizon.

Can people please report their situation? Also, any suggestions on how to statistically quantify the workload in order to justify the need for another workstation would be appreciated e.g. 20 patients per workstation or 2 workstations per linac???

Thank you.

Mr Chris Lee
Chief Medical Physicist
Central Coast Radiation Oncology Centre
41 William St, Gosford NSW 2250
AUSTRALIA

T: 61 2 4349 8000
F: 61 2 4324 6121
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www.radiotherapy.com.au

De:	Norton Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	AW: Workstation workload.
Fecha:	martes, 30 de octubre de 2007 9:04:17
Archivos adjuntos:	

Hi Chris

We currently do IMRT planning on our SB2500 - it is pretty good, but the new 810's are incredibly fast. If your any of your workstations are old ultra 10's then upgrading hardware will make a big difference in how many patients you can plan.

Replace your slowest, oldest workstation with an 810. If your institute is anything like ours, then replacing outdated equipment with newer is much easier than buying something new. IT equipment has a shorter service life too, which makes it easier to argue for an upgrade. Our bean counters give IT equipment 3 years serviceable life.

If your network is fast enough (Gb would be ideal) get some p3pc licenses to dramatically increase capacity as well. You will be able to to IMRT planning on your office/desk pc.

Best Regards,
Ian

Ian Norton

Clinic for Radiation Oncology
University Hospital Zurich
Raemistrasse 100
CH-8091 Zurich
Switzerland

Tel.: +41 -(0)44-255-3575

ian.norton@usz.ch

http://www.usz.ch

Von: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **Im Auftrag von** Chris Lee
Gesendet: Dienstag, 30. Oktober 2007 06:13
An: pinnacle-users@explode.unsw.edu.au
Betreff: Workstation workload.

Greetings All,

We are tossing around the idea of getting another Pinnacle workstation. Our discussions turned to how to quantify a level at which another workstation can be justified. This exercise is purely for the bean-counters as we already know need another workstation.

What we have: 2 dual modality linacs, 4 workstations
What we do: 70 patients per day. 20 new patients per week. 90% of our patients are CT'ed.
What we don't do: Inverse planning as yet but that is on the horizon.

Can people please report their situation? Also, any suggestions on how to statistically quantify the workload in order to justify the need for another workstation would be appreciated e.g. 20 patients per workstation or 2 workstations per linac???

Thank you.

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****

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	how to debug scripts which previously worked
Fecha:	martes, 30 de octubre de 2007 15:24:40
Archivos adjuntos:	

Hi,

Ever since I've tried to go to version 8, I am having a lot of problems with scripts. Even in version 7.6, I am getting a lot of <exit system> messages. It may be chance, but it seems the tests have somehow affected system performance.
How do I find a log file where the inconsistency in the script can be found?

sincerely
Erik

HagaZiekenhuis van de hand gewezen.

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Workstation workload.
Fecha:	martes, 30 de octubre de 2007 15:35:58
Archivos adjuntos:	

We are doing pretty well I guess J Probably due to getting a far amount of start-up capital from the government (we are about 4 years old as a centre, based in Canada). We have 4 dual modality linacs (2 with OBI now) a CT and a superficial x-ray unit. We have 15 pinnacle stations and funding for another 4 treatment planning units of our choice (we are considering CMS, or Eclipse, as all our units are Varian Clinacs, and we use Aria as our R&V).

Our breakdown is:

1 next to the CT reconstructor, so therapists handle the push to Pinnacle right there
2 in CT for clinical markups
5 in planning (we have 4 full time dosimetrists, + usually one student or therapist rotating in)
3 Pinnacle stations that serve as targets for p3md use (mostly chart checks on the machines), which also run VNC and are used by physicians for remote Pinnacle access
2 research stations in Physics
2 clinical stations in Physics

How much are they used? I'd say the dosimetrists are using Pinnacle about 50% of the time (the other half is windows with Aria, email or in meetings etc), CT uses the one by the simulator most of the day and probably one of the others about 50% (physicians come down to take a look at stuff, doing contouring etc). The remote use stations will have 4 p3md sessions, and typically one or two people using VNC on them throughout the day. At night we get probably about 10% usage on those machines (I get emails at 3am from RO's that were trying to remote in but ran into issues, so I know they get used at all hours). Physics typically has one clinical station and one research station used all day, the rest have people come and go. We have 1 resident, one physics assistant that is preparing for the medical physics exam and a grad student so they keep the research going, typically we have a (SOP-short order person) that handles most emergency plan checks, and another couple physicists that handle the routine plans.

Anyways, in summary, I'd say from our load we probably could get by with 10

workstations but at times it would be tough to find a station. So that would be 2.5 per linac. We do between 1500-2000 new patients a year so ~30-40 a week. A thing that you might want to consider is the length of your work day. We haven't hit the point were we've had to treat more than 8 hrs a day, that means that all our planning and stuff gets done during an 8hr window. If you have a longer day it could go either way I suppose, a physicist might be around for the whole treat day giving better workstation utilization, but also the RO's and dosimetrists will probably will try their best to be in and out during normal work hours, so even though you are taking on more patients than you could with 8hr treatment days, you don't have anymore Pinnacle access during prime time. So would need extra Pinnacle stations and possibly staff to drive the work through in a typical day.

If you can convince your users to try to log in and out each time they use Pinnacle (ie. Don't keep themselves logged in all day, just login do what they need to do and log off), then the "last" command would be useful for you. Here is an example of the command "last | more" on one of our systems:

```
mgallamo  pts/2        grh310          Tue Oct 30 09:39   still logged in
kfleming  console      :0              Mon Oct 29 08:27 - 16:09  (07:41)
reboot    system boot                  Sun Oct 28 06:29
reboot    system boot                  Sun Oct 28 00:43
kfleming  console      :0              Fri Oct 26 09:31 - 17:56  (08:25)
kfleming  console      :0              Thu Oct 25 10:46 - 18:15  (07:28)
kfleming  console      :0              Wed Oct 24 10:58 - 17:05  (06:06)
mgallamo  pts/5        grh310          Wed Oct 24 10:57 - 10:58  (00:01)
kfleming  console      :0              Wed Oct 24 10:57 - 10:58  (00:01)
reboot    system boot                  Tue Oct 23 13:27
kfleming  console      :0              Tue Oct 23 13:14 - 13:24  (00:10)
kfleming  console      :0              Mon Oct 22 09:23 - 17:01  (07:38)
reboot    system boot                  Sun Oct 21 00:43
reboot    system boot                  Fri Oct 19 13:59
kfleming  console      :0              Fri Oct 19 13:41 - 13:57  (00:16)
reboot    system boot                  Fri Oct 19 12:40
mgallamo  pts/7        grh310          Fri Oct 19 12:14 - 12:17  (00:03)
kfleming  console      :0              Fri Oct 19 09:11 - 12:17  (03:05)
kfleming  console      :0              Thu Oct 18 09:14 - 17:05  (07:50)
kfleming  console      :0              Wed Oct 17 12:07 - 16:57  (04:50)
reboot    system boot                  Wed Oct 17 11:49
mgallamo  pts/7        grh310          Wed Oct 17 11:47 - 11:47  (00:00)
```

As you can see it outputs the user, login and logout time, and where from, :0 is the local console, as you can see, oddly enough "reboot" gets logged as a user, it also conveniently lists the duration of the login session.

.

Mike Gallamore, Bsc (physics)

Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Chris Lee
Sent: October 30, 2007 12:13 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Workstation workload.

Greetings All,

We are tossing around the idea of getting another Pinnacle workstation. Our discussions turned to how to quantify a level at which another workstation can be justified. This exercise is purely for the bean-counters as we already know need another workstation.

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Can people please report their situation? Also, any suggestions on how to statistically quantify the workload in order to justify the need for another workstation would be appreciated e.g. 20 patients per workstation or 2 workstations per linac???

Thank you.

Mr Chris Lee
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AUSTRALIA

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****

De:	Scott Dube
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle to Sonarray Isocenter verification
Fecha:	martes, 06 de noviembre de 2007 3:32:44
Archivos adjuntos:	

We are running Pinnacle V7.4.f and use Sonarray to positon our prostate patients. Up until a few weeks ago, we were running Sonarray V2.1.3. We would transfer the plan to Sonarray using a script loaded on Pinnacle. To verify the integrity of the transfer, we would compare the (x,y,z) of Isocenter as printed on the Pinnacle plan with the (x, y,z) of the Sonarray display.

Then Varian upgraded us to Sonarray V2.6. That meant we had to stop using the script and start transferring the plan using DICOM RT Export. Now we see that the (x,y,z) of Isocenter as printed on the Pinnacle plan no longer matches the (x,y,z) of the Sonarray display. Philips tell us that this is a known consequence of using DICOM RT. That's because t he DICOM coordinate system is internal to the patient and based directly on the patient's body. But the Pinnacle coordinate system is external and based on the scanner/treatment room.

We can live with that because the daily shifts on the patients have been reasonable so we trust the process. But it sure would feel good to have some way to verify the Isocenter coordinates in some definite way. Have any of you Pinnacle/Sonarray users figured out a solution?

Thanks, Scott

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle to Sonarray Isocenter verification
Fecha:	martes, 06 de noviembre de 2007 3:55:45
Archivos adjuntos:	

We don't have the version you have so don't have the same problem.

But I never liked that sonarray didn't have a phantom that tested the entire process so we made one.

We glued a "super ball" to a golf tee, then glued the golf tee to the inside of a 15cm x 15cm x 15 cm plastic cube. We scanned the contraption, contoured the super ball, then sent it off to sonarray.

We set up the phantom (purposely misaligned) to the lasers (although we cheated a little and set it up straight), then filled the cube with water and localized it with the sonarray (after calibration).

We then confirmed the localization visually. While the visual confirmation doesn't have submillimeter accuracy it was enough to confirm the sonarray does a very good job.

I'll send you a pic of the contraption, er, phantom if you need one.

Steve T

Steve Thompson, M.S., DABR
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
ph 209-572-7237
fax 209-526-5280
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-

pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Scott Dube
Sent: Monday, November 05, 2007 6:08 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle to Sonarray Isocenter verification

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Thanks, Scott

De:	Lori A Young
A:	Scott Dube;
Cc:	pinnacle-users@explode.unsw.edu.au;
Asunto:	Re: Pinnacle to Sonarray Isocenter verification
Fecha:	martes, 06 de noviembre de 2007 4:01:17
Archivos adjuntos:	

Scott,

In my first case with the new Varian OGP software, I copied the actual treatment plan and added three isocenters centered on the tattoo markers that are visible in the CT with a couple of beams. Dicom the plan and check to see that your additional isocenters line up with the tattoo markers.

Once you are convinced that the isocenter is in the correct location, we record the coordinates for daily comparisons. If we do a shift, we verify that the numbers are changing in the correct direction and record the new numbers for the therapists to check. We also do iso port films for the first three days of treatment to check the consistency/quality of daily localization procedures.

Lori A. Young, Ph.D., P.E. Phone: (206) 598-4736 [Office]
Dept of Radiation Oncology (206) 598-6218 [FAX]
Box 356043 E-mail: layoung@u.washington.edu
Seattle, WA 98195-6043

On Mon, 5 Nov 2007, Scott Dube wrote:

> We are running Pinnacle V7.4.f and use Sonarray to positon our prostate
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> Have any of you Pinnacle/Sonarray users figured out a solution?
>
> Thanks, Scott
>

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle to Sonarray Isocenter verification
Fecha:	martes, 06 de noviembre de 2007 5:03:01
Archivos adjuntos:	

We have the latest OGP and still use RTOG transfer. That way we can check our coordinates. I was told at ASTRO that Pinnacle had a script to do the printout of DICOM coordinates. Now I am told that it will appear in a later release, not a script. I am disappointed in Philips. Maybe one of us can arrive at a way to get DICOM coordinates out. One approach may be to send to a stand alone DICOM receiver and dissect the coordinates out from a structure set.

Greg Gibbs
Colorado Associates in Medical Physics

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Scott Dube
> **Sent:** Monday, November 05, 2007 7:08 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Pinnacle to Sonarray Isocenter verification
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Thanks, Scott

De:	Ostapiak Orest
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	What is a "Point File For Planar Dose"?
Fecha:	martes, 06 de noviembre de 2007 16:30:32
Archivos adjuntos:	

Does anyone know what the Point File for Plane Definition is?
This file input option occurs in the Planar Dose Computation window of version 8.0d, but I could not find an explanation in the documentation.

Also: Is anyone able to compute dose to the plane of a portal imager for each beam using the Planar Dose tool?
I don't see how this can be done for all beams since it would involve a different density override region for each beam.
I could script it to do one beam at a time, but was just wondering if there is a more elegant solution.

Thanks, Orest.

Orest Ostapiak
Juravinski Cancer Centre

De:	Guidi Gabriele
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	One isocenter, one prescription, 2 beams with same iso but anyone of the beams can match the other beams
Fecha:	martes, 06 de noviembre de 2007 17:09:54
Archivos adjuntos:	

Does anyone can teach me, how can prescribe or setting my field and point prescription if I would like to use 1 isocenter for 2 beams, but any of the field see the isocenter
I can not use normalization point visible from both the beams

e.g
Posterior field (gantry 180)
A field is on the right side and the other field is on the left side (Same Isocenter)
In the middle I have a OAR (like spine) that divide both the beams
How can I do it, how do I have to prescribe, because anyone of the beams can look same prescription point, but the prescription will be done at the isocenter

Same problem I had with the Bellinzona (6 Fields Techniques) for H/N
If there is a solution, Please help me.....

Thanks Lele

Gabriele Guidi
Medical Physics Dpt.
Az.Ospedaliero-Univeristaria di Modena
Via del Pozzo 71, 41110 Modena (Italy)

Phone: +39 059 422 5699
Ext: +39 059 422 4270
email: guidi.gabriele@policlinico.mo.it

De:	Hawkins, Chris
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: One isocenter, one prescription, 2 beams with same iso but anyone of the beams can match the other beams
Fecha:	martes, 06 de noviembre de 2007 17:29:46
Archivos adjuntos:	

I think you have to pick one point in each beam at the region you are interested in, and prescribe the dose to those points. You can still use the same isocenter, but if the isocenter is being blocked you can not use it for the prescription.

Another way to do this is to use a single beam that is blocking the OAR and pick a point on either side to prescribe to.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Guidi Gabriele
Sent: Tuesday, November 06, 2007 10:56 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: One isocenter, one prescription, 2 beams with same iso but anyone of the beams can match the other beams
Importance: High

Does anyone can teach me, how can prescribe or setting my field and point prescription if I would like to use 1 isocenter for 2 beams, but any of the field see the isocenter
I can not use normalization point visible from both the beams

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If there is a solution, Please help me.....

Thanks Lele

Gabriele Guidi
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Ext: +39 059 422 4270
email: guidi.gabriele@policlinico.mo.it

The Hospital Server locks any *.zip, *.exe file or >3MB
Please try to contact me via phone or at my privete email
Sorry for any disservices or inconveniences

De:	Paule Charland
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: What is a "Point File For Planar Dose"?
Fecha:	martes, 06 de noviembre de 2007 19:35:23
Archivos adjuntos:	

Not sure if I understand well question plus we still have 7.4f. I've been creating the input file for planar dose (just used Matlab). Eg. below for the Matrixx tool. That's composite of all beams though.

_____

```
pixel=0.7619

xlow=-11.81;

xhigh=11.81;

zlow=-11.81;

zhigh=11.81;

y=-76.35000;

fid = fopen('planar_grid_7point619mm_Matrixx12x12.pts', 'wt');

m=(xhigh-xlow)/pixel +1

n=(zhigh-zlow)/pixel +1

fprintf(fid, '%6.0f %6.0f %11.6f \n',m,n,pixel);

for j=zlow:pixel:zhigh;

for i=xlow:pixel:xhigh;

fprintf(fid, '%11.6f %11.6f %11.6f \n', i,y,j);
```

end

end

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Ostapiak Orest
Sent: Tuesday, November 06, 2007 10:11 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: What is a "Point File For Planar Dose"?

Does anyone know what the Point File for Plane Definition is?
This file input option occurs in the Planar Dose Computation window of version 8.0d, but I could not find an explanation in the documentation.

Also: Is anyone able to compute dose to the plane of a portal imager for each beam using the Planar Dose tool?
I don't see how this can be done for all beams since it would involve a different density override region for each beam.
I could script it to do one beam at a time, but was just wondering if there is a more elegant solution.

Thanks, Orest.

Orest Ostapiak
Juravinski Cancer Centre

De:	Todd McNutt
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: What is a "Point File For Planar Dose"?
Fecha:	martes, 06 de noviembre de 2007 20:01:32
Archivos adjuntos:	

The point file for the planar dose tool allows you to use a file to enter a set of xyz triplets of points that you wish to compute dose to. This was mainly designed for the Spiral Phantom used at Wisconsin where one slides a film into a cylindrical phantom in a spiral pattern. By having a point file that gives you the grid of points on the film (in the spiral fashion) one is able to compute the dose to the unravelled film and compare it to the scanned film after it has been removed from the phantom.

The point file can really be used for any set of points that you like, but it will display in the planar dose image as an image - you have to know how to map the xy coordinate of the image to your list of points - it can be completely random if you like.

Basic method is to scan your phantom and get it into Pinnacle.
Use the POIs to find coordinates of things in the Phantom
Derive your desired list of points from POI coords and create your point file
Use the planar dose tool to compute dose to the point list and store them in the planar dose image.
Export the planar dose image and remap values back to your dosimeter (phantom) locations for comparison.

Hope that helps,
Todd

>>> Paule Charland <paule.charland@grhosp.on.ca> 11/6/2007 1:21 PM >>>
Not sure if I understand well question plus we still have 7.4f. I've been creating the input file for planar dose (just used Matlab). Eg. below for the Matrixx tool. That's composite of all beams though.

---

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xlow=-11.81;

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```
zlow=-11.81;

zhigh=11.81;

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fid = fopen('planar_grid_7point619mm_Matrixx12x12.pts', 'wt');


m=(xhigh-xlow)/pixel +1

n=(zhigh-zlow)/pixel +1

fprintf(fid, '%6.0f %6.0f %11.6f \n',m,n,pixel);

for j=zlow:pixel:zhigh;

for i=xlow:pixel:xhigh;

fprintf(fid, '%11.6f %11.6f %11.6f \n', i,y,j);

end

end
```

-----Original Message-----
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Thanks, Orest.

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Juravinski Cancer Centre

De:	Ostapiak Orest
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: What is a "Point File For Planar Dose"?
Fecha:	martes, 06 de noviembre de 2007 20:27:03
Archivos adjuntos:	

Very helpful and clear.
Thank you, Orest.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Todd McNutt
Sent: Tuesday, November 06, 2007 1:56 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: What is a "Point File For Planar Dose"?

The point file for the planar dose tool allows you to use a file to enter a set of xyz triplets of points that you wish to compute dose to. This was mainly designed for the Spiral Phantom used at Wisconsin where one slides a film into a cylindrical phantom in a spiral pattern. By having a point file that gives you the grid of points on the film (in the spiral fashion) one is able to compute the dose to the unravelled film and compare it to the scanned film after it has been removed from the phantom.

The point file can really be used for any set of points that you like, but it will display in the planar dose image as an image - you have to know how to map the xy coordinate of the image to your list of points - it can be completely random if you like.

Basic method is to scan your phantom and get it into Pinnacle.
Use the POIs to find coordinates of things in the Phantom Derive your desired list of points from POI coords and create your point file Use the planar dose tool to compute dose to the point list and store them in the planar dose image.
Export the planar dose image and remap values back to your dosimeter (phantom) locations for comparison.

Hope that helps,
Todd

>>> Paule Charland <paule.charland@grhosp.on.ca> 11/6/2007 1:21 PM >>>
Not sure if I understand well question plus we still have 7.4f. I've
been creating the input file for planar dose (just used Matlab). Eg.
below for the Matrixx tool. That's composite of all beams though.

_____

```
pixel=0.7619

xlow=-11.81;

xhigh=11.81;

zlow=-11.81;

zhigh=11.81;

y=-76.35000;

fid = fopen('planar_grid_7point619mm_Matrixx12x12.pts', 'wt');


m=(xhigh-xlow)/pixel +1

n=(zhigh-zlow)/pixel +1

fprintf(fid, '%6.0f %6.0f %11.6f \n',m,n,pixel);

for j=zlow:pixel:zhigh;

for i=xlow:pixel:xhigh;

fprintf(fid, '%11.6f %11.6f %11.6f \n', i,y,j);

end

end
```

_____

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Ostapiak
Orest
Sent: Tuesday, November 06, 2007 10:11 AM

To: pinnacle-users@explode.unsw.edu.au
Subject: What is a "Point File For Planar Dose"?

Does anyone know what the Point File for Plane Definition is?
This file input option occurs in the Planar Dose Computation window of version 8.0d, but I could not find an explanation in the documentation.

Also: Is anyone able to compute dose to the plane of a portal imager for each beam using the Planar Dose tool?
I don't see how this can be done for all beams since it would involve a different density override region for each beam.
I could script it to do one beam at a time, but was just wondering if there is a more elegant solution.

Thanks, Orest.

Orest Ostapiak
Juravinski Cancer Centre

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Kristin Futter
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: One isocenter, one prescription, 2 beams with same iso but anyone of the beams can match the other beams
Fecha:	miércoles, 07 de noviembre de 2007 4:44:46
Archivos adjuntos:	

Lele,

If I understand the issue correctly, you have two areas to be dosed, the central area(spine) and an adjacent area. First, change to absolute dose and place a dose point in the secondary area. You may then proceed to evaluate the distribution. Use the dose point summary table to check the point dose in the secondary area. If additional dose is required to the secondary area, you can accomplish this by adding a secondary "boost field" with the same isocenter, but prescribed (in a second prescription) to the monitor units. Simply increase the number of MUs to balance the distribution. In Pinnacle, any time you have multiple fields dosing different regions of interest the best method of evaluation, is in absolute dose. Hope you find this helpful.

Kris Futter CMD
Legacy Health System
kmfutter@msn.com

> ----- Original Message -----
> **From:** Guidi Gabriele
> **To:** pinnacle-users@explodeunsw.edu.au
> **Sent:** Tuesday, November 06, 2007 7:55 AM
> **Subject:** One isocenter, one prescription, 2 beams with same iso but anyone of the beams can match the other beams
>
> Does anyone can teach me, how can prescribe or setting my field and point prescription if I would like to use 1 isocenter for 2 beams, but any of the field see the isocenter
> I can not use normalization point visible from both the beams
>
> e.g

Posterior field (gantry 180)
A field is on the right side and the other field is on the left side (Same Isocenter)
In the middle I have a OAR (like spine) that divide both the beams
How can I do it, how do I have to prescribe, because anyone of the beams can look same prescription point, but the prescription will be done at the isocenter

Same problem I had with the Bellinzona (6 Fields Techniques) for H/N
If there is a solution, Please help me.....

Thanks Lele

Gabriele Guidi
Medical Physics Dpt.
Az.Ospedaliero-Univeristaria di Modena
Via del Pozzo 71, 41110 Modena (Italy)

Phone: +39 059 422 5699
Ext: +39 059 422 4270
email: guidi.gabriele@policlinico.mo.it

De:	Maria Trinitat García Hernández
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	machine models in Pinnacle
Fecha:	miércoles, 07 de noviembre de 2007 18:31:38
Archivos adjuntos:	

We have modelled twice the same machine. When we compare the results obtained for the fields 4x20 and 20x4 at 10 cm depth for one of the models there is no difference between both fields in the axis and in the other one the dose is bigger in the 4x20 as it is in the reality. Where must we look for the difference between the models affecting this result?

De:	Anton Eagle
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle to Sonarray Isocenter verification
Fecha:	jueves, 08 de noviembre de 2007 1:26:08
Archivos adjuntos:	

Scott,

There may be a way to get what you need.

In Pinnacle, if you go to Utilities, then AcQSim, then Localize… at the bottom of the screen there should be a button labeled “Absolute Localization…” click that. These should be the CT coordinates of your marked isocenter. I admit that I don’t know off the top of my head whether these are the same as the “DICOM” coordinates… but some simple testing should be able to confirm that or not. Failing that, examining the sent DICOM images using a DICOM browser to view the header information should do the trick. You could use the images you already sent, and wouldn’t need to resend them.

Anton Eagle, MS
Northwest Medical Physics

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Greg Gibbs
Sent: Monday, November 05, 2007 7:47 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle to Sonarray Isocenter verification

We have the latest OGP and still use RTOG transfer. That way we can check our coordinates. I was told at ASTRO that Pinnacle had a script to do the printout of DICOM coordinates. Now I am told that it will appear in a later release, not a script. I am disappointed in Philips. Maybe one of us can arrive at a way to get DICOM coordinates out. One approach may be to send to a stand alone DICOM receiver and dissect the coordinates out from a structure set.

Greg Gibbs
Colorado Associates in Medical Physics

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-

pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Scott Dube
Sent: Monday, November 05, 2007 7:08 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle to Sonarray Isocenter verification

We are running Pinnacle V7.4.f and use Sonarray to positon our prostate patients. Up until a few weeks ago, we were running Sonarray V2.1.3. We would transfer the plan to Sonarray using a script loaded on Pinnacle. To verify the integrity of the transfer, we would compare the (x,y,z) of Isocenter as printed on the Pinnacle plan with the (x,y,z) of the Sonarray display.

Then Varian upgraded us to Sonarray V2.6. That meant we had to stop using the script and start transferring the plan using DICOM RT Export. Now we see that the (x,y,z) of Isocenter as printed on the Pinnacle plan no longer matches the (x,y, z) of the Sonarray display. Philips tell us that this is a known consequence of using DICOM RT. That's because t he DICOM coordinate system is internal to the patient and based directly on the patient's body. But the Pinnacle coordinate system is external and based on the scanner/treatment room.

We can live with that because the daily shifts on the patients have been reasonable so we trust the process. But it sure would feel good to have some way to verify the Isocenter coordinates in some definite way. Have any of you Pinnacle/Sonarray users figured out a solution?

Thanks, Scott

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle to Sonarray Isocenter verification
Fecha:	jueves, 08 de noviembre de 2007 18:54:30
Archivos adjuntos:	

Scott,

I have not tried to verify this solution against DICOM coordinates but it may be an easy check using one of you old iso center plans and the corresponding transform value below. If you look into the plan.VolumeInfo file for the plan in question there are a set of VolumeDisplay elements all having the following section:

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   Data ={
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     NumberOfPoints = 4;
     Points[] ={
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       0,1,0,0,
       0,0,1,0,
       0,0,0,1
     };
   };
 };
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The first one looks like the one above (Homogeneous Identity Transform) but the rest of the elements have a different transform like the example below (all subsequent VolumeDisplay elements appear to have the same value for the transform after the first one).

```
LocalToWorldTransform ={
   Data ={
     NumberOfDimensions = 4;
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     Points[] ={
       1,0,0,-0.483862,
       0,1,0,-31.2202,
       0,0,1,85.3631,
       0,0,0,1
     };
```

```
  };
};
```

There may be a scripting way to export this as well but I'm not aware of it (yet)… a scripting export of this transform may be the only real convenient way of using such a solution day-to-day if it is in fact the transform you are looking for.

If you take that homogeneous transform matrix and multiply it with the 4D coordinate matrix for the isocenter of an old plan you can check to see if this is the transform used to switch back and forth between the raw DICOM coordinates and the ADAC coordinates. Again I have not had a chance to verify this since our Sonarray is at another facility but anyone is free to test it and post back to the list you results for all to see. Again if you figure out how to export this info via a script that would most likely work best way to go about a solution like this and if anyone figures that portion of it out that would also be good to share on list.

-Mike

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Scott Dube
Sent: Monday, November 05, 2007 7:08 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle to Sonarray Isocenter verification

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We can live with that because the daily shifts on the patients have been reasonable so we trust the process. But it sure would feel good to have some way to verify the Isocenter coordinates in some definite way. Have any of you Pinnacle/Sonarray users figured out a solution?

Thanks, Scott

De:	Greg Gibbs
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle to Sonarray Isocenter verification
Fecha:	viernes, 09 de noviembre de 2007 3:28:59
Archivos adjuntos:	

Hi
Dicom coordinates are relative to the patient, so they are different if head in or head out, face down, face up etc. So it seems to me that the transform Mike talks about below should have a position dependence in it. I don't know the answer, but exporting the Pinnacle Dicom plan and structures to an independent receiver and dissecting may be the easiest solution.

Greg Gibbs
Colorado Associates in Medical Physics

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
> **Sent:** Thursday, November 08, 2007 10:32 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Pinnacle to Sonarray Isocenter verification
>
> Scott,
>
> I have not tried to verify this solution against DICOM coordinates but it may be an easy check using one of you old iso center plans and the corresponding transform value below. If you look into the plan. VolumeInfo file for the plan in question there are a set of VolumeDisplay elements all having the following section:
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> ```

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If you take that homogeneous transform matrix and multiply it with the 4D coordinate matrix for the isocenter of an old plan you can check to see if this is the transform used to switch back and forth between the raw DICOM coordinates and the ADAC coordinates. Again I have not had a chance to verify this since our Sonarray is at another facility but anyone is free to test it and post back to the list you results for all to see. Again if you figure out how to export this info via a script that would most likely work best way to go about a solution like this and if anyone figures that portion of it out that would also be good to share on list.

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Sent: Monday, November 05, 2007 7:08 PM
To: pinnacle-users@explode.unsw.edu.au
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Thanks, Scott

De:	Ostapiak Orest
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle to Sonarray Isocenter verification
Fecha:	viernes, 09 de noviembre de 2007 14:36:48
Archivos adjuntos:	

Since no one has mentioned this yet, I hope that I'm not stating the obvious by relating something that I've just recently become aware of:

The CT coordinates in Pinnacle can be changed from the original CT DICOM file in various ways. For instance the xstart, ystart, and TablePosition variables in the image_0.img, and .ImageInfo files as well as by the LocalToWorld transformation pointed out below. However, when Pinnacle exports a CT DICOM image set and DICOM-RT structure set, it is the original CT DICOM file that is exported which may or may not coincide with the coordinate system of the ROIs and POIs.

I still don't know the best way to solve the problem.

Orest.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Greg Gibbs
Sent: Thursday, November 08, 2007 9:22 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle to Sonarray Isocenter verification

Hi
Dicom coordinates are relative to the patient, so they are different if head in or head out, face down, face up etc. So it seems to me that the transform Mike talks about below should have a position dependence in it. I don't know the answer, but exporting the Pinnacle Dicom plan and structures to an independent receiver and dissecting may be the easiest solution.

Greg Gibbs
Colorado Associates in Medical Physics

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike

Sent: Thursday, November 08, 2007 10:32 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle to Sonarray Isocenter verification

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Thanks, Scott

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle to Sonarray Isocenter verification
Fecha:	viernes, 09 de noviembre de 2007 14:40:10
Archivos adjuntos:	

We've run into similar issues with Pinnacle/CT-> Varian SomaVision->CBCT. The Varian software forces you to select head first/feet first, and figures it out from there. Not sure if Sonarray is similar.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

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Cc:	
Asunto:	RE: Pinnacle to Sonarray Isocenter verification
Fecha:	viernes, 09 de noviembre de 2007 19:51:15
Archivos adjuntos:	

Hey everyone,

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A good, reliable, and very simple to use DICOM viewer is "ezDICOM"… you can get it at this web site… http://www.sph.sc.edu/comd/rorden/ezdicom.html

It can view DICOM images, RT Plan, and RT Structure files, showing ether the image, or the header with a simple click of a button (although obviously you cant view the "image" for RT Plan or Structure… since there is no image for these files). By the way, when looking at a whole pile of DICOM files, you can easily identify the RT Plan file because the file name starts with the letters "RP." The RT Structure file starts with "RS.", and the image file names are usually just a mess of numbers.

Mike, at first glance, the transform values listed below do not seem to correspond to the DICOM isocenter coordinates. Maybe there is some fancy manipulation that can be done to derive the correct numbers, but if so, its didn't jump right out at me. The transform below might correspond more to the entire data set coordinate system, and not necessarily the isocenter… maybe it's a transformation for a particular corner of the data set or something.

Anyhow, hope this all helps.

Anton Eagle, MS.
Northwest Medical Physics

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
Sent: Thursday, November 08, 2007 9:32 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle to Sonarray Isocenter verification

Scott,

I have not tried to verify this solution against DICOM coordinates but it may be an easy check using one of you old iso center plans and the corresponding transform value below. If you look into the plan.VolumeInfo file for the plan in question there are a set of VolumeDisplay elements all having the following section:

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   Data ={
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There may be a scripting way to export this as well but I'm not aware of it (yet)… a scripting export of this transform may be the only real convenient way of using such a solution day-to-day if it is in fact the transform you are looking for.

If you take that homogeneous transform matrix and multiply it with the 4D coordinate matrix for the isocenter of an old plan you can check to see if this is the transform used to switch back and forth between the raw DICOM coordinates and the ADAC coordinates. Again I have not had a chance to verify this since our Sonarray is at another facility but anyone is free to test it and post back to the list you results for all to see. Again if you figure out how to export this info via a script that would most likely work best way to go about a solution like this and if anyone figures that portion of it out that would also be good to share on list.

-Mike

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Scott Dube
Sent: Monday, November 05, 2007 7:08 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle to Sonarray Isocenter verification

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Thanks, Scott

De:	Anton Eagle
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle to Sonarray Isocenter verification
Fecha:	viernes, 09 de noviembre de 2007 20:03:40
Archivos adjuntos:	

Oh, and lastly... the "CT Coordinates" that I mentioned before, shown in the absolute localization screen in Pinnacle, do not apprear to be the right numbers either. I think looking at the DICOM header is the only reliable way to get the correct numbers.

-Anton

On 11/7/07, **Anton Eagle** <antoneagle@gmail.com > wrote:

> Scott,
>
> There may be a way to get what you need.
>
> In Pinnacle, if you go to Utilities, then AcQSim, then Localize… at the bottom of the screen there should be a button labeled "Absolute Localization…" click that. These should be the CT coordinates of your marked isocenter. I admit that I don't know off the top of my head whether these are the same as the "DICOM" coordinates… but some simple testing should be able to confirm that or not. Failing that, examining the sent DICOM images using a DICOM browser to view the header information should do the trick. You could use the images you already sent, and wouldn't need to resend them.
>
> Anton Eagle, MS

Northwest Medical Physics

From: owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Greg Gibbs
Sent: Monday, November 05, 2007 7:47 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle to Sonarray Isocenter verification

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Greg Gibbs

Colorado Associates in Medical Physics

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> **Sent:** Monday, November 05, 2007 7:08 PM
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Thanks, Scott

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle to Sonarray Isocenter verification
Fecha:	viernes, 09 de noviembre de 2007 21:01:00
Archivos adjuntos:	

Not sure how useful for general workflow it would be but Matlab sees the dicom header and image as two separate objects (separate matrices in the data pane if your familiar with the tool). We have undergraduate students that use images to generate CT phantoms to run MC calculations on. The beauty is a lot of the metadata info can just be read in matlab, and once the image is in there they can do all the typical matlab stuff (iso “density” lines and surfaces, noise reduction etc). Often they convert a CT to a similar model (say 10 different densities), and then use a lookup table for the material, generate the idealized phantom and run simulations on it.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Anton Eagle
Sent: November 9, 2007 1:38 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle to Sonarray Isocenter verification

Hey everyone,

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Northwest Medical Physics

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Thanks, Scott

De:	Charles A. Pelizzari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle to Sonarray Isocenter verification
Fecha:	viernes, 09 de noviembre de 2007 21:01:22
Archivos adjuntos:	

Pinnacle has its own utility program to dump out the contents of a DICOM header, which you could use to find the relevant data item:

/usr/local/adacnew/PinnacleStatic/bin/common/DICOMList your_dicomRT_file | more

or, to print out the line with the specific DICOM tag and the next line with the data,

/usr/local/adacnew/PinnacleStatic/bin/common/DICOMList your_dicomRT_file | awk '/300A,012C/ {print; getline;print}'

of course, having a DICOM viewer is useful for a lot of other purposes too.

-cp

At 10:37 AM -0800 11/9/07, Anton Eagle wrote:

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>
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Anton Eagle, MS.

Northwest Medical Physics

- -

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle server mirroring?
Fecha:	lunes, 12 de noviembre de 2007 23:54:26
Archivos adjuntos:	

What are other people doing with respect to mirroring/redundancy for your server?

We have a server and several clients in our LAN. If we lost the server, we would not have any planning until the server is back up and running.

I do make a nightly backup of all patient information so that can be rebuilt when necessary.

It's a bit of a precarious situation and I'm looking for ideas!

Regards,

Steve T

Steve Thompson, M.S., DABR
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
ph 209-572-7237
fax 209-526-5280
thompssk@sutterhealth.org

account will not be distributed unless that account is also subscribed.
##

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle server mirroring?
Fecha:	martes, 13 de noviembre de 2007 3:59:27
Archivos adjuntos:	

We have a "real" server connected to a SAN. The SAN volume is backed up nightly to tape by robot. It is a SunFire 280R server with dual 1 GB fiber network, 8GB RAM and mirrored disks. It is a few years old so probably well obsolete by now. If you don't already have server class hardware I'd recommend going that way, you can't beat having redundant disk, redundant power supply, and redundant network. I haven't seen it done, but you can even disable a CPU replace it and turn it back on without shutting the server down. If you don't have the new Optitron workstations our server would be better than your workstations (2000 or 2500 models) and can be purchased used for less than $500 last time I checked.

At the time fiber was the only way for us to get 1Gb/s now standard network cabling works, so you could go with cheap network cards instead with little loss in performance assuming you don't have a fiber channel SAN. We don't have a second server yet. We are waiting to build our own datacenter, currently we share space with the attached hospital, and are out of room for more equipment in our rack.

What I'd do if I had a standard setup and for whatever reason couldn't go for servers (maybe as simple as you'd rather use the existing workstation hardware to do the job) would be ufsdump (a description is at
http://www.sun.com/bigadmin/content/submitted/backup_restore_ufsdump.html) my patient data and all the pinnacle stuff from my "server" nightly to a external hard-drive enclosure or better yet one of the other workstations. That way you'd have the full filesystem structure including all the internal application flags backed up.

If your server workstation craps out, you'd restore from tape the backup then all you'll need to do is have your network administrator assign the static IP belonging to your server to the port that the new server uses, and change the host name and IP configuration of the new server to match the old one. The hardware or whatever could be fixed on the old server and it could take the settings that belonged to the old workstation, or

you could swap back. Note however that with any amount of data, a restore will be time consuming. You probably would get around 30Mb/s from the tape, so 200GB say would take a couple hours to restore.

Even better, but probably hard to get Philips to sign off on this, would be to use the automounter system to have the Pinnacle filesystems mirrored and failover to each other. This is what I'm going to push for as the setup when we get our second server. The automounter will mount the file systems as needed, and release them when not needed. The beauty is you can list more than one path to the file system, and they can be on different servers. The automounter requests the filesystem from all the possible hosts, and the first to reply it mounts. The really nice thing about this is, if one of the two servers gets busy, the other one will pick up the load, if one of them fails, obviously it won't be replying, and the other one will take the entire load. There is a synch option which will force both copies to stay current, so you don't have to worry about that (assuming network latency is ~0 which it usually is this day and age).

More on the automounter can be found at the link below. This is fairly low level OS configuration, if your not comfortable with it probably best to have Philips or Sun come in and do it. Getting Philips to sign off on this shouldn't be an impossible task, I know of at least one vendor that uses this method to failover their application (Hermes Medical, a PACs/multiple imaging modalities co-registration product).

http://snap.nlc.dcccd.edu/reference/sysadmin/julian/ch07/133-136.html

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Thompson, Stephen K
Sent: November 12, 2007 5:43 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle server mirroring?

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Regards,

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##########
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##########

De:	Kevin Riddell
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Modeling kV imaging dose in Pinnacle
Fecha:	martes, 13 de noviembre de 2007 6:05:58
Archivos adjuntos:	

Hi All,

I am curious if anyone has been successful in modeling the imaging dose applied by kv imaging.
I know it is relatively easy to do with MVCB and of daily MV port images. I am told it is theoretically possible to do so for the kV exposures and kvCB.

I have concerns about lens and surface doses from kv and I would like to have an idea how much added dose daily kvcb is contributing.

Also how much effort would this entail for commissioning.

Thanks,
Kevin Riddell
CMD Providence Regional Cancer Partnership

De:	Provost, Dr. Daniel
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle to Sonarray Isocenter verification
Fecha:	martes, 13 de noviembre de 2007 21:04:02
Archivos adjuntos:	

Interestingly enough, when you look at the top left pixel coordinates of a CT slice in Pinnacle, it matches the only pixel coordinate embedded in the corresponding DICOM CT file. But now Pinnacle assumes the + directions to be in the up direction and to the right, whereas my corresponding DICOM file stipulates the + directions as down and to the right. A little math can then relate the pinnacle coordinates to the DICOM coordinates.

Daniel

p.s. CT data set was for transverse slices, patient in supine position, head first, and a Philips large bore

---

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Sent: Friday, November 09, 2007 1:57 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Pinnacle to Sonarray Isocenter verification

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Northwest Medical Physics

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Thanks, Scott

****

De:	Ohm, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	PostScript command line for RICOH / B&W printing only
Fecha:	martes, 13 de noviembre de 2007 22:04:08
Archivos adjuntos:	

Listers,

Can anyone offer a command-line option for the "lp" command to force the post-script file to black-only? We have a recent RICOH color laser printer (Gestetner actually- C7528n).

We are now on a contract with a printer maintenance company who provides parts, toner, service etc. for a fixed monthly fee, and adds on a per-page cost based on total page count for both color and B&W (with color obviously costing more). There is no need for color in the plan printout and thanks to the P3 logo in the corner, the whole job shows up as 'color'. I have contacted RICOH support but they haven't helped so far (Philips support either) and I did find a post-script user guide and tried the 'pureblack' option, but it didn't help (although I may not have used it properly). We wish to use it on a job-by-job basis and not globally set on the printer since we use it for regular color printing as well.

Any guidance would be appreciated.

Mike

Michael J. Ohm, M.S.
The Cleveland Clinic Cancer Center
Fairview Hospital / Moll Pavilion
18200 Lorain Ave.
Cleveland, OH 44111
216/476.7054 Phone
216/476.2777 Fax
ohmm@ccf.org

==========

P Please consider the environment before printing this e-mail

De:	Ian Reineck
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: PostScript command line for RICOH / B&W printing only
Fecha:	martes, 13 de noviembre de 2007 22:53:42
Archivos adjuntos:	

Simply save the plan as a postscript file locally on your server. FTP it to a windows PC. Add the .ps file extension to the file. Use FoxIt Reader or Adobe to print it in Black and White. Not exactly a straight forward step, but its a work around.

Ian
----- Original Message -----
From: "Ohm, Mike" <OHMM@ccf.org>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Tuesday, November 13, 2007 3:50 PM
Subject: PostScript command line for RICOH / B&W printing only

>
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> ==========
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> P Please consider the environment before printing this e-mail
>
> Cleveland Clinic is ranked one of the top hospitals
> in America by U.S. News & World Report (2007).
> Visit us online at http://www.clevelandclinic.org for
> a complete listing of our services, staff and
> locations.
>
>
> Confidentiality Note: This message is intended for use
> only by the individual or entity to which it is addressed
> and may contain information that is privileged,
> confidential, and exempt from disclosure under applicable
> law. If the reader of this message is not the intended
> recipient or the employee or agent responsible for
> delivering the message to the intended recipient, you are
> hereby notified that any dissemination, distribution or
> copying of this communication is strictly prohibited. If
> you have received this communication in error, please
> contact the sender immediately and destroy the material in
> its entirety, whether electronic or hard copy. Thank you.
>
>
>

>
##
> To unsubscribe (yourself or other account) from the pinnacle-users mailing
> list, send the message
> unsubscribe pinnacle-users <e-mail address>
> to majordomo@explode.unsw.edu.au.
>
> Note: To avoid non-delivery error messages being sent to all list
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De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: PostScript command line for RICOH / B&W printing only
Fecha:	martes, 13 de noviembre de 2007 23:27:57
Archivos adjuntos:	

Wow, harder to do than I thought. I've been looking for 20 minutes and haven't seen color in the documentation for, lp, lpr, pr, printer.conf, etc. Certainly it can't be that hard, but why is something like this hard to find in UNIX land though? This is a common institutional problem, the cost per sheet of color for the Ricoh's is about 0.30, clearly something most companies would want to control so their employees aren't printing their kid's homework for example at work. Why this isn't clearly documented is baffling.

We have a black and white printer configured on Pinnacle too, so if we want black and white we can print to it. At our site we have samba running on our server, and a shared directory that windows systems can see. So if we wanted to do it, we could print to a file, copy the file, open it in GhostView and print black and white to the Ricoh's (our site has 3 from Philips), not something you'd want to do on a regular basis though I suppose you could churn through a bunch of them at the end of the day.

Philips support has been good setting up connectivity to devices for our site in the past, perhaps the easiest thing would be to ask them to either enable black in white on the Ricoh, or help you configure a different printer so you can print to it. Sorry I couldn't help, man it is sad a UNIX sys admin can't locate the documentation to do something this simple. Another point goes grudgingly to Microsoft on that one.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Ohm, Mike

Sent: November 13, 2007 3:51 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: PostScript command line for RICOH / B&W printing only

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Cleveland Clinic is ranked one of the top hospitals in America by U.S. News & World Report (2007). Visit us online at http://www.clevelandclinic.org for a complete listing of our services, staff and locations.

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##########

De:	Cynthia Seier
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	WIDE BORE CT SCANNERS
Fecha:	martes, 13 de noviembre de 2007 23:28:24
Archivos adjuntos:	

Hi fellow physicists and dosimetrists,
We are going to budget for a new CT/sim scanner with WIDE bore for the next fiscal year. Would you please share with us what brand of CT sim/Wide bore you have and how many slices? We want one that is cost effective but yet will do respiratory gating and whatever else will be coming in the future. I would appreciate any information by Thursday of this week as my manager just now asked me to help gather info.

Thank you very much!!
Cindy Seier, CMD
work- 605 668-8856
e-mail: this website (or) cseier@shhservices.com (or) cindyseier@hotmail.com

---

De:	Charles A. Pelizzari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: PostScript command line for RICOH / B&W printing only
Fecha:	martes, 13 de noviembre de 2007 23:29:04
Archivos adjuntos:	

You can do this with less hassle right on pinnacle. Save the file as postscript and use ghostscript to translate it to monochrome (or grayscale, as appropriate), then automagically send it to the printer:

gs -sOutputFile="|lp" -sDEVICE=psmono -dNOPAUSE -dBATCH your_postscript_file

substitute psgray for psmono if you really want grayscale instead of black and white. note that you can include lp command line switches like "-d rp_ricoh" or whatever inside the quoted command used as the output file spec.

a tidier solution would be to define another printer in the lp system that uses the above command as an input filter, with "-" replacing "|lp" as the output file spec. then send your black and white work to that printer, your color work to the existing one.

-cp

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--

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Cynthia Seier
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	WIDE BORE CT SCANNER
Fecha:	martes, 13 de noviembre de 2007 23:30:26
Archivos adjuntos:	

Hi fellow physicists and dosimetrists:
I would appreciate info on the brand of Wide Bore CT scanners and how many slices you have with it. We are budgeting for one for the upcoming year & I was asked today to assist in getting some info. I would appreciate any info you may have by this Thursday, 11-15. We are looking for one that is cost effective and will suit our needs for respiratory gating in addition to future technology.

Please contact me at: 605-668-8856 or by e-mail: cseier@shhservices.com (or) cindyseier@hotmail.com (or) this website.

Thank you very much!
Cindy Seier, CMD

De:	Hawkins, Chris
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: WIDE BORE CT SCANNERS
Fecha:	martes, 13 de noviembre de 2007 23:33:52
Archivos adjuntos:	

We installed a GE RT-16 scanner here in July. 16 slices. Included was the Varian RPM resp gating system.

So far so good.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Cynthia Seier
Sent: Tuesday, November 13, 2007 5:19 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: WIDE BORE CT SCANNERS

Hi fellow physicists and dosimetrists,
We are going to budget for a new CT/sim scanner with WIDE bore for the next fiscal year. Would you please share with us what brand of CT sim/Wide bore you have and how many slices? We want one that is cost effective but yet will do respiratory gating and whatever else will be coming in the future. I would appreciate any information by Thursday of this week as my manager just now asked me to help gather info.

Thank you very much!!
Cindy Seier, CMD
work- 605 668-8856
e-mail: this website (or) cseier@shhservices.com (or) cindyseier@hotmail.com

---

destroy all copies of the original message.

De:	Eric Ford
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: WIDE BORE CT SCANNER
Fecha:	miércoles, 14 de noviembre de 2007 0:29:45
Archivos adjuntos:	

Cindy, We have been using the Philips Big Bore CT-SIM scanner for two years (80 cm bore, 16 detectors). We use the respiratory-correlated 4D-CT function quite a bit via a bellows device that comes with the scanner.

We are very happy with it.
I'd be happy to talk to you more if you like.

-Eric Ford

Eric Ford, PhD
Assistant Professor
Department of Radiation Oncology and Molecular Radiation Sciences
Johns Hopkins University
401 North Broadway
Room 1440
Baltimore, MD 21231
email: eric.ford@jhmi.edu
tel: 410-502-1477

>>> Cynthia Seier <CSeier@shhservices.com> 11/13/07 5:24 PM >>>
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Please contact me at: 605-668-8856 or by e-mail: cseier@shhservices.com (or) cindyseier@hotmail.com (or) this website.
Thank you very much!
Cindy Seier, CMD

De:	Patrick Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: WIDE BORE CT SCANNERS
Fecha:	miércoles, 14 de noviembre de 2007 2:24:49
Archivos adjuntos:	

Hi Cindy. We have a Siemens Sensation Open. It is a 20 slice scanner. We do not do respiratory gating yet but I am told that it is capable of doing so. We are very happy with it. It has only been down a couple of times in the last 2.5 years. We lost about a day with each intervention. Good luck with your search!

Pat

Sent from my iPhone

On Nov 13, 2007, at 4:19 PM, "Cynthia Seier" <CSeier@shhservices.com> wrote:

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---

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Fw: Printer configuration
Fecha:	miércoles, 14 de noviembre de 2007 2:57:55
Archivos adjuntos:	

Charle's great tip, figures, every thing being a file that you can have a pre-configure command on a fake printer. Below is the advice of our hospital's unix admin, I'm not sure if he fully understood the problem as I don't see how putting the path of the print spool would force black and white. Anyways here it is:

----- Original Message -----
From: Kamran Rao
To: Mike Gallamore
Sent: Tue Nov 13 17:14:02 2007
Subject: RE: Printer configuration

Use this command:

#lp -disptr /tmp/test.

Where isptr is the Unix queue name and /tmp/test - is the path along with the file name. Hope that helps.

-----Original Message-----
From: Mike Gallamore
Sent: Tuesday, November 13, 2007 5:12 PM
To: Kamran Rao
Subject: Printer configuration

Hey, you wouldn't happen to know off the top of your head how to use lp to print black and white would you? Not urgent just if you happen to know.

I have a person in my position at another centre that is trying to us lp to print stuff but the sheet has a tiny logo that is colour. They have the printers serviced by an outside company that bills a lot more for color than black and white. I looked for 20 minutes and couldn't find it. I checked the man for lp lpr print.conf etc. Surely it can'T be that hard.

De:	Joey Meadows
A:	pinnacle-users@explode.unsw.edu.au; patmeek@gmail.com;
Cc:	
Asunto:	Re: WIDE BORE CT SCANNERS
Fecha:	miércoles, 14 de noviembre de 2007 3:28:16
Archivos adjuntos:	

Cindy,

We too have the Sensation Open 20 slice. We have been performing Respiratory Gating (4D) acquisition for about 6 months now and have had good results.

Peace,

Joe Meadows M.S. DABMP
Saint Mary's Health Care
Grand Rapids,MI. 49503
616-752-6218
meadowsj@trinity-health.org
>>> "Patrick Meek" <patmeek@gmail.com> 11/13/07 7:22 PM >>>
Hi Cindy. We have a Siemens Sensation Open. It is a 20 slice scanner. We do not do respiratory gating yet but I am told that it is capable of doing so. We are very happy with it. It has only been down a couple of times in the last 2.5 years. We lost about a day with each intervention. Good luck with your search!

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De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: PostScript command line for RICOH / B&W printing only
Fecha:	miércoles, 14 de noviembre de 2007 7:29:19
Archivos adjuntos:	

Charles A. Pelizzari schrieb:
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> grayscale, as appropriate), then automagically send it to the printer:
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> gs -sOutputFile="|lp" -sDEVICE=psmono -dNOPAUSE -dBATCH
> your_postscript_file

You can also add a new Pinnacle Printer

Goto Tool Panel - Option - Plan
-> Select Printer -> Add Printer
Printer Name is free
Print Command: gs -sOutputFile="|lp" -sDEVICE=psmono -dNOPAUSE -dBATCH
but -sOutputFile="|lp" dosn't work for me. It should work but it dosn't :o(

Dont forget to save the new configuration

>
> substitute psgray for psmono if you really want grayscale instead of
> black and white. note that you can include lp command line switches
> like "-d rp_ricoh" or whatever inside the quoted command used as the
> output file spec.
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--

Gemeinschaftspraxis für Strahlentherapie und Radiologie
Bjørne Riis
Nebenhofstr. 7
23558 Lübeck

De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: PostScript command line for RICOH / B&W printing only
Fecha:	miércoles, 14 de noviembre de 2007 8:43:10
Archivos adjuntos:	

You can add a new Pinnacle Printer

ToolPanel - Options - Plan
- Select Printer
-Add Printer

The Name is free
Print Command: gs -sOutputFile=/|lp -sDEVICE=psmono -dNOPAUSE -dBATCH
in Europe: add -sPAPERSIZE=a4 or edit gs_init.ps

to use Ghostscript you must set
GS_LIB /opt/sfw/share/ghostscript/fonts
in {home}/.enivoment

But on this way, or like Charles description, i get a small printout in the lower left corner. Has anybody an idea why?

Bjørne

Charles A. Pelizzari schrieb:
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Gemeinschaftspraxis für Strahlentherapie und Radiologie
Bjørne Riis
Nebenhofstr. 7
23558 Lübeck

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: PostScript command line for RICOH / B&W printing only
Fecha:	miércoles, 14 de noviembre de 2007 14:10:01
Archivos adjuntos:	

Ah the European paper naming convention, so refreshing. I seem to recall it is based on geometry. Each size up is double the surface area, with each side sqrt(2) the previous side, makes a lot of sense, hopely us north american's start using it.

----- Original Message -----
From: owner-pinnacle-users@explode.unsw.edu.au <owner-pinnacle-users@explode.unsw.edu.au>
To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
Sent: Wed Nov 14 02:40:02 2007
Subject: Re: PostScript command line for RICOH / B&W printing only

You can add a new Pinnacle Printer

ToolPanel - Options - Plan
- Select Printer
-Add Printer

The Name is free
Print Command: gs -sOutputFile=/|lp -sDEVICE=psmono -dNOPAUSE -dBATCH
in Europe: add -sPAPERSIZE=a4 or edit gs_init.ps

to use Ghostscript you must set
GS_LIB /opt/sfw/share/ghostscript/fonts
in {home}/.enivoment

But on this way, or like Charles description, i get a small printout in the lower left corner. Has anybody an idea why?

Bjørne

Charles A. Pelizzari schrieb:
>
> You can do this with less hassle right on pinnacle. Save the file as
> postscript and use ghostscript to translate it to monochrome (or
> grayscale, as appropriate), then automagically send it to the printer:

>
> gs -sOutputFile="|lp" -sDEVICE=psmono -dNOPAUSE -dBATCH
> your_postscript_file
>
> substitute psgray for psmono if you really want grayscale instead of
> black and white. note that you can include lp command line switches
> like "-d rp_ricoh" or whatever inside the quoted command used as the
> output file spec.
>
> a tidier solution would be to define another printer in the lp system
> that uses the above command as an input filter, with "-" replacing "|lp"
> as the output file spec. then send your black and white work to that
> printer, your color work to the existing one.
>
> -cp
>
>> Simply save the plan as a postscript file locally on your server. FTP
>> it to a windows PC. Add the .ps file extension to the file. Use FoxIt
>> Reader or Adobe to print it in Black and White. Not exactly a
>> straight forward step, but its a work around.
>>
>> Ian
>> ----- Original Message ----- From: "Ohm, Mike" <OHMM@ccf.org>
>> To: <pinnacle-users@explode.unsw.edu.au>
>> Sent: Tuesday, November 13, 2007 3:50 PM
>> Subject: PostScript command line for RICOH / B&W printing only
>>
>>>
>>> Listers,
>>>
>>> Can anyone offer a command-line option for the "lp" command to force the
>>> post-script file to black-only? We have a recent RICOH color laser
>>> printer (Gestetner actually- C7528n).
>>>
>>> We are now on a contract with a printer maintenance company who provides
>>> parts, toner, service etc. for a fixed monthly fee, and adds on a
>>> per-page cost based on total page count for both color and B&W (with
>>> color obviously costing more). There is no need for color in the plan
>>> printout and thanks to the P3 logo in the corner, the whole job shows up
>>> as 'color'. I have contacted RICOH support but they haven't helped so
>>> far (Philips support either) and I did find a post-script user guide and
>>> tried the 'pureblack' option, but it didn't help (although I may not
>>> have used it properly). We wish to use it on a job-by-job basis and not
>>> globally set on the printer since we use it for regular color printing
>>> as well.

>>>
>>> Any guidance would be appreciated.
>>>
>>> Mike
>>>
>>>
>>>
>

--

Gemeinschaftspraxis für Strahlentherapie und Radiologie
Bjørne Riis
Nebenhofstr. 7
23558 Lübeck

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: WIDE BORE CT SCANNERS
Fecha:	miércoles, 14 de noviembre de 2007 15:26:14
Archivos adjuntos:	

Cindy,
We have a Philips Big Bore CT and love it. We spent a great deal of time looking at all of the Big Bores available in order to make the right decision. We decided that Philips Big Bore was the best choice, as they have more clinical sites than any other company. Philips also was very competitive with the other Companies, as far as, price. Also, we are Pinnacle users which was another factor that helped us decide. The other companies have third parties for their Simulation software. I do suggest that you all go on site visits to see any Scanner up close and personal that you are interested in looking to purchase. Good luck.

Kim

Kim P. Knight, R.T.,(R)(T), CMD
Certified Medical Dosimetrist
Christus St. Frances Cabrini Cancer Center
3330 Masonic Dr.
Alexandria, LA 71301
Tel 318.448.6937 Fax 318.483.4097
email: kim.knight@christushealth.org

De:	Silgen, Patrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: WIDE BORE CT SCANNERS
Fecha:	miércoles, 14 de noviembre de 2007 15:28:47
Archivos adjuntos:	

Cindy,

The hospital I work at purchased and installed a Philips Big Bore Brilliance CT in August, 2006. This CT/Sim package replaced our conventional sim. We are Pinnacle users and have been very happy with the purchase. The TumorLOC software on the CT console bears a close resemblance to Pinnacle, which was helpful for the physicians, physicists, and dosimetrists already familiar with Pinnacle.

We have not done respiratory gating in our clinic, but we do use the 4D CT feature for most of our lung patients, as well as other patients when we are interested in evaluating patient motion.

If you need clarification or more details feel free to email me.

Pat Silgen, Medical Physicist
Methodist Hospital Minnesota
patrick.silgen@parknicollet.com

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Cynthia Seier
Sent: Tuesday, November 13, 2007 4:19 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: WIDE BORE CT SCANNERS

Hi fellow physicists and dosimetrists,
We are going to budget for a new CT/sim scanner with WIDE bore for the next fiscal year. Would you please share with us what brand of CT sim/Wide bore you have and how many slices? We want one that is cost effective but yet will do respiratory gating and whatever else will be coming in the future. I would appreciate any information by Thursday of this week as my manager just now asked me to help gather info.

Thank you very much!!
Cindy Seier, CMD
work- 605 668-8856
e-mail: this website (or) cseier@shhservices.com (or) cindyseier@hotmail.com

---

De:	Yates, Stephen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Alquist, Larry;
Asunto:	600 mu per minute vs. 400
Fecha:	jueves, 15 de noviembre de 2007 19:38:15
Archivos adjuntos:	

Greetings from Bangor Maine.
We have been using 400 mu per minute for quite some time now, and we are thinking about switching to 600 mu per minute. We have 2 Varian 2100cds, and a 21ex. We are doing IMRT for at least 50% of our patients. What are you using? Are there any known issues with this? I know that this isn't a Pinnacle issue, but many of you have been so helpful in the past, that I thought I would ask anyway. Thanks.
Steve Yates CMD

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: 600 mu per minute vs. 400
Fecha:	jueves, 15 de noviembre de 2007 20:05:26
Archivos adjuntos:	

> We have been using 400 mu per minute for quite
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Joe Wong

De:	Hawkins, Chris
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 600 mu per minute vs. 400
Fecha:	jueves, 15 de noviembre de 2007 20:36:22
Archivos adjuntos:	

A few years ago I started an IMRT program using sliding window delivery on a 21EX with Eclipse planning. At 600 MU/min we got beam "holdoffs", which were easily audible. At 400/min it never ("well, hardly ever") happened. With step & shoot, as long as the linearity holds at low MU & high rate, I don't think there is a problem.

Please give my regards to Larry, Peter Lambert, and Paul Szal.

Chris Hawkins
Radiation Oncology
Tallahassee Memorial Hospital
Tallahassee, FL

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Yates, Stephen
Sent: Thursday, November 15, 2007 1:09 PM
To: pinnacle-users@explode.unsw.edu.au
Cc: Alquist, Larry
Subject: 600 mu per minute vs. 400

Greetings from Bangor Maine.
We have been using 400 mu per minute for quite some time now, and we are thinking about switching to 600 mu per minute. We have 2 Varian 2100cds, and a 21ex. We are doing IMRT for at least 50% of our patients. What are you using? Are there any known issues with this? I know that this isn't a Pinnacle issue, but many of you have been so helpful in the past, that I thought I would ask anyway. Thanks.
Steve Yates CMD

##########################

De:	arniezc@comcast.net
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 600 mu per minute vs. 400
Fecha:	jueves, 15 de noviembre de 2007 21:12:26
Archivos adjuntos:	

Chris,

I thought with sliding window the dose rate was supposed to be constant. If not constant then how does it work?

Arnie Cohen
---------- Original message ----------
From: "Hawkins, Chris" <Chris.Hawkins@tmh.org>
>
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> on a 21EX with Eclipse planning. At 600 MU/min we got beam "holdoffs",
> which were easily audible. At 400/min it never ("well, hardly ever")
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> Please give my regards to Larry, Peter Lambert, and Paul Szal.
>
> Chris Hawkins
> Radiation Oncology
> Tallahassee Memorial Hospital
> Tallahassee, FL
>
>
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> From: owner-pinnacle-users@explode.unsw.edu.au
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> Sent: Thursday, November 15, 2007 1:09 PM
> To: pinnacle-users@explode.unsw.edu.au
> Cc: Alquist, Larry
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De:	Ian Reineck
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: 600 mu per minute vs. 400
Fecha:	jueves, 15 de noviembre de 2007 22:03:24
Archivos adjuntos:	

We use 600 MU/min for all of our 40 IMRT patients for the past 18 months on a Varian 21ix, no problems have arisen as a result of this.

Ian
----- Original Message -----
From: "Joe Wong" <joewongt@yahoo.com>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Thursday, November 15, 2007 1:49 PM
Subject: Re: 600 mu per minute vs. 400

>
>> We have been using 400 mu per minute for quite
>> some time now, and we are thinking about switching
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> not a problem anymore, and that the machines are built
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De:	Yates, Stephen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 600 mu per minute vs. 400
Fecha:	jueves, 15 de noviembre de 2007 22:10:56
Archivos adjuntos:	

I am told that 600 is the highest that we have available.
SY

> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au [SMTP:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Rice, Roger
> Sent: Thursday, November 15, 2007 3:56 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: 600 mu per minute vs. 400
>
> Do you have 1000 MU/Min available and, if so, would you consider using
> it for prostate patients?
>
> Thanks,
>
> Roger K Rice, PhD
> Moores UCSD Cancer Center
> Radiation Oncology
> 3855 Health Sciences Drive #0843
> La Jolla, CA 92093-0843
> Work: 858-822-6057
> Fax: 858-822-0732
> This e-mail and any files transmitted with it may contain privileged and
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> computer system. Thank you for your cooperation
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au

> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Ian
> Reineck
> Sent: Thursday, November 15, 2007 12:53 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Re: 600 mu per minute vs. 400
>
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>
> Ian
> ----- Original Message -----
> From: "Joe Wong" <joewongt@yahoo.com>
> To: <pinnacle-users@explode.unsw.edu.au>
> Sent: Thursday, November 15, 2007 1:49 PM
> Subject: Re: 600 mu per minute vs. 400
>
>
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> > Joe Wong
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De:	Rice, Roger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 600 mu per minute vs. 400
Fecha:	jueves, 15 de noviembre de 2007 22:13:14
Archivos adjuntos:	

Do you have 1000 MU/Min available and, if so, would you consider using it for prostate patients?

Thanks,

Roger K Rice, PhD
Moores UCSD Cancer Center
Radiation Oncology
3855 Health Sciences Drive #0843
La Jolla, CA 92093-0843
Work: 858-822-6057
Fax: 858-822-0732

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Ian Reineck
Sent: Thursday, November 15, 2007 12:53 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: 600 mu per minute vs. 400

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##

De:	forest.gary@marshfieldclinic.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: 600 mu per minute vs. 400
Fecha:	jueves, 15 de noviembre de 2007 22:23:09
Archivos adjuntos:	

The issue with higher vs lower dose rates on a Varian machine when doing IMRT has to do with how the MLC controller software was designed and I believe would have more of an impact on step and shoot delivery than on sliding window delivery.

The software is designed to interpolate leaf positions between shapes that are defined at various fractions of the delivered dose dependant upon the fraction of the dose that has been delivered and works in a fixed rate polling mode. To accomplish step and shoot mode Pinnacle defines the same shape twice, once at the beginning of the dose fraction, and again at the end.

Let's say we have two step and shoot control points, one defines a triangle and the other a circle, each giving half the dose. The definition delivered to the Varian machine would indicate something like this:

Dose Fraction	shape
0.000	triangle
0.500	triangle
0.500	circle
1.000	circle

Thus the interpolation that occurs returns no movement while delivering a given segment. Where the problem comes in is at the 0.500 point where the shape has to move from triangle to circle in zero time. Since all the mlc controller can do is hold off the beam (and only will do this if one or more leaves is out of tolerance) running the machine at a higher dose rate will allow more of the triangle shape to be delivered after the 0.500 point has been reached since the controller is performing this check in a polling mode and shutting off the beam after at least one leaf from the triangle pattern is considered out of tolerance for the circle pattern.

Clearly there would be more than two shapes in a real delivery, and this problem would be present between each segment of a step and shoot delivery.

We treat our IMRTs at 300MU/min as a compromise between this problem and amount of time to deliver the dose.

Gary Forest
Radiation Oncology

Marshfield Clinic
forest.gary@marshfieldclinic.org

cc:
lalquist@emh.org

------Original Message------
From: "Yates, Stephen" <syates@emh.org>
Date: Thu Nov 15, 2007 -- 12:37:30 PM
To: "pinnacle-users@explode.unsw.edu.au" <pinnacle-users@explode.unsw.edu.au>
Cc: lalquist@emh.org
Subject: 600 mu per minute vs. 400

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Steve Yates CMD

cc:
"Alquist, Larry" <lalquist@emh.org>

the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Hawkins, Chris
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 600 mu per minute vs. 400
Fecha:	jueves, 15 de noviembre de 2007 22:31:01
Archivos adjuntos:	

The dose rate per pulse is constant, Varian gates the pulses and the Clinac won't deliver a pulse if it senses that the leaf is not yet in position within its tolerance. The sliding window field is broken up into some 320 or so segments and the leaf position is supposedly checked for each segment before the gate lets the pulses out. If the dose rate is high you can hear the beeps slow down when the leaves are moving fast.

It was my understanding that the various selectable dose rates are achieved by blanking the electron pulses to achieve the lower dose rates. I think this mechanism is also used to correct for gantry speed fluctuations to give a steady MU/degree.

When I did the QA, I would do the dose measurements at 400 MU/min (same as treatment). I sometimes reduced the total MU for the film to hit the steepest part of the H-D curve, and would hear the slowdown as the leaves had to move faster. I would usually lower the dose rate further when that happened.

Caveat: It's been 4 1/2 years since I was doing IMRT on a Varian. I'm not sure that this is exactly what is happening, just my best recollection. Someone PLEEZE correct me if I am in error here.

Chris Hawkins
Radiation Oncology
Tallahassee Memorial Hospital
Tallahassee, FL

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of arniezc@comcast.net
Sent: Thursday, November 15, 2007 2:46 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: 600 mu per minute vs. 400

Chris,

I thought with sliding window the dose rate was supposed to be constant.
If not constant then how does it work?

Arnie Cohen

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 600 mu per minute vs. 400
Fecha:	jueves, 15 de noviembre de 2007 22:56:08
Archivos adjuntos:	

I seem to recall that during Argus training I was told if the actual MLC leaf position is ahead of the planned position on a sliding window treatment, that the linac will pause the beam and go back a bit and restart. One would think that a higher MU rate would reduce the window of error on the MLC position/velocity for a given error bounds. The problem is the sample spacing of the system is 50ms so you can't get any better velocity measurement than the smallest measurement of distance (I think 0.1mm) over the smallest time sample 50ms, so ~2mm/s. All the fun that can happen with a discretized system applies here. Probably "good enough" for most allowed errors though.

P.S. I'm a IT/digital electronics geek not a medical physicist (though a physicist :)).
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Ian
> Reineck
> Sent: Thursday, November 15, 2007 12:53 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Re: 600 mu per minute vs. 400
>
> We use 600 MU/min for all of our 40 IMRT patients for the past 18
months
> on
> a Varian 21ix, no problems have arisen as a result of this.
>
> Ian
> ----- Original Message -----
> From: "Joe Wong" <joewongt@yahoo.com>
> To: <pinnacle-users@explode.unsw.edu.au>
> Sent: Thursday, November 15, 2007 1:49 PM
> Subject: Re: 600 mu per minute vs. 400
>
>
> >

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> >> some time now, and we are thinking about switching
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> > service reps claims that "stressing" the machine is
> > not a problem anymore, and that the machines are built
> > to be "stressed" in terms of output. Of course,
> > nothing is said that every component of the linac
> > related to dose rate may have a shortened life. But
> > hey, Varian wants your service contract, and this
> > gives the service guys, Varian or third party, work as
> > well as help the parts economy. You can figure which
> > side of the economic balance you want and go for it.
> > Good luck.
> >
> > Joe Wong
> >
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> _____
> > Never miss a thing. Make Yahoo your home page.
> > http://www.yahoo.com/r/hs
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De:	Shikuan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 600 mu per minute vs. 400
Fecha:	jueves, 15 de noviembre de 2007 23:03:34
Archivos adjuntos:	

The reason to use 320 - 400 MU/min to treat "step and shot" IMRT with small MU segments is the time-delay between Varian MLC controller and linac computers, For the detail explanation you can look at a nice paper published at Medical Physics in 2003 by Ping Xia from UCSF.

Shikuan

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Yates, Stephen
Sent: Thursday, November 15, 2007 10:09 AM
To: pinnacle-users@explode.unsw.edu.au
Cc: Alquist, Larry
Subject: 600 mu per minute vs. 400

Greetings from Bangor Maine.
We have been using 400 mu per minute for quite some time now, and we are thinking about switching to 600 mu per minute. We have 2 Varian 2100cds, and a 21ex. We are doing IMRT for at least 50% of our patients. What are you using? Are there any known issues with this? I know that this isn't a Pinnacle issue, but many of you have been so helpful in the past, that I thought I would ask anyway. Thanks.
Steve Yates CMD

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De:	Lindsay Tremethick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle server mirroring?
Fecha:	jueves, 15 de noviembre de 2007 23:20:11
Archivos adjuntos:	

Quoting "Thompson, Stephen K" <ThompsSK@sutterhealth.org>:

> What are other people doing with respect to mirroring/redundancy for
> your server?

[soapbox on]

The unfortunate thing about this question is I am sure there are LOTS of pinnacle users who have been asking these questions of Pinnacle for years.
Unfortunately the user has to build something because nothing is available turn key from Philips. Even if the user builds something getting a manufacturer to be happy is a massive stumbling block.

Why won't manufacturers simply look at building REAL servers instead of continuing to insist on terming what is desktop build equipment as a server.
Whilst that may sound a harsh statement they are in the same company as Varian, Siemens, Toshiba.....and the list goes on.....

Mike has illustrated a rather robust {maybe towards the bleeding edge when built} design and I am not sure that is the extent that the general user needs. However it still boils down that Philips could make life so much easier for the user by introducing RAID into their "server" boxes after all the technology has been around a lot longer than pinnacle has!

The last lot of client hardware delivered came with redundant power supplies, and onboard RAID but the built was one data disk one OS disk!!!!!
Why does Philips (for that matter many other manufacturers) fail to utilise what is available in the hardware that would make life so much more secure for the user.

We insist on redundancy on our server technology so the secretary can continue to receive emails with the absolute minimum of disturbance

but perfectly happy to have a medical device down for several hours whilst a disk is replaced and the data restored. Could you imagine the gnashing off teeth, the finger pointing and the jobs on the line throughout a hospital if the email went down just before the deadline in the footy/basketball/baseball tipping competition!

But how do we get changes???????????

[soapbox off]

enough of the rant
better get a strong cup of coffee to sooth the nerves

Cheers
Lindsay Tremethick

Radiation Oncology Victoria
http://www.radoncvic.com.au/

De:	mwfraser@comcast.net
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 600 mu per minute vs. 400
Fecha:	jueves, 15 de noviembre de 2007 23:44:45
Archivos adjuntos:	

Yeah, But...

If I perform my QA (individual beam fluences and dose points) at 600 and get good results, and if service concedes that it won't really bother the linca, as one poster noted, then why would I worry?

I'm sure there are theoretical reasons for concern but if they do not manifest in a clinically detectable effect, I'll ignore them and focus on my data.

Besides, therapists would revolt if we slowed down to 400!

> ---------- Original message ----------
> From: "Shikuan" <sshe@onctherapies.com>
>
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> > Shikuan
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> > -----Original Message-----
> > From: owner-pinnacle-users@explode.unsw.edu.au
> > [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Yates,
> > Stephen
> > Sent: Thursday, November 15, 2007 10:09 AM
> > To: pinnacle-users@explode.unsw.edu.au
> > Cc: Alquist, Larry
> > Subject: 600 mu per minute vs. 400
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> > Greetings from Bangor Maine.
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De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle server mirroring?
Fecha:	jueves, 15 de noviembre de 2007 23:59:52
Archivos adjuntos:	

Hi Lindsay and Stephen,

For better or worse, the Pinnacle database is just "data" stored in a directory structure. The benefit of this is that it is easily accessible and can be backed up anyway that you want to do it.

I always used to tell customers to simply mount the NFS directory (/PrimaryPatientData) from an enterprise server in the hospital IT department. At some point in the middle of the night, a simple copy or backup to tape would take care of everything.

If something happened to the Pinnacle server, all that you would need to do would be to copy the data back when the box or drive was replaced by service.

FWIW, Philips sold the v250 server level machine with internal RAID and they sold about 15 of them... it was a flop. Other customers have purchased the Sun Store edge RAID arrays (3320) and Philips has helped them hook it up direclty to the Sun Blades.

But I still think that having the data in the IT department was safer and almost as good.

So don't try to replace the server with your own solution, and don't drive yourself crazy - the only thing you want to be careful about is that there are some characters used in Unix that Windows does not like (like the ":") so you will need to use an NFS translation table if you are not using a Unix or Linux box.

Remember - I no longer work for Philips - this post is my own personal opinion!

Regards,
Marc Mlyn

----- Original Message -----

From: "Lindsay Tremethick" <ltremethick@radoncvic.com.au>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Thursday, November 15, 2007 4:58 PM
Subject: Re: Pinnacle server mirroring?

> Quoting "Thompson, Stephen K" <ThompsSK@sutterhealth.org>:
>
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>> your server?
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> [soapbox on]
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> off teeth, the finger pointing and the jobs on the line throughout a
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> footy/basketball/baseball tipping competition!

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> But how do we get changes???????????
>
> [soapbox off]
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> enough of the rant
> better get a strong cup of coffee to sooth the nerves
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> Cheers
> Lindsay Tremethick
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De:	Patrick Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: 600 mu per minute vs. 400
Fecha:	viernes, 16 de noviembre de 2007 2:50:17
Archivos adjuntos:	

I have heard that 600 rep rate is ok for static fields but you can get MLC faults with imrt. With that being said we still use 400 rep rate with static and 300 with imrt. So I don't have real world experience to verify that. But a couple of physicists have told me that.

Pat

Sent from my iPhone

On Nov 15, 2007, at 12:49 PM, Joe Wong <joewongt@yahoo.com> wrote:

>
>> We have been using 400 mu per minute for quite
>> some time now, and we are thinking about switching
>> to 600 mu per minute. We have 2 Varian 2100cds, and
>> a 21ex. We are doing IMRT for at least 50% of our
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De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle server mirroring?
Fecha:	viernes, 16 de noviembre de 2007 3:13:33
Archivos adjuntos:	

Marc - thanks for your two cents.

We already back up the /PrimaryPatientData directory so I am not terribly concerned about losing it totally.

It's the time that it takes to make the server functional again that is bothering me!

And the point about the secretary's email vs. our planning system is very thought-provoking.

I'm a little surprised at the lack of interest in this subject. If it were me I wouldn't even sell a product without a well researched disaster protection plan with both high and low end solutions. IMPAC and Philips both are lacking in this regard.

Regards,

Steve T

Steve Thompson, M.S., DABR
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
ph 209-572-7237
fax 209-526-5280
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Marc Mlyn
Sent: Thursday, November 15, 2007 2:47 PM

To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Pinnacle server mirroring?

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Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: 600 mu per minute vs. 400
Fecha:	viernes, 16 de noviembre de 2007 3:37:57
Archivos adjuntos:	

But they didn't revolt when they went from 4 field simple prostate plans to 7+ field IMRT? The planners/physicists take a much larger workload hit than the machine does.

Bare in might that a 50% increase in dose rate doesn't translate into a 1/3 reduction of treatment time as the setup, alignment and gantry rotation times remain about the same. You only lose at most 1 min for the treatment due to dose rate.

We recently started IMRT at our site and our treatment time hasn't noticibly been affected, we still fit it into a 15min slot. Perhaps in the rare case that a machine gets two complex treatments back to back we'd notice it.

----- Original Message -----
From: owner-pinnacle-users@explode.unsw.edu.au <owner-pinnacle-users@explode.unsw.edu.au>
To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
Sent: Thu Nov 15 17:18:12 2007
Subject: RE: 600 mu per minute vs. 400

Yeah, But...

If I perform my QA (individual beam fluences and dose points) at 600 and get good results, and if service concedes that it won't really bother the linca, as one poster noted, then why would I worry?

I'm sure there are theoretical reasons for concern but if they do not manifest in a clinically detectable effect, I'll ignore them and focus on my data.

Besides, therapists would revolt if we slowed down to 400!

> ---------- Original message ----------
> From: "Shikuan" <sshe@onctherapies.com>
>
> > The reason to use 320 - 400 MU/min to treat "step and shot" IMRT with small
> > MU segments is the time-delay between Varian MLC controller and linac
> > computers, For the detail explanation you can look at a nice paper published
> > at Medical Physics in 2003 by Ping Xia from UCSF.

>
> Shikuan
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Yates,
> Stephen
> Sent: Thursday, November 15, 2007 10:09 AM
> To: pinnacle-users@explode.unsw.edu.au
> Cc: Alquist, Larry
> Subject: 600 mu per minute vs. 400
>
> Greetings from Bangor Maine.
> We have been using 400 mu per minute for! quite some time now, and we
> are thinking about switching to 600 mu per minute. We have 2 Varian 2100cds,
> and a 21ex. We are doing IMRT for at least 50% of our patients. What are you
> using? Are there any known issues with this? I know that this isn't a
> Pinnacle issue, but many of you have been so helpful in the past, that I
> thought I would ask anyway. Thanks.
> Steve Yates CMD
>
>
>
>
>

>
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>

> send the message
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> to majordomo@explode.unsw.edu.au.
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##

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle server mirroring?
Fecha:	viernes, 16 de noviembre de 2007 3:57:51
Archivos adjuntos:	

Our situation was that the hospital insists that no patient data leave the data centre (other than burnt to disk and shipped to another hospital for images say). Our V280R server is roughly equivalent to the 250 great minds think alike (but rarely can sell their ideas :)).

A full blown database can be just as portable, and much easier to work with in my opinion. Eg. MySQL database backups are a text file with the create table/insert into statements.

It is readily readible, and pretty simple to migrate from mysql to another database (you'd have to right a little script to translate mysql's sql into ISO sql). You also have more logical control, eg. Cashe highly used items, non-linear search method, etc.

At best, I'd say that Pinnacle's lack of a working backup solution is readily worked around, not an asset.

----- Original Message -----
From: owner-pinnacle-users@explode.unsw.edu.au <owner-pinnacle-users@explode.unsw.edu.au>
To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
Sent: Thu Nov 15 17:47:29 2007
Subject: Re: Pinnacle server mirroring?

Hi Lindsay and Stephen,

For better or worse, the Pinnacle database is just "data" stored in a directory structure. The benefit of this is that it is easily accessible and can be backed up anyway that you want to do it.

I always used to tell customers to simply mount the NFS directory (/PrimaryPatientData) from an enterprise server in the hospital IT department. At some point in the middle of the night, a simple copy or backup to tape would take care of everything.

If something happened to the Pinnacle server, all that you would need to do would be to copy the data back when the box or drive was replaced by

service.

FWIW, Philips sold the v250 server level machine with internal RAID and they sold about 15 of them... it was a flop. Other customers have purchased the Sun Store edge RAID arrays (3320) and Philips has helped them hook it up direclty to the Sun Blades.

But I still think that having the data in the IT department was safer and almost as good.

So don't try to replace the server with your own solution, and don't drive yourself crazy - the only thing you want to be careful about is that there are some characters used in Unix that Windows does not like (like the ":") so you will need to use an NFS translation table if you are not using a Unix or Linux box.

Remember - I no longer work for Philips - this post is my own personal opinion!

Regards,
Marc Mlyn

----- Original Message -----
From: "Lindsay Tremethick" <ltremethick@radoncvic.com.au>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Thursday, November 15, 2007 4:58 PM
Subject: Re: Pinnacle server mirroring?

> Quoting "Thompson, Stephen K" <ThompsSK@sutterhealth.org>:
>
>> What are other people doing with respect to mirroring/redundancy for
>> your server?
>
> [soapbox on]
>
> The unfortunate thing about this question is I am sure there are LOTS of
> pinnacle users who have been asking these questions of Pinnacle for
> years.
> Unfortunately the user has to build something because nothing is
> available turn key from Philips. Even if the user builds something
> getting a manufacturer to be happy is a massive stumbling block.
>
> Why won't manufacturers simply look at building REAL servers instead of
> continuing to insist on terming what is desktop build equipment as a
> server.
> Whilst that may sound a harsh statement they are in the same company as

> Varian, Siemens, Toshiba.....and the list goes on.....
>
> Mike has illustrated a rather robust {maybe towards the bleeding edge
> when built} design and I am not sure that is the extent that the general
> user needs. However it still boils down that Philips could make life so
> much easier for the user by introducing RAID into their "server" boxes
> after all the technology has been around a lot longer than pinnacle has!
>
> The last lot of client hardware delivered came with redundant power
> supplies, and onboard RAID but the built was one data disk one OS
> disk!!!!!
> Why does Philips (for that matter many other manufacturers) fail to
> utilise what is available in the hardware that would make life so much
> more secure for the user.
>
> We insist on redundancy on our server technology so the secretary can
> continue to receive emails with the absolute minimum of disturbance but
> perfectly happy to have a medical device down for several hours whilst a
> disk is replaced and the data restored. Could you imagine the gnashing
> off teeth, the finger pointing and the jobs on the line throughout a
> hospital if the email went down just before the deadline in the
> footy/basketball/baseball tipping competition!
>
> But how do we get changes???????????
>
> [soapbox off]
>
> enough of the rant
> better get a strong cup of coffee to sooth the nerves
>
> Cheers
> Lindsay Tremethick
>
> ---
> Radiation Oncology Victoria
> http://www.radoncvic.com.au/
> ---
>
>
>
>
>

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>

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##

De:	Lindsay Tremethick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle server mirroring?
Fecha:	viernes, 16 de noviembre de 2007 4:31:37
Archivos adjuntos:	

Quoting Marc Mlyn <mmlyn@optonline.net>:

> Hi Lindsay and Stephen,
>
> For better or worse, the Pinnacle database is just "data" stored in a
> directory structure. The benefit of this is that it is easily
> accessible and can be backed up anyway that you want to do it.

Everyone

Yes I ranted a bit but hey we're not talking "sheep stations" here for a simple raid on the O/S and data. Yes it is true that we have gone beyond the external 36GB SCSI drive but only a few users would be beyond a 300GB patient data.

With the onboard RAID that has been available on sun boxes for quite a long time and not only in their server class machines I would have expected a "high tech" company to be utilising this redundancy. Look I am not singling out pinnacle as even Siemens have raid in thei coherence boxes but dont use it so when a disk crashes you are down for about 4 hours. Toshiba CTs also have this class of hardware and don't use it so the problem is industry wide.

"Ah..... ohh.... sorry the disk has crashed" doesn't really cut the mustard these days.
"Ah.... oh..... the disk has crashed but that's ok I will hot swap it in a moment and it can rebuild whilst you continue planning" is the answer we should be expecting.

OK so maybe the hotswap isn't the best idea, but end of day, whilst everyone continues to plan for the remainder of the day is a much better approach. A SCSI disk rebuilding itself from a RAID is much better than loading a backup tape back onto the drive.

Marc is correct there is the external multi disk fast scsi raid enclosure 1.5-3.2 TB of storage but it would be so easy to add two

more scsi's to the box and have a RAID O/S and RAID data.
I bet if Philips simply told their customers that this was now the base line model we would just pay the price what would it cost ????$1500???? even at twice the cost it isn't much in the whole scheme of things. You could then option up for the bling!
How much does it cost you to have all your planning people twiddling their thumbs for 3-4 hours whilst a drive is replaced and the data is reloaded from tape. Yes Marc is correct that data could be stored somewhere on the network and be a quicker reload but wouldn't it be wonderful if the box simply kept working and the problem was fixed later??
We have to remember that the network store is last nights data and unless we are going to have rsync running we are going to loose what has been done in the day up till the disk crash.

Look that's enough of a second rant from me, its just that I get annoyed with all vendors who supply these boxes with inbuilt redundancy and they don't use it for the want of a few hundred dollars that they are only going to charge of to the customer anyway!!

Cheers
Lindsay Tremethick

Radiation Oncology Victoria
http://www.radoncvic.com.au/

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle server mirroring?
Fecha:	viernes, 16 de noviembre de 2007 5:17:47
Archivos adjuntos:	

Lindsay - THANK YOU!!!!

I couldn't have articulated that any better. Even if I knew what the heck I was talking about. :)

Steve T

Steve Thompson, M.S., DABR
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
ph 209-572-7237
fax 209-526-5280
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Lindsay Tremethick
Sent: Thursday, November 15, 2007 7:18 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Pinnacle server mirroring?

Quoting Marc Mlyn <mmlyn@optonline.net>:

> Hi Lindsay and Stephen,
>
> For better or worse, the Pinnacle database is just "data" stored in a
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Everyone

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We have to remember that the network store is last nights data and unless we are going to have rsync running we are going to loose what has been done in the day up till the disk crash.

Look that's enough of a second rant from me, its just that I get annoyed with all vendors who supply these boxes with inbuilt redundancy and they don't use it for the want of a few hundred dollars that they are only going to charge of to the customer anyway!!

Cheers
Lindsay Tremethick

Radiation Oncology Victoria
http://www.radoncvic.com.au/

De:	s.lappi@tin.it
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Conformal arc planar dose
Fecha:	viernes, 16 de noviembre de 2007 12:56:41
Archivos adjuntos:	

We are trying to commission conformal arcs with Pinnacle v.8.0h, so we need planar dose calculations to compare with film measurements. But we have this message: "Planar dose cannot be computed for conformal arc beams". Somebody has experience about this problem and possible solutions?

Thank you

Sara Lappi
Health Physics Dept.
Azienda
Ospedaliera-Universitaria di Ferrara
Italy

De:	Ohm, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: PostScript command line for RICOH / B&W printing only
Fecha:	viernes, 16 de noviembre de 2007 13:51:31
Archivos adjuntos:	

Thanks for all the suggestions. I'd like to avoid extra steps just to print the plan, but I also had the thought of exporting a .ps file then printing from a Windows PC. Along this line, can shareware like "PDFCreator" be setup to automagically poll/watch a directory for incoming .ps files and convert then send to a printer? That would be just one extra click to run an export script of the plan.

The print command:
gs -sOutputFile=\|lp -sDEVICE=psmono -dNOPAUSE -dBATCH
works great (B&W only), but, like Bjørne said, the printout appears as a little 2x3 inch image in the lower left corner.
So far I tried adding the additional command "-r70x72" for resolution and it now fills the page, but is almost unreadable. I'll dig a little further to see if there might be other switches to try.

Thanks again,
Mike

You can add a new Pinnacle Printer

ToolPanel - Options - Plan
- Select Printer
-Add Printer

The Name is free
Print Command: gs -sOutputFile=/|lp -sDEVICE=psmono -dNOPAUSE -dBATCH
in Europe: add -sPAPERSIZE=a4 or edit gs_init.ps

to use Ghostscript you must set
GS_LIB /opt/sfw/share/ghostscript/fonts

in {home}/.enivoment

But on this way, or like Charles description, i get a small printout in the lower left corner. Has anybody an idea why?

Bjørne

Charles A. Pelizzari schrieb:
>
> You can do this with less hassle right on pinnacle. Save the file as
> postscript and use ghostscript to translate it to monochrome (or
> grayscale, as appropriate), then automagically send it to the printer:
>
> gs -sOutputFile="|lp" -sDEVICE=psmono -dNOPAUSE -dBATCH
> your_postscript_file
>
> substitute psgray for psmono if you really want grayscale instead of
> black and white. note that you can include lp command line switches
> like "-d rp_ricoh" or whatever inside the quoted command used as the
> output file spec.
>
> a tidier solution would be to define another printer in the lp system
> that uses the above command as an input filter, with "-" replacing "|lp"
> as the output file spec. then send your black and white work to that
> printer, your color work to the existing one.
>
> -cp
>
>> Simply save the plan as a postscript file locally on your server. FTP
>> it to a windows PC. Add the .ps file extension to the file. Use FoxIt
>> Reader or Adobe to print it in Black and White. Not exactly a
>> straight forward step, but its a work around.
>>
>> Ian
>> ----- Original Message ----- From: "Ohm, Mike" <OHMM@ccf.org>
>> To: <pinnacle-users@explode.unsw.edu.au>
>> Sent: Tuesday, November 13, 2007 3:50 PM
>> Subject: PostScript command line for RICOH / B&W printing only
>>
>>>
>>> Listers,
>>>
>>> Can anyone offer a command-line option for the "lp" command to force the
>>> post-script file to black-only? We have a recent RICOH color laser
>>> printer (Gestetner actually- C7528n).
>>>

>>> We are now on a contract with a printer maintenance company who provides
>>> parts, toner, service etc. for a fixed monthly fee, and adds on a
>>> per-page cost based on total page count for both color and B&W (with
>>> color obviously costing more). There is no need for color in the plan
>>> printout and thanks to the P3 logo in the corner, the whole job shows up
>>> as 'color'. I have contacted RICOH support but they haven't helped so
>>> far (Philips support either) and I did find a post-script user guide and
>>> tried the 'pureblack' option, but it didn't help (although I may not
>>> have used it properly). We wish to use it on a job-by-job basis and not
>>> globally set on the printer since we use it for regular color printing
>>> as well.
>>>
>>> Any guidance would be appreciated.
>>>
>>> Mike
>>>
>>>
>>>
>

--

De:	Serago, Christopher, Ph.D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Conformal arc planar dose
Fecha:	viernes, 16 de noviembre de 2007 14:02:25
Archivos adjuntos:	

Sara
Have you set in the Machine Editor to allow conformal arcs?

To check this:

Enter Physics Mode, select Photon Physics Tool, edit Machine.
This gets you into the Machine Editor, then
Select Gantry and make sure Conformal Arc is selected.

Chris Serago
Mayo Clinic
Jacksonville, Florida

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of
s.lappi@tin.it
Sent: Friday, November 16, 2007 6:45 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Conformal arc planar dose

We are trying to commission conformal arcs with Pinnacle v.8.0h, so we need planar dose calculations to compare with film measurements. But we have this message: "Planar dose cannot be computed for conformal arc beams". Somebody has experience about this problem and possible solutions?

Thank you

Sara Lappi
Health Physics Dept.
Azienda
Ospedaliera-Universitaria di Ferrara
Italy

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##

De:	Davide Fontanarosa
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Conformal arc planar dose
Fecha:	viernes, 16 de noviembre de 2007 14:15:49
Archivos adjuntos:	

Hi,

in P3_ReleaseNotes_v8.0h, page 19, you can read:

"In earlier releases, the software did not correctly compute planar dose for conformal arc beams or arc beams. In Pinnacle3 8.0h, you cannot compute planar dose for conformal arc beams or arc beams."

I think this is the reason,

best regards,

Davide

Serago, Christopher, Ph.D. wrote:
> Sara
> Have you set in the Machine Editor to allow conformal arcs?
>
> To check this:
>
> Enter Physics Mode, select Photon Physics Tool, edit Machine.
> This gets you into the Machine Editor, then
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>
> Chris Serago
> Mayo Clinic
> Jacksonville, Florida
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of
> s.lappi@tin.it
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> To: pinnacle-users@explode.unsw.edu.au
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>
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>
> Sara Lappi
> Health Physics Dept.
> Azienda
> Ospedaliera-Universitaria di Ferrara
> Italy
>
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>

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>

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Davide Fontanarosa
.Pinnacle TPS
Physics & Application Specialist
.R&D Lab
Tecnologie Avanzate TA Srl
mob.: +39-3404621867
@CRO Centro di Riferimento Oncologico
Aviano (PN)
tel.: +39-0434659171
@PST Parco Scientifico e Tecnologico
"Luigi Danieli" - UD
tel.: +39-0432629768
fax: +39-0432603887
_____

De:	Dr.T.S. Kehwar
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: 600 mu per minute vs. 400
Fecha:	viernes, 16 de noviembre de 2007 14:52:18
Archivos adjuntos:	

For conformal 3D it should not have any problem but for dynamic IMRT MLC leave motion may have problem. So before switching over to 600MU per min do some QAs related to the MLC leave motion at different leave speeds to execute proper dynamic IMRT.
Thanks
TS

"Yates, Stephen" <syates@emh.org> wrote:

> Greetings from Bangor Maine.
> We have been using 400 mu per minute for quite some time now, and we are thinking about switching to 600 mu per minute. We have 2 Varian 2100cds, and a 21ex. We are doing IMRT for at least 50% of our patients. What are you using? Are there any known issues with this? I know that this isn't a Pinnacle issue, but many of you have been so helpful in the past, that I thought I would ask anyway. Thanks.
> Steve Yates CMD
>
>

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle server mirroring?
Fecha:	viernes, 16 de noviembre de 2007 15:23:27
Archivos adjuntos:	

We were using SunBlade 2500's before Philips started selling them. The ones we have have 2 15k SCSI disks, there isn't more room for more disks, but you might be able to by another internal enclosure, not sure. It would complicate the raid controller so it might not be possible. A solution could be use internal disk for OS, mirrored, then the external enclosure is also mirrored but for patient data. A new tape drive is probably faster than most peoples network connection, I high end drive can do about 120MB/s which is better than the hard drive can do. Where tapes really suck is if you only want selected files, then the seek time kills you.

To Varian's credit they recommend sufficient internal RAID storage for your server for Aria/Eclipse, and at least at our site, have all the linac workstations pseudo-RAID (image is taken nightly to a second internal drive), downtime due to disk failure is about 20min which I can live with.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Lindsay Tremethick
Sent: November 15, 2007 10:18 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Pinnacle server mirroring?

Quoting Marc Mlyn <mmlyn@optonline.net>:

> Hi Lindsay and Stephen,
>

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Everyone

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"Ah..... ohh.... sorry the disk has crashed" doesn't really cut the mustard these days.
"Ah.... oh..... the disk has crashed but that's ok I will hot swap it in a moment and it can rebuild whilst you continue planning" is the answer we should be expecting.

OK so maybe the hotswap isn't the best idea, but end of day, whilst everyone continues to plan for the remainder of the day is a much better approach. A SCSI disk rebuilding itself from a RAID is much better than loading a backup tape back onto the drive.

Marc is correct there is the external multi disk fast scsi raid enclosure 1.5-3.2 TB of storage but it would be so easy to add two more scsi's to the box and have a RAID O/S and RAID data.
I bet if Philips simply told their customers that this was now the base line model we would just pay the price what would it cost ????$1500???? even at twice the cost it isn't much in the whole scheme of things. You could then option up for the bling!
How much does it cost you to have all your planning people twiddling their thumbs for 3-4 hours whilst a drive is replaced and the data is reloaded from tape. Yes Marc is correct that data could be stored somewhere on the network and be a quicker reload but wouldn't it be wonderful if the box simply kept working and the problem was fixed later??
We have to remember that the network store is last nights data and unless we are going to have rsync running we are going to loose what has been done in the day up till the disk crash.

Look that's enough of a second rant from me, its just that I get
annoyed with all vendors who supply these boxes with inbuilt
redundancy and they don't use it for the want of a few hundred dollars
that they are only going to charge of to the customer anyway!!

Cheers
Lindsay Tremethick

Radiation Oncology Victoria
http://www.radoncvic.com.au/

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De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Steve Jenkins;
Asunto:	Re: Pinnacle server mirroring?
Fecha:	viernes, 16 de noviembre de 2007 15:47:43
Archivos adjuntos:	

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Regards,
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From: "Lindsay Tremethick" <ltremethick@radoncvic.com.au>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Thursday, November 15, 2007 4:58 PM
Subject: Re: Pinnacle server mirroring?

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De:	Paul King
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Conformal arc planar dose
Fecha:	viernes, 16 de noviembre de 2007 15:49:28
Archivos adjuntos:	

We have used conformal arc for all prostate treatments for the last 3-4 years.
I recommend it to you, highly.

One drawback of Pinnacle's support for conformal arc is that it will not produce a planar dose distribution that you can measure with Mapcheck. Historically, Pinnacle produced an incorrect Mapcheck distribution. After repeated complaint about this fact, they have apparently corrected it by now producing no Mapcheck distribution (to my chagrin).

To measure the distribution of cArc dose requires film. To compare film measurements, you must calculate in the composite mode on a phantom. You cannot do this in a beam-by-beam mode. I have done this many times with very good agreement results. Conformal arc treats with beam umbra and, thus if generally well-commissioned the delivery will track the plan very well.

Presently, our Mapcheck verification of the conformal arc component of prostate plans is limited to absolute dose measurement (using one diode, ignoring the rest) at isocenter. This number is TMR-corrected and compared to the planned isocenter dose.

Following this path, you'll be very pleased with the results you can achieve. If I can be of help, feel free to contact me directly.

- Paul King

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of
s.lappi@tin.it
Sent: Friday, November 16, 2007 5:45 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Conformal arc planar dose

We are trying to commission conformal arcs with Pinnacle v.8.0h, so we
need planar dose calculations to compare with film measurements. But we

have this message: "Planar dose cannot be computed for conformal arc beams". Somebody has experience about this problem and possible solutions?

Thank you

Sara Lappi
Health Physics Dept.
Azienda
Ospedaliera-Universitaria di Ferrara
Italy

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De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle server mirroring?
Fecha:	viernes, 16 de noviembre de 2007 17:06:30
Archivos adjuntos:	

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Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

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From: owner-pinnacle-users@explode.unsw.edu.au

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Sent: November 16, 2007 9:34 AM
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Subject: Re: Pinnacle server mirroring?

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A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle server mirroring?
Fecha:	viernes, 16 de noviembre de 2007 18:22:35
Archivos adjuntos:	

Mike -

Well spoken. Definitely there will be significant variations according to what your hospital IT supports. I would still maintain that this doesn't absolve Philips from giving some general guidelines on robust, network database management, any more than it absolves Elekta from telling me to "isolate" my linac control cabinet and making it a teeth-pulling exercise to get guidance on firewall configuration (been there, done that, in two hospitals now).

The point is that keeping your patient planning data on a plain ole SCSI disk is a really bad idea, just like putting the PCs that control your linacs on the wide hospital LAN is a really bad idea. Therefore, I feel a bit put out if the simple vendor solutions fall into the category of "bad ideas" and they make it difficult or expensive for me to go outside their narrow solution class (or even better yet, tell me that implementing "unapproved solutions" deemed safe & reasonable by myself and my IT group "could cause issues with respect to support" - thank you, Tomo). Whew.

Again, for the record, our nice IT group has already investigated and procured all necessary hardware for SAN attachment, and done all the homework on drivers, etc, so the time & expense there is on us, not Philips. And, it sorta looks like the "validation" might be managed remotely via the RSN connection (set up by our IT group and provided to Philips). So while it might be real work to validate, it might also be done by some guy on his couch, in footed jammies, during commercial breaks of a college football game. Yes, I'm whining now.

Dave

David Lockman, DSc, DABR
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De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle server mirroring?
Fecha:	viernes, 16 de noviembre de 2007 19:15:21
Archivos adjuntos:	

I do most of my Pinnacle administration while " on my couch, in footed jammies, during commercial breaks of a college football game." :) Ex. Cleaning out old patients, installing patches etc. Life is better that way (I hate commuting to work on a Sat because that is when I can do things without people around using the systems), having a full fridge with snacks and beverages is nice too.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Dave Lockman
Sent: November 16, 2007 11:52 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle server mirroring?

Mike -

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517-364-2163
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>>> mike.gallamore@grhosp.on.ca 11/16/2007 10:43 AM >>>
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install guide and be done. No reading through driver manuals, tinkering
with firmware settings etc. I makes the process so much easier and lower
risk for them.

Eg. we upgraded our SAN. We had to upgrade our FC firmware, our OS and our software that handles the multi-pathing. We had serious issues, even
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[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Dave Lockman
Sent: November 16, 2007 9:34 AM
To: pinnacle-users@explode.unsw.edu.au
Cc: Steve Jenkins
Subject: Re: Pinnacle server mirroring?

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I think the problem is that data management is an afterthought when it comes to these systems. Philips, as several people have pointed out, is
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>>> mmlyn@optonline.net 11/15/2007 5:47 PM >>>
Hi Lindsay and Stephen,

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and can be backed up anyway that you want to do it.

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If something happened to the Pinnacle server, all that you would need to do
would be to copy the data back when the box or drive was replaced by service.

FWIW, Philips sold the v250 server level machine with internal RAID and
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So don't try to replace the server with your own solution, and don't drive
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*Remember - I no longer work for Philips - this post is my own personal

opinion!*

Regards,
Marc Mlyn

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From: "Lindsay Tremethick" <ltremethick@radoncvic.com.au>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Thursday, November 15, 2007 4:58 PM
Subject: Re: Pinnacle server mirroring?

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>> What are other people doing with respect to mirroring/redundancy for
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> The unfortunate thing about this question is I am sure there are LOTS
 of
> pinnacle users who have been asking these questions of Pinnacle for
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> Unfortunately the user has to build something because nothing is
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A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle server mirroring?
Fecha:	viernes, 16 de noviembre de 2007 19:27:42
Archivos adjuntos:	

With a few P3PC licenses and Remote Desktop that's very easy to do and very nice :)

Leslie K Poteet, CMD
303-518-7205
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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mike Gallamore
Sent: Friday, November 16, 2007 11:02 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle server mirroring?

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Project Development Analyst
Information & Communication Services
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UC Davis Health System

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Sacramento, CA 95817
916-734-7765
916-703-5069 - FAX
kevin.stead@ucdmc.ucdavis.edu

Radiation Oncology IS On-Call Pager - 916-762-2979

"Poteet, Leslie"
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ONCOLOGY.COM>
Sent by:
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ers@explode.unsw.
edu.au

To
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cc

Subject
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11/16/2007 10:17

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Sent: Friday, November 16, 2007 11:02 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle server mirroring?

I do most of my Pinnacle administration while " on my couch, in footed jammies, during commercial breaks of a college football game." :) Ex. Cleaning out old patients, installing patches etc. Life is better that way (I hate commuting to work on a Sat because that is when I can do things without people around using the systems), having a full fridge with snacks and beverages is nice too.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Dave Lockman
Sent: November 16, 2007 11:52 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle server mirroring?

Mike -

Well spoken. Definitely there will be significant variations according to what your hospital IT supports. I would still maintain that this doesn't absolve Philips from giving some general guidelines on robust, network database management, any more than it absolves Elekta from telling me to "isolate" my linac control cabinet and making it a teeth-pulling exercise to get guidance on firewall configuration (been there, done that, in two hospitals now).

The point is that keeping your patient planning data on a plain ole SCSI disk is a really bad idea, just like putting the PCs that control your linacs on the wide hospital LAN is a really bad idea. Therefore, I feel a bit put out if the simple vendor solutions fall into the category of "bad ideas" and they make it difficult or expensive for me to go
out
eir narrow solution class (or even better yet, tell me that implementing "unapproved solutions" deemed safe & reasonable by myself and my IT group "could cause issues with respect to support" - thank you, Tomo). Whew.

Again, for the record, our nice IT group has already investigated and procured all necessary hardware for SAN attachment, and done all the homework on drivers, etc, so the time & expense there is on us, not Philips. And, it sorta looks like the "validation" might be managed remotely via the RSN connection (set up by our IT group and provided to Philips). So while it might be real work to validate, it might also be done by some guy on his couch, in footed jammies, during commercial breaks of a college football game. Yes, I'm whining now.

Dave

David Lockman, DSc, DABR
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> mike.gallamore@grhosp.on.ca 11/16/2007 10:43 AM >>>
Unfortunately, each install probably "is" a one off. The model of SAN you have, the switches, the types of storage devices (tape robot, 15k, 10k, SATA, iSCSI etc). Often the SAN vendor recommends a FC card so the
drivers and utilities to configure that would differ from site to

site.
How the failover mechanism is hardwired into the OS will be different,
etc. I think this is why all vendors seem to like NAS or internal SCSI
disks, they can grab their standard hardwire, run through their
internal
install guide and be done. No reading through driver manuals,
tinkering
with firmware settings etc. I makes the process so much easier and
lower
risk for them.

Eg. we upgraded our SAN. We had to upgrade our FC firmware, our OS and
our software that handles the multi-pathing. We had serious issues,
even
with IBM and Sun consultants, myself and our hospitals senior UNIX
admin, it ended up being 30hrs of work. Now if we had done a half
dozen
installs with all the same hardware there would have been less
problems
and the entire w
leted in 2hrs.

I'm not saying that 11.5k for a rubber stamp is reasonable especially
as
they probably will only do a functionality test on their stuff, I
can't
see them playing around confirming that your failover on the SAN is
working for example, but it definitely is work that requires greater
skill then installing clones of the same hardware configuration.

P.S. Sun billed 364/hr regular hours, and 500 and change per hr after
hours so wouldn't take long to gobble that amount up.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Dave
Lockman
Sent: November 16, 2007 9:34 AM
To: pinnacle-users@explode.unsw.edu.au

Cc: Steve Jenkins
Subject: Re: Pinnacle server mirroring?

For the record, we just got a quote from Philips to "validate" hooking up our server to hospital SAN (an enterprise server) instead of managing
our own RAID ... we proposed the solution, our guy is doing the work ....
all for the low, low price of $11.5K. It's definitely the way to go in
terms of data security and uptime assurance, but Philips is nowhere close to considering this standard ... Terry Ward told me that not many
customers were doing anything like this yet, so each situation was considered a one-off that had to be "validated".

I think the problem is that data management is an afterthought when it comes to these systems. Philips, as several people have pointed out, is
not alone. Thoughtful data management simply does not sell machines / licenses / software ... at least not yet. Hopefully if enough of us make it clear to the vendors (Philips, Elekta, Varian, Tomo, Nucletron,
etal) that data management IS a priority, that will change.

Dave

David Lockman, DSc, DABR
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.
mlyn@optonline.net 11/15/2007 5:47 PM >>>
Hi Lindsay and Stephen,

For better or worse, the Pinnacle database is just "data" stored in a directory structure. The benefit of this is that it is easily accessible
and can be backed up anyway that you want to do it.

I always used to tell customers to simply mount the NFS directory (/PrimaryPatientData) from an enterprise server in the hospital IT department. At some point in the middle of the night, a simple copy or

backup to tape would take care of everything.

If something happened to the Pinnacle server, all that you would need to do
would be to copy the data back when the box or drive was replaced by service.

FWIW, Philips sold the v250 server level machine with internal RAID and
they
sold about 15 of them... it was a flop. Other customers have purchased
the
Sun Store edge RAID arrays (3320) and Philips has helped them hook it up
direclty to the Sun Blades.

But I still think that having the data in the IT department was safer and
almost as good.

So don't try to replace the server with your own solution, and don't drive
yourself crazy - the only thing you want to be careful about is that there
are some characters used in Unix that Windows does not like (like the ":")
so you will need to use an NFS translation table if you are not using a
Unix
or Linux box.

*Remember - I no longer work for Philips - this post is my own personal

opinion!*

Regards,
Marc Mlyn

----- Original Message -----
From: "Lindsay Tremethick" <ltremethick@radoncvic.com.au>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Thursday, November 15, 2007 4:58 PM
Subject: Re: Pinnacle server mirroring?

> Quoting "Thompson, Stephen K" <ThompsSK@sutterhealth.org>:
>
>> What are other people doing with respect to mirroring/redundancy
for
>> your server?
>
> [soapbox on]
>
> The unfortunate thing about this question is I am sure there are
LOTS
 of
> pinnacle users who have been asking these questions of Pinnacl

> Unfortunately the user has to build something because nothing is
> available turn key from Philips. Even if the user builds something
> getting a manufacturer to be happy is a massive stumbling block.
>
> Why won't manufacturers simply look at building REAL servers instead

of
> continuing to insist on terming what is desktop build equipment as
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> server.
> Whilst that may sound a harsh statement they are in the same company

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> Varian, Siemens, Toshiba.....and the list goes on.....
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> Mike has illustrated a rather robust {maybe towards the bleeding
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> user needs. However it still boils down that Philips could make
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> after all the technology has been around a lot longer than pinnacle
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>
> The last lot of client hardware delivered came with redundant power
> supplies, and onboard RAID but the built was one data disk one OS
> disk!!!!!

> Why does Philips (for that matter many other manufacturers) fail to
> utilise what is available in the hardware that would make life so
much
> more secure for the user.
>
> We insist on redundancy on our server technology so the secretary
can

> continue to receive emails with the absolute minimum of disturbance
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> perfectly happy to have a medical device down for several hours
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> disk is replaced and the data restored. Could you imagine the
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> off teeth, the finger pointing and the jobs on the line throughout
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> hospital if the email went down just before the deadline in the
> footy/basketball/baseball tipping competition!
>
> But how do we get changes???????????
>
> [soapbox off]
>
> enough of the rant
> better get a strong cup of coffee to sooth the nerves
>
> Cheers
> Lindsay Tremethick
>
> ----------
> Radiation Oncology Victoria
> http://w

>
>
>
>
>
##
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> list, send the message
> unsubscribe pinnacle-users <e-mail address>
> to majordomo@explode.unsw.edu.au.
>

> Note: To avoid non-delivery error messages being sent to all list
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##

De:	Yao.J.Qian@kp.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle server mirroring?
Fecha:	viernes, 16 de noviembre de 2007 19:32:20
Archivos adjuntos:	

Dear Pinnacle Users:

I agree with Lindsay, I am a little fed up with Philip too. Couple of things they can do easily but won't do. And they are not really that interested in customer's request.

1> Why can't we have a bigger Monitor instead of 19" ? For the money we spend, is it least they can do? (All I heard are excursus, even one said that they need FDA approve)

2> Why can't Philip configure a standard SCSI Diskarray to increase the Storage. (Micronet provides one for 3TB/$4000.00). I have to install it myself. It is not that hard, but I still need to do some research and experimentation. Why users have to do it ?

3> Why can't Philip install Samba on the system so we can connect to Window Computers easily ?

4> Why can't Philip optimize the IMRT MLC Segments sequence so the leaves move from one direction to the other, instead of randomly (or almost randomly). It will save the MLC some wear and tear, it really helps the machine.

5> Adding the mirroring of the server to the list

6> Pinnacle 810 is good, but can't we have even more faster computer from SunMicro ? The IMRT calc (DMPO) is stilll slow. Ideally it should be done within 20 mins.

I like to have users to sign up a petition for Philip to address the user request, and send it to some higher up in Philip's Management.

Thanks

YJ Qian, Chief Physicist
Dept of Radiation Oncology
Kasier Permanente, Los Angeles
4950 Sunset Blvd., Los Angeles
California, CA 90027
(323) -783-7695

Lindsay Tremethick
<ltremethick@radoncvic.com.au>
Sent by: owner-pinnacle-users@explode.unsw.edu.au

To pinnacle-users@explode.unsw.edu.au
cc
Subject Re: Pinnacle server mirroring?

11/15/2007 01:58 PM

Please respond to pinnacle-users@explode.unsw.edu.au

Quoting "Thompson, Stephen K" <ThompsSK@sutterhealth.org>:

> What are other people doing with respect to mirroring/redundancy for
> your server?

[soapbox on]

The unfortunate thing about this question is I am sure there are LOTS of pinnacle users who have been asking these questions of Pinnacle for

years.
Unfortunately the user has to build something because nothing is available turn key from Philips. Even if the user builds something getting a manufacturer to be happy is a massive stumbling block.

Why won't manufacturers simply look at building REAL servers instead of continuing to insist on terming what is desktop build equipment as a server.
Whilst that may sound a harsh statement they are in the same company as Varian, Siemens, Toshiba.....and the list goes on.....

Mike has illustrated a rather robust {maybe towards the bleeding edge when built} design and I am not sure that is the extent that the general user needs. However it still boils down that Philips could make life so much easier for the user by introducing RAID into their "server" boxes after all the technology has been around a lot longer than pinnacle has!

The last lot of client hardware delivered came with redundant power supplies, and onboard RAID but the built was one data disk one OS disk!!!!!
Why does Philips (for that matter many other manufacturers) fail to utilise what is available in the hardware that would make life so much

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We insist on redundancy on our server technology so the secretary can continue to receive emails with the absolute minimum of disturbance but perfectly happy to have a medical device down for several hours whilst a disk is replaced and the data restored. Could you imagine the

gnashing off teeth, the finger pointing and the jobs on the line throughout a hospital if the email went down just before the deadline in the footy/basketball/baseball tipping competition!

But how do we get changes??????????

[soapbox off]

enough of the rant
better get a strong cup of coffee to sooth the nerves

Cheers
Lindsay Tremethick

Radiation Oncology Victoria
http://www.radoncvic.com.au/

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle server mirroring?
Fecha:	viernes, 16 de noviembre de 2007 20:09:24
Archivos adjuntos:	

Hello,

***
I agree with Lindsay, I am a little fed up with Philip too. Couple of things they can do easily but won't do. And they are not really that interested in customer's request.
***

(MM) I am not sure that I would use the word "easily". There are a lot of things that go into each version, and it seems that the things that they are doing just don't happen to coincide with what you would like to see. As far as not being interested in customer's requests, that is definitely not true. The problem is that there are often many things that people want that are either in conflict with each other and/or that are not high enough on the overall priority list.

***
1> Why can't we have a bigger Monitor instead of 19" ? For the money we spend, is it least they can do? (All I heard are excursus, even one said that they need FDA approve)
***

(MM) There was a bigger monitor, but it was not using a native resolution of 1280x1024 so the image was pretty bad. They shifted to the 19" to get a better image. I think that they are (or should be) looking into bigger monitors with a native resolution that will give a good picture.

***
2> Why can't Philip configure a standard SCSI Diskarray to increase the Storage. (Micronet provides one for 3TB/$4000.00). I have to install it myself. It is not that hard, but I still need to do some research and experimentation. Why users have to do it ?
***

(MM) I agree - an external RAID should be standard on every system.

***
3> Why can't Philip install Samba on the system so we can connect to Window Computers easily ?
***

(MM) PCs can mount the Unix box via NFS and you can use FTP back and forth. I never really understood the need for Samba. Maybe someone can educate me?

***
4> Why can't Philip optimize the IMRT MLC Segments sequence so the leaves move from one direction to the other, instead of randomly (or almost randomly). It will save the MLC some wear and tear, it really helps the machine.
***

(MM) There have been improvements over time. In version 8.0 it is much better than it was before.

***
5> Adding the mirroring of the server to the list

6> Pinnacle 810 is good, but can't we have even more faster computer from SunMicro ? The IMRT calc (DMPO) is stilll slow. Ideally it should be done within 20 mins.
***

(MM) I am not sure which computer would do a better job... do all of your cases take a long time? You may want to call applications to see if you can cut down on the number of parameters that you are using.

***
I like to have users to sign up a petition for Philip to address the user request, and send it to some higher up in Philip's Management.
***

(MM) Send suggestions to pros.support@philips.com. The more the better - they will collect, review and prioritize the list for inclusion in future versions. It doesn't always happen as fast as everyone would like, but most things that make sense find their way in over time.

Regards,

Marc

De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	script management
Fecha:	sábado, 17 de noviembre de 2007 5:32:33
Archivos adjuntos:	

Listers,

Has anyone come up with an efficient way to organize scripts in an efficient manner?

I was thinking about creating some template html forms and perhaps some pearl scripts to generate hotscriptlists (w/ destroy/create scriptlist commands), back-up the scripts, or edit them.

Any suggestions appreciated before I delve into such a project...

Regards,
Parminder S Basran, PhD MCCPM
Odette Cancer Centre at Sunnybrook Health Sciences Centre
Toronto ON Canada parminder . basran @ sunnybrook . ca

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: WIDE BORE CT SCANNERS
Fecha:	domingo, 18 de noviembre de 2007 21:15:37
Archivos adjuntos:	

Cindy (and Listers),

We installed a Philips BBB 16-slice scanner in March. Primary reasons that clinched the deal were air cooling and integration with Pinnacle. At least one other vendor required a chilled water supply and that to me is an additional point of failure. Tube heating is not an issue with any modern scanner, no matter what the marketing says.

Also, if you are a free-standing facility and your walls are not stable, then I strongly advise on purchasing the bridge mounting system for the LAP lasers. Any other options could potentially not be stable.

As for the TumorLoc package, it does have a limitation in that only one treatment machine can be defined, for example. This is a pain if you want to set isocenters for specific linacs or if you have more than one institution in Pinnacle. There are work-arounds, but then that defeats the purpose of having multiple machines and/or institutions. Not a show stopper, though. Interface is somewhat "clunky" by today's standards. TumorLoc does affect the planning process, and depending on the patient, some or all contouring is done still in Pinnacle.

Best regards,

Sean

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Cynthia Seier
Sent: Tuesday, November 13, 2007 16:19
To: pinnacle-users@explode.unsw.edu.au
Subject: WIDE BORE CT SCANNERS

Hi fellow physicists and dosimetrists,
We are going to budget for a new CT/sim scanner with WIDE bore for the next fiscal year. Would you please share with us what brand of CT sim/Wide bore

you have and how many slices? We want one that is cost effective but yet will do respiratory gating and whatever else will be coming in the future. I would appreciate any information by Thursday of this week as my manager just now asked me to help gather info.

Thank you very much!!
Cindy Seier, CMD
work- 605 668-8856
e-mail: this website (or) cseier@shhservices.com (or) cindyseier@hotmail.com

---

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle server mirroring?
Fecha:	domingo, 18 de noviembre de 2007 23:24:39
Archivos adjuntos:	

Listers,

set SOAPBOX=ON

I concur. There has been a lot of change in RO software the last few years. The result is increasing complexity and size of both applications and data. For example, many tasks can be performed at different locations. How many places can you potentially define a block contour? I count at least 4 in our clinic.

On top of that, data can be imported and exported more readily, into a number of different databases on different machines. So, what we really are talking about are IS infrastructure and support issues for which a lot of the IT world has implemented standard solutions.

What I have seen is that a lot of RO software development is geared towards features and interfaces. It is more enticing to the customer to see that the application can autocontour, 3D render, and make a cup of coffee, too. Marketing demands a lot of this emphasis. A lot of the features, do also make the user's life better.

However, discussing redundancy and reliability does not get anyone really excited on the show floor at ASTRO, for example. And, beginning to say that the system is redundant and has 0% down time is in part an admission that in the past, previous systems weren't. But if customers were to demand 0% down time and 0% data loss in either purchase or service contracts, we might see a bit of a change. I always argue that the planning system should be treated like a treatment device in terms of needed reliability and accuracy. Downtime with linacs is tolerated a lot less.

And, no, as Lindsay has stated, this is not just a Philips problem, but perhaps exacerbated because most of the user base and IT world spends more time with Windows than Unix (Aside: I still find that Unix has its strengths, and don't mind working with it.)

set SOAPBOX=OFF

Sean

_____

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Lindsay Tremethick
Sent: Thursday, November 15, 2007 15:59
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Pinnacle server mirroring?

Quoting "Thompson, Stephen K" <ThompsSK@sutterhealth.org>:

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[soapbox off]

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better get a strong cup of coffee to sooth the nerves

Cheers
Lindsay Tremethick

Radiation Oncology Victoria
http://www.radoncvic.com.au/

De:	Geoghegan, Sean
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: script management
Fecha:	lunes, 19 de noviembre de 2007 3:04:58
Archivos adjuntos:	

Hi Parminder,

We've tried to introduce some sort of uniformity on script organisation and storage locations on our system with a directory structure that includes old versions of scripts in folders named "old" within each script subfolder. A library of scripts following this principle is available at

http://www.roresources.com/Files/PRO_RPH_script_distribution.20071005.zip

Note that some e-mailers with wrap this address, so I repeat it as

The file:

PRO_RPH_script_distribution.20071005.zip

Found on:

http://www.roresources.com/Files/

(you'll need to concatenate these two lines to access the file).

Within this distribution are two documents describing the Pinnacle scripting language (as best as we know it - please add to it) and the script distribution with its organisation structure explained. Feel free to use this structure or modify it if you come up with a better idea.

Cheers,

Sean

_____
Sean Geoghegan, PhD MACPSEM MAIP
Senior Medical Physicist
Royal Perth Hospital
Perth WA 6000 AUSTRALIA
t +61 8 9224 7015 h +61 8 9224 2244
f +61 8 9224 1138 m +61 437 056 932

e sean.geoghegan@health.wa.gov.au

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Parminder S. Basran
Sent: Saturday, 17 November 2007 13:17
To: pinnacle-users@explode.unsw.edu.au
Subject: script management

Listers,

Has anyone come up with an efficient way to organize scripts in an efficient manner?

I was thinking about creating some template html forms and perhaps some pearl scripts to generate hotscriptlists (w/ destroy/create scriptlist commands), back-up the scripts, or edit them.

Any suggestions appreciated before I delve into such a project...

Regards,
Parminder S Basran, PhD MCCPM
Odette Cancer Centre at Sunnybrook Health Sciences Centre
Toronto ON Canada parminder . basran @ sunnybrook . ca

De:	Crooks, Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle 8.0i release date?
Fecha:	lunes, 19 de noviembre de 2007 17:09:21
Archivos adjuntos:	

Hi All,

Does anyone know when V8.0i will be available for download? We need the "Absolute Localization" bug fix before we can drop our VoxelQ in favor of AcQSim.

Ian Crooks
Danbury Hospital
Danbury, CT

De:	Charles A. Pelizzari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: PostScript command line for RICOH / B&W printing only
Fecha:	martes, 20 de noviembre de 2007 5:01:29
Archivos adjuntos:	monoprint.dat

---

the problem Mike and Bjørne observed seems to be specific to the version of ghostscript, or perhaps the initialization files, installed on pinnacle. When the Pinnacle logo is part of the plan output, which would be always, ghostscript for some reason puts in scale factors of 0.24 on each page. Doing the conversion on my mac, which has ghostscript 8.51, the resulting file displays and prints with the contents scaled up to the full page. On pinnacle, with ghostscript 6.52, it prints as a small patch at the bottom left of the page (presumably scaled down to 0.24 of full size). Replacing the 0.24 scale factors with 1.0 everywhere in the ghostscript output file results in correct printing. Editing out the pinnacle logo from the first page in the postscript file before running gs also eliminates the problem. The difference appears to be that the conversion of the Pinnacle logo to a bitmap is done slightly differently in the two versions of ghostscript.

So, as a hack to correct this, one can just edit the postscript file that comes out of ghostscript and replace the scale factors with 1.0 instead of 0.24 or whatever they happen to be. Editing manually each time is a bit of a pain, so here's a shell script that does the job (also attached as a separate file):

```
#!/bin/csh
#
# monoprint - takes pinnacle plan output from the
file named on the command line,
```

```
# filters it through ghostscript to get
monochrome postscript, sends to printer.
# the pinnacle logo seems to cause some versions of ghostscript to scale the
# page image down to about a quarter size.  If
the printer driver does not rescale
# back to full page size, it prints a miniature version of the output.
# So we filter the output of
# ghostscript through sed to change the scale factors back to 1.0 again.  this
# may cause a problem if there are other images on the pages, but for most
# printouts this may not be an issue.
#
# should this simple fix fail for some reason,
there is another hack that changes the .ImageRead
# function to the form used in Ghostscript 8.51,
where this problem does not occur.  Comment out
one
# of them or the other depending on what seems to work.
#
# C. Pelizzari November 2007
#
if ($#argv >=  1) then
cat $1 | gs -sOutputFile="|sed -e
'/scale/s/[0-9]\.[0-9][0-9]/1.0/g'"
-sDEVICE=psmono -DQUIET -DNOPAUSE -DBATCH -_ >
/tmp/mytmp.$$
#cat $1 | gs -sOutputFile=-  -sDEVICE=psmono
-DQUIET -DNOPAUSE -DBATCH -_ | awk '{print; if
($1 ~/ImageRead/) {getline; print "    1 0 0 -1 0
7 index";next}}'> /tmp/mytmp.$$

lp /tmp/mytmp.$$
endif
#################  END OF SCRIPT  ###############
```

so if you say "monoprint file.ps" it will convert
file.ps to mono, rescale back to full page size
and send to the printer. If you put this script
into your $HOME/bin directory and chmod +x it,
then you can supply it as the command to be
executed by a new pinnacle printer you define. I
tried this and sure enough, when I "print plan"
to it from pinnacle a full sized monochrome
version comes out on the printer.

cheers

-cp

>You can add a new Pinnacle Printer
>
>ToolPanel - Options - Plan
> - Select Printer
> -Add Printer
>
> The Name is free
> Print Command: gs -sOutputFile=/|lp -sDEVICE=psmono -dNOPAUSE -dBATCH
> in Europe: add -sPAPERSIZE=a4 or edit gs_init.ps
>
>to use Ghostscript you must set
>GS_LIB /opt/sfw/share/ghostscript/fonts
>in {home}/.enivoment
>
>But on this way, or like Charles description, i
>get a small printout in the lower left corner.
>Has anybody an idea why?
>
>Bjørne
>
>Charles A. Pelizzari schrieb:
>>
>>You can do this with less hassle right on
>>pinnacle. Save the file as postscript and use
>>ghostscript to translate it to monochrome (or
>>grayscale, as appropriate), then automagically
>>send it to the printer:
>>
>>gs -sOutputFile="|lp" -sDEVICE=psmono -dNOPAUSE -dBATCH your_postscript_file
>>
>>substitute psgray for psmono if you really want
>>grayscale instead of black and white. note
>>that you can include lp command line switches
>>like "-d rp_ricoh" or whatever inside the
>>quoted command used as the output file spec.
>>
>>a tidier solution would be to define another
>>printer in the lp system that uses the above
>>command as an input filter, with "-" replacing

>>"|lp" as the output file spec. then send your
>>black and white work to that printer, your
>>color work to the existing one.
>>
>>-cp
>>
>>>Simply save the plan as a postscript file
>>>locally on your server. FTP it to a windows
>>>PC. Add the .ps file extension to the file.
>>>Use FoxIt Reader or Adobe to print it in Black
>>>and White. Not exactly a straight forward
>>>step, but its a work around.
>>>
>>>Ian
>>>----- Original Message ----- From: "Ohm, Mike" <OHMM@ccf.org>
>>>To: <pinnacle-users@explode.unsw.edu.au>
>>>Sent: Tuesday, November 13, 2007 3:50 PM
>>>Subject: PostScript command line for RICOH / B&W printing only
>>>
>>>>
>>>>Listers,
>>>>
>>>>Can anyone offer a command-line option for the "lp" command to force the
>>>>post-script file to black-only? We have a recent RICOH color laser
>>>>printer (Gestetner actually- C7528n).

--

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Gao, Jeff
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	dose difference between planar fluence map and real 3D treatment plan
Fecha:	martes, 20 de noviembre de 2007 15:18:46
Archivos adjuntos:	

Dear Pinnacle users,

When I perform IMRT patient specific QA, I compare the dose point between treatment planning and measurement. That is all fine. Recently I want to try use the central axis dose in planar fluence map vs point dose measurement, I noticed that there is significant dose difference in this point between flunece map and real phantom plan (same MU, same gantry angle 0). Does anyone have similar experience?

Jeff

De:	Qamar Zaman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle 8.0i release date?
Fecha:	martes, 20 de noviembre de 2007 19:51:02
Archivos adjuntos:	

Pinnacle 8.0i is old according to pinnacle. The latest version is 8.0k and from what I am told, it will be available in 2 weeks.

Qamar Zaman
Associates in rad. Oncology
Sun City, Arizona
USA

> Subject: Pinnacle 8.0i release date?
> Date: Mon, 19 Nov 2007 10:42:09 -0500
> From: Ian.Crooks@danhosp.org
> To: pinnacle-users@explode.unsw.edu.au
>
> Hi All,
>
> Does anyone know when V8.0i will be available for download? We need the "Absolute Localization" bug fix before we can drop our VoxelQ in favor of AcQSim.
>
> Ian Crooks
> Danbury Hospital
> Danbury, CT
>
>
>

De:	Patrick Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: dose difference between planar fluence map and real 3D treatment plan
Fecha:	miércoles, 21 de noviembre de 2007 3:01:38
Archivos adjuntos:	

How significant is it? You could be on a sharp dose gradient. Using a large ion chamber on a sharp dose gradient can vary results. Have a good day.

Pat

Sent from my iPhone

On Nov 20, 2007, at 8:06 AM, "Gao, Jeff" <Jeff.Gao@atlantichealth.org> wrote:

> Dear Pinnacle users,
>
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>
> Jeff
>
>

De:	Alain Duval
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: (pas de sujet)
Fecha:	domingo, 25 de noviembre de 2007 10:52:11
Archivos adjuntos:	

Dear Listeners,

I would be interested to get some feedback on how do you integrate brachytherapy dose distributions (computed by other TPS) into external therapy
plans with Pinnacle.

Thank you very much

Alain Duval
Evreux
France

De:	Charles A. Pelizzari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: PostScript command line for RICOH / B&W printing only
Fecha:	lunes, 26 de noviembre de 2007 20:11:34
Archivos adjuntos:	

This apparently now works for Mike as well as for
me, so may in fact be a solution others can use...

be sure when putting in the command for
definition of the Pinnacle printer, you put in a
full pathname unless you are sure the monoprint
script is in your path:

/home/p3rtp/bin/monoprint

or whatever.

-cp

>the problem Mike and Bjørne observed seems to be
>specific to the version of ghostscript, or
>perhaps the initialization files, installed on
>pinnacle. When the Pinnacle logo is part of the
>plan output, which would be always, ghostscript
>for some reason puts in scale factors of 0.24 on
>each page. Doing the conversion on my mac,
>which has ghostscript 8.51, the resulting file
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>-sDEVICE=psmono -DQUIET -DNOPAUSE -DBATCH -_ >
>/tmp/mytmp.$$
>#cat $1 | gs -sOutputFile=- -sDEVICE=psmono
>-DQUIET -DNOPAUSE -DBATCH -_ | awk '{print; if
>($1 ~/ImageRead/) {getline; print "   1 0 0 -1
>0 7 index";next}}'> /tmp/mytmp.$$
>
>lp /tmp/mytmp.$$

>endif
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>cheers
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>-cp
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>>You can add a new Pinnacle Printer
>>
>>ToolPanel - Options - Plan
>>   - Select Printer
>>   -Add Printer
>>
>>   The Name is free
>>   Print Command: gs -sOutputFile=/|lp -sDEVICE=psmono -dNOPAUSE -
dBATCH
>>   in Europe: add -sPAPERSIZE=a4 or edit gs_init.ps
>>
>>to use Ghostscript you must set
>>GS_LIB /opt/sfw/share/ghostscript/fonts
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>>
>>But on this way, or like Charles description, i
>>get a small printout in the lower left corner.
>>Has anybody an idea why?
>>
>>Bjørne

--

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	ROR Challenge Plan Deadline Extended!
Fecha:	martes, 27 de noviembre de 2007 0:53:36
Archivos adjuntos:	image002.jpg

Due to the holiday and hectic schedules, Radiation Oncology Resources has extended the deadline for the latest Challenge Plan. The new deadline to have the completed plan sent back is Saturday, December 15th.

Have you signed up yet? We're still welcoming all participants interested, simply go to our website at www.roresources.com and click on the **ROR New Challenge Plan** link.
This time around we're using a Pelvis plan and it's not as complex as the last Challenge Plan was. So sign up and good luck! The winner receives one full day of efficiency onsite consulting and a $100 Gift card.

Please don't hesitate to contact us if you have any questions.

Radiation Oncology Resources

Toni Schroeder
Office Manager
Radiation Oncology Resources
866-312-3499 ext. 709 (p)
503-883-4115 (f)
www.roresources.com

De:	Pierre-Alain Tercier
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DumpProfiles
Fecha:	martes, 27 de noviembre de 2007 23:31:04
Archivos adjuntos:	

Hello dears,

Sorry I do not remember how should I proceed to get profiles
in ascii files.

I was thinking DumpProfiles=1;
and then where?
and what are the name of ascii profiles

I can't find them!

Thanks

Pat

De:	e.roosjen@nki.nl
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DumpProfiles
Fecha:	miércoles, 28 de noviembre de 2007 9:26:18
Archivos adjuntos:	

Hello,

The script is correct: DumpProfiles = 1;
Every time you press CreateProfile two files containing the ascii data will be made.

On our system the profiles are located in the 'Patients' directory:
/usr/local/adacnew/Patients

One file is called Profile_1.out and one is called Profile_1.xgr. The next of course Profile_2, etc....

Greetings,
Edwin Roosjen.
NKI/AvL.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of
Pierre-Alain Tercier
Sent: Tuesday, November 27, 2007 23:04
To: pinnacle-users@explode.unsw.edu.au
Subject: DumpProfiles

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in ascii files.

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Thanks

Pat

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to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Maria Trinitat García Hernández
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	pinacle-varian-stepandshoot-leaf tip limitations
Fecha:	jueves, 29 de noviembre de 2007 10:02:28
Archivos adjuntos:	

In the geometric definition of the mlc in pinnacle it is possible to introduce the maximun tip difference for all leaves on a side. This limitation is only applied to each segment or control point in a field. In varian this limitation applies to all the segments what means that the cumulative maximun leaf spread across all segments for all leaves on a side must not exceed a maximum value. This is so because the mlc carriage can not be moved between segments. Is it possible to introduce this limitation in pinnacle?

Trini.

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: pinacle-varian-stepandshoot-leaf tip limitations
Fecha:	jueves, 29 de noviembre de 2007 15:37:57
Archivos adjuntos:	

I'd be interested in the answer to this to. At our site our planners are well aware of the issue, but still every once in a while we have a plan that won't run. The really bad think about it is that the error happens when the machine modes up the plan not during the import to Aria. What the planners end up doing to try to avoid this is simulate the leaf motion in Varian's Shaper tool before getting the plan approved.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Maria Trinitat García Hernández
Sent: November 29, 2007 3:37 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: pinacle-varian-stepandshoot-leaf tip limitations

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##

De:	Maria Trinitat García Hernández
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DumpProfiles
Fecha:	viernes, 30 de noviembre de 2007 13:35:34
Archivos adjuntos:	

I also would like to get profiles in ascii files. Where do I have to say DumpProfiles=1. When I use the pinnacle tool 'create profile' I do not have activated the option 'save as' and i can not save it. Is it posible to save this result?
I know I could use the planar dose utility but I think that the other is quicker.

Thanks.

e.roosjen@nki.nl ha escrito:

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> The next of course Profile_2, etc....
>
> Greetings,
> Edwin Roosjen.
> NKI/AvL.
>
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of
> Pierre-Alain Tercier
> Sent: Tuesday, November 27, 2007 23:04

> To: pinnacle-users@explode.unsw.edu.au
> Subject: DumpProfiles
>
>
> Hello dears,
>
> Sorry I do not remember how should I proceed to get profiles
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Mensaje enviado desde IMP. Sistema interno de correo de Eresa.

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A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DumpProfiles
Fecha:	viernes, 30 de noviembre de 2007 20:28:57
Archivos adjuntos:	

Hello,

You must first activate a script containing the line:
DumpProfiles=1;

From that moment until the end of the session every time you press 'Create Profile' a Profile will be saved, each with it's own number.

Greetings,
Edwin Roosjen.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Maria Trinitat García Hernández
Sent: Fri 11/30/2007 1:13 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: DumpProfiles

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unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Hobie Shackford
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: pinacle-varian-stepandshoot-leaf tip limitations
Fecha:	martes, 04 de diciembre de 2007 2:47:10
Archivos adjuntos:	

Trini & Mike:

Your machine model has the leaf travel away from the jaw (carriage) limit. We set our at 13.5 cm. Unfortunately Pinnacle only seems to check this when it automatically sets fields and field control points in a forward planning IMRT plan. Whenever your planners set up leaf positions manually, as we do in our forward-planning multi-segment breast plans Pinnacle does not check the leaf positions against the model. We export to IMPAC and that does not check for violations of it's machine parameters either.

We had one case today of a patient that has had dramatic breast swelling and she had to be re-planned. I checked each control point in IMPAC (this can be done in the Pinnacle block window also) and realized rather quickly that we had a problem. The X1 jaw was at 12.5cm and several leaves went over the axis by 4.5 cm; 17 cm beyond the jaw! Varian's limit is 15 cm as you no doubt know. In the pressure of a quick re-plan turn around the planner forgot to check this.

This weekend I had an IMPART plan during my QC runs that would not load because the planner did a little "tweak" to move a leaf over a hot spot. That was a fun late night correction!

It would be nice if Pinnacle did have a final "reality check" procedure to avoid this issue before going through all the time consuming calculations, objective checking, and reviews then finding out on film day or Fx 1 that the plan can't be delivered.

Might be a nice little project for some of the software gurus out there to come up with leaf checker program that we could run our mlc patterns through that is a bit more automatic than Mike's Shaper method.

Hobie Shackford
NorthMain Radiation Oncology
Providence, RI

hshackford@yahoo.com

--- Mike Gallamore <mike.gallamore@grhosp.on.ca>
wrote:

> I'd be interested in the answer to this to. At our
> site our planners are well aware of the issue, but
> still every once in a while we have a plan that
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> plan approved.
>
> Mike Gallamore, Bsc (physics)
> Programmer Analyst
> Grand River Regional Cancer Center
> phn: 519-749-4300 X5792
> mobile: 519-503-5044
>
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On
> Behalf Of Maria Trinitat García Hernández
> Sent: November 29, 2007 3:37 AM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: pinacle-varian-stepandshoot-leaf tip
> limitations
>
>
> In the geometric definition of the mlc in
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>
> Trini.
>
>

> de Eresa.
>
>
>

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: pinacle-varian-stepandshoot-leaf tip limitations
Fecha:	martes, 04 de diciembre de 2007 3:11:45
Archivos adjuntos:	

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a. I was informed by a Pinnacle support physicist that the maximum tip difference is determined by using all segments for a particular beam.
b. The problem is that the verification mechanism can apparently brake down when segments are defined or adjusted manually (as Hobie seems to indicate in his e-mail).

----- Original Message ----
From: Hobie Shackford <hshackford@yahoo.com>
To: pinnacle-users@explode.unsw.edu.au
Sent: Monday, December 3, 2007 8:26:16 PM
Subject: RE: pinacle-varian-stepandshoot-leaf tip limitations

Trini & Mike:

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De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: pinacle-varian-stepandshoot-leaf tip limitations
Fecha:	martes, 04 de diciembre de 2007 3:31:55
Archivos adjuntos:	

I wasn't aware that Pinnacle ever checked the leaf positions, if so then the code to check already exists in Pinnacle. In a perfect world all that should be needed is for Philips to always call the check routine not just in particular plans.

Philips isn't alone here, we've found that some checks happen differently in Aria as well, ex we've had plans that passed the plan QA in Aria but wouldn't mode up on the machine. As with software development the sooner you find the error the less it costs to fix.

----- Original Message -----
From: owner-pinnacle-users@explode.unsw.edu.au <owner-pinnacle-users@explode.unsw.edu.au>
To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
Sent: Mon Dec 03 20:26:16 2007
Subject: RE: pinacle-varian-stepandshoot-leaf tip limitations

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jaw (carriage) limit. We set our at 13.5 cm.
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> Mensaje enviado desde IMP. Sistema interno de correo
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De:	Stepaniak, Christopher
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Rotations in fusion data sets
Fecha:	jueves, 06 de diciembre de 2007 2:22:22
Archivos adjuntos:	

Fusion fans,

We often re-sim patients for an upcoming boost, and would like to transfer the ROI's from the old scan onto the new (boost) scan, which in the boost plan will be used as the primary dataset. This tends to involve multiple fusions and a lot of bending over backwards:

1. Fuse the new scan onto the initial scan in the initial plan (old scan = primary dataset, new scan = secondary dataset).
2. Reassign the ROIs to the new scan.
3. Save and exit.
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5. Import the ROIs from the old plan to the new plan.
6. Re-fuse the old scan to the new scan (new = primary, old = secondary)

So that's a lot of work, but I think that everything after the initial fusion could be more or less scripted IF I knew how the translations and rotations for the secondary scan are applied in a registration (I could then just apply the inverse transformations and perfectly reproduce the first registration with the two datasets swapped). The three translations and rotations are easily viewable, but the tricky thing about Euler angles is that they need to be applied in a certain order.

So my question is: does anyone know how those transformations are applied in Pinnacle?

P.S. This will (hopefully) become a moot point in 8.2, as you will be able to select which dataset you want to perform your calculations on at any time during planning, rather than right up front. But this problem has bugged me for long enough that I just won't sleep well until I figure it out.

Thanks,
Chris

Christopher Stepaniak, PhD

Department of Radiation and Cellular Oncology
The University of Chicago
5758 S. Maryland Ave, MC9006, Chicago, IL 60637
(773) 834-3340

De:	t.barthel@skc.de
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Import Dicom-Rt-Data from Helax-TMS
Fecha:	viernes, 07 de diciembre de 2007 15:16:18
Archivos adjuntos:	

Hi Everybody,

i got some [(:-)] trouble, if I tried to import plandata from Helax-TMS into Pinnacle. I hope some Pinnacle-users are a bit experienced in. I could only import a plan in Pinnacle (but also only simple ones with no wedges etc.), but no images and, the most important thing for me, there is no chance to import Roi's (respectively Balloons how they are called in Helax-TMS). I allways get the same error message: "Frame of reference UID values mismatch .....". But the rest of the significant patient data are equal. I really hope that someone of you can help me.

Thanks a lot

Thomas

Dipl.-Ing. Thomas Barthel
Klinik für Radioonkologie
Abteilung Medizinische Strahlenphysik

Tel.: 0371-33342539
Fax: 0371-33342874
E-Mail: t.barthel@skc.de

KLINIKUM CHEMNITZ gGmbH
Flemmingstraße 2 / PSF 948
09009 Chemnitz
http://www.klinikum-chemnitz.de

Kaufmännischer Geschäftsführer: Dipl.-Ing. Dietmar Nichterlein
Medizinischer Geschäftsführer: Prof.Dr.med. Jürgen Klingelhöfer
Vorsitzender des Aufsichtsrates: Detlef Nonnen
Handelsregister Amtsgericht Chemnitz HRB 9601

De:	Gerald White
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Institution Number -
Fecha:	viernes, 07 de diciembre de 2007 21:36:55
Archivos adjuntos:	

Does the Institution number in the directory name where patient data for a particular institution is stored ever change, or is it set permanently when an institution is created?

Jerry White

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Institution Number -
Fecha:	viernes, 07 de diciembre de 2007 21:38:08
Archivos adjuntos:	

You can create a new number by creating a new institution.
The number stays the same since it is part of the path for the records storage.

If you change the number the program will not find the files.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Gerald White
Sent: Friday, December 07, 2007 2:12 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Institution Number -

Does the Institution number in the directory name where patient data for a particular institution is stored ever change, or is it set permanently when an institution is created?

Jerry White

copy or disclose to anyone the message or any information contained in the message. If you have received the message in error, please advise the sender by reply e-mail and delete the message.

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Institution Number -
Fecha:	viernes, 07 de diciembre de 2007 21:43:24
Archivos adjuntos:	

It is permanent, but you can transfer the patient from one institution to another in which case the institution where the patient is will change. The institution number is handled like the patient number, it is a unique increasing number.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Gerald White
Sent: December 7, 2007 3:12 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Institution Number -

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Jerry White

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##

De:	guishan fu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Magnify the DRR window using script
Fecha:	sábado, 08 de diciembre de 2007 2:22:17
Archivos adjuntos:	

Dear listers:

Usually, we can zoom the current viewing window using
"ViewWindowList .Current .Zoom = 0.3";
But this does not work for a plan evaluation DRR window.
Anyone can help me?

Guishan Fu
Radiation Physicst Department of Radiation
Oncology Cancer Institution(Hospital),
Chinese Academy of Medical Sciences
NO.17 Panjiayuan Nanli
Chaoyang dist, Beijing
86-10-87788291

De:	guishan fu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	••• Institution Number -
Fecha:	sábado, 08 de diciembre de 2007 2:27:41
Archivos adjuntos:	

Althouth the Number is set permanently. You can change it manyally actually. We have done that to make the institution path more intuitionistic. Such as "Institution_Head", "Institution_Thorax", and so on. To do that, you need change not only the folder name of the institution but the path configuration in the LPDB file.
By the way, the LPDB file is located in the root path of all institutions.

Gerald White <gerald.white@mindspring.com> •••

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Chinese Academy of Medical Sciences
NO.17 Panjiayuan Nanli
Chaoyang dist, Beijing
86-10-87788291

De:	guishan fu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	••• Re: Magnify the DRR window using script
Fecha:	lunes, 10 de diciembre de 2007 4:30:12
Archivos adjuntos:	

Nickel :

Thank you for your reply. Actually I just want to prepare a DRR window for printing out or export. As the DRR image(not the window) generated by default is always a little small than I want. So I need to find out the syntax to zoom the image so it fits the window.

sincerely

Ingo Nickel <i.nickel@web.de> •••

guishan fu schrieb:
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>
> ---
> **••••••••••••••••**
>
Hello guishan fu,
you could create 1 large window (controls via the "regular" DRR window)

CreateWindowConfig .WindowType .Index = 0;
CreateWindowConfig .Cols = "1";
CreateWindowConfig .Rows = "1";
CreateWindowConfig .Width = "768";

CreateWindowConfig .Height = "768";
CreateWindowConfig .Realize = "Create Window";

ViewWindowList .Current .BEV = "Current";
ViewWindowList .Current .DRRValid = 1;

TrialList .Current .BeamList .Current .BeamWindowList .Children
.RenderImageIfNecessary = 1;
ControlPanel .Icon .#"3D Change Image Size Continuous" .MakeCurrent =
"Zoom3DIcon";

greetings

••••••••••••••••••

De:	John Shakeshaft
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Rotations in fusion data sets
Fecha:	lunes, 10 de diciembre de 2007 14:01:58
Archivos adjuntos:	

If you view the transformation matrix (rather than angles), this gives you the information you require (I think), of course the point about which rotations are made is also important. From memory, I think this is the geometrical centre of the volume, but please do check this.

Regards

John Shakeshaft
Principal Physicist
Clatterbridge Centre for Oncology
Clatterbridge Rd
Bebington
Wirral
CH63 4JY
UK

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Stepaniak, Christopher
Sent: 06 December 2007 01:10
To: pinnacle-users@explode.unsw.edu.au
Subject: Rotations in fusion data sets

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Chris

Christopher Stepaniak, PhD

Department of Radiation and Cellular Oncology

The University of Chicago

5758 S. Maryland Ave, MC9006, Chicago, IL 60637

(773) 834-3340

De:	bobstanton@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Brachy data for Pinnacle
Fecha:	martes, 11 de diciembre de 2007 20:30:15
Archivos adjuntos:	

12/11/07
Dear listers,

I am just commissioning our new Pinnacle 8.0h for external beam therapy and also want to start doing post implant prostate dosimetry for I-125 seeds (6711). If you could share your data please contact me.

Thanks in advance.

Bob Stanton

De:	Bob Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	ADAC printers
Fecha:	martes, 11 de diciembre de 2007 22:32:30
Archivos adjuntos:	

Our Ricoh 3800 printer is on its last leg and I want to replace it. What a good choice for a replacement?

Bob

~~~~~~

Robert M. Smith, MS
Director of Physics
bsmith@prapa.com
www.rocnj.com
732-303-5292
~~~~~~

De:	Poteet, Leslie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ADAC printers
Fecha:	martes, 11 de diciembre de 2007 22:47:33
Archivos adjuntos:	

Paperless….it's cheaper.

Leslie K Poteet, CMD
303-518-7205

-----Original Message-----
From: owner-pinnacle-users@explode.unsw..edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bob Smith
Sent: Tuesday, December 11, 2007 2:23 PM
To: pinnacle-users@explode.unsw..edu.au
Subject: ADAC printers

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Bob

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Director of Physics

bsmith@prapa.com

www.rocnj.com

732-303-5292

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De:	Lindsay Tremethick
A:	pinnacle-users@explode.unsw.edu.au; Bob Smith;
Cc:	
Asunto:	Re: ADAC printers
Fecha:	martes, 11 de diciembre de 2007 22:58:11
Archivos adjuntos:	

Quoting Bob Smith <bsmith@prapa.com>:

> Our Ricoh 3800 printer is on its last leg and I want to
> replace it. What a good choice for a replacement?

Yeah sure paperless is cheaper but.....

You can try the Galaxy Starlifter of printers in a Lexmark C920 (A3)
or its replacement or there is the Tektronix Phaser 8560 (A4)
Both produce good images

Lindsay Tremethick

Radiation Oncology Victoria
http://www.radoncvic.com.au/

De: Mike Gallamore

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: ADAC printers

Fecha: martes, 11 de diciembre de 2007 23:14:13

Archivos adjuntos:

Being the IT guy for my centre, I assure you I'm not cheaper than paper J. Electronic is nice though because you don't have to worry where the chart is, it's wherever you need it. We still print our plans out just in case. If our server blows up and while I'm restoring it they still can do a clinical markup. A think to keep in mind too, we had Ricoh in to our site about 6 months ago is the Ricoh 3800C model we got with our planning workstations is going to be end of lifed soon. You won't be able to by parts or toner for it. We stalked up on three of everything (we have 3 printers) to keep them going for a while after that date. They are still a solid printer years after we got them.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Poteet, Leslie
Sent: December 11, 2007 4:35 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: ADAC printers

Paperless….it's cheaper.

Leslie K Poteet, CMD
303-518-7205

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw..edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bob Smith
> **Sent:** Tuesday, December 11, 2007 2:23 PM
> **To:** pinnacle-users@explode.unsw..edu.au
> **Subject:** ADAC printers
>
> Our Ricoh 3800 printer is on its last leg and I want to replace it. What a good choice for a replacement?
>
> Bob
>
> ~~~~~~
>
> Robert M. Smith, MS
>
> Director of Physics

bsmith@prapa.com

www.rocnj.com

732-303-5292

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ADAC printers
Fecha:	miércoles, 12 de diciembre de 2007 5:45:07
Archivos adjuntos:	

We use the good old HP 4600 color and print on 8.5 x 11. The drivers were already on the Pinnacle box. Just need a little configuration details to get it going.

I can send the details to you when/if necessary.

Steve T

Steve Thompson, M.S., DABR
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
ph 209-572-7237
fax 209-526-5280
thompssk@sutterhealth.org

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bob Smith
> **Sent:** Tuesday, December 11, 2007 1:23 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** ADAC printers
>
> Our Ricoh 3800 printer is on its last leg and I want to replace it. What a good choice for a replacement?
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> Bob
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>
> Robert M. Smith, MS
> Director of Physics
> bsmith@prapa.com
> www.rocnj.com
> 732-303-5292

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ADAC printers
Fecha:	miércoles, 12 de diciembre de 2007 15:41:08
Archivos adjuntos:	

Paperless process will cost more to implement than a new printer and requires more planning.

We have a C920 Lexmark.. It works just fine and has been rock solid.

Greg

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Mike Gallamore
Sent: Tuesday, December 11, 2007 4:02 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: ADAC printers

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Sent: December 11, 2007 4:35 PM
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> **Sent:** Tuesday, December 11, 2007 2:23 PM
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~~~~~~

Robert M. Smith, MS

Director of Physics

bsmith@prapa.com

www.rocnj.com

732-303-5292

~~~~~~

De: Poteet, Leslie

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: ADAC printers

Fecha: miércoles, 12 de diciembre de 2007 17:01:06

Archivos adjuntos:

I was being a bit facetious when I sent that reply primarily because it is nice to finally be paperless. All I do is print my plans to a file, convert them to a PDF and put them into IMPAC via ESCAN. The only additional expense if you do not already have ESCAN and ESCRIBE with IMPAC is the ADOBE license. As for having a backup available for the therapists in the event IMPAC is down, I save the PDF copy to a separate network drive which they can access from a PC at the accelerator workstation. An additional backup is saved to a UNIX file and sent to an offsite server rather than CD, DVD, or Tape backup. In the event those plan are needed again, they are simply restored back into whichever Institution they are needed. This process is also being initiated to transfer plans between our 5 clinics.

Leslie K Poteet, CMD

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw..edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Groess, Greg J
> **Sent:** Wednesday, December 12, 2007 7:28 AM
> **To:** pinnacle-users@explode.unsw..edu.au
> **Subject:** RE: ADAC printers
>
> **Paperless process will cost more to implement than a new printer and requires more planning.**
>
> **We have a C920 Lexmark.. It works just fine and has been rock solid.**
>
> **Greg**

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
On Behalf Of Mike Gallamore
Sent: Tuesday, December 11, 2007 4:02 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: ADAC printers

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> Mike Gallamore, Bsc (physics)
> Programmer Analyst
> Grand River Regional Cancer Center
> phn: 519-749-4300 X5792
> mobile: 519-503-5044

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Sent: December 11, 2007 4:35 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: ADAC printers

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Leslie K Poteet, CMD
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Sent: Tuesday, December 11, 2007 2:23 PM
To: pinnacle-users@explode.unsw..edu.au
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Bob

~~~~~~

Robert M. Smith, MS

Director of Physics

bsmith@prapa.com

www.rocnj.com

732-303-5292

The contents of this electronic mail message and any attachments are confidential, possibly
~~~~~~

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ADAC printers
Fecha:	miércoles, 12 de diciembre de 2007 17:36:19
Archivos adjuntos:	

ok...I guess I can allow that...hehe

Greg

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Poteet, Leslie
Sent: Wednesday, December 12, 2007 9:51 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: ADAC printers

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Leslie K Poteet, CMD

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> **Sent:** Wednesday, December 12, 2007 7:28 AM
> **To:** pinnacle-users@explode.unsw..edu.au
> **Subject:** RE: ADAC printers
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> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Mike Gallamore
> **Sent:** Tuesday, December 11, 2007 4:02 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: ADAC printers
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Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Poteet, Leslie
Sent: December 11, 2007 4:35 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: ADAC printers

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Leslie K Poteet, CMD
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> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw..edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bob Smith
> **Sent:** Tuesday, December 11, 2007 2:23 PM
> **To:** pinnacle-users@explode.unsw..edu.au
> **Subject:** ADAC printers
>
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> Robert M. Smith, MS
>
> Director of Physics
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> bsmith@prapa.com
>
> www.rocnj.com
>
> 732-303-5292

De:	Bradford, Carla
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Ricoh 3800C model
Fecha:	miércoles, 12 de diciembre de 2007 21:32:51
Archivos adjuntos:	

Mike: are you sure all products for the 3800C will be discontinued? I just called Ricoh and they confirmed that model will be discontinued but all supplies for it will still be available. Do you have some documentation you could send me? It would help when explaining to administration my need for extra supplies now.

Thanks,
Carla

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Groess, Greg J
Sent: Wednesday, December 12, 2007 9:28 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: ADAC printers

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Mike Gallamore
Sent: Tuesday, December 11, 2007 4:02 PM
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Subject: RE: ADAC printers

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Grand River Regional Cancer Center
phn: 519-749-4300 X5792
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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Poteet, Leslie
Sent: December 11, 2007 4:35 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: ADAC printers

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Leslie K Poteet, CMD
303-518-7205

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From: owner-pinnacle-users@explode.unsw..edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Bob Smith
Sent: Tuesday, December 11, 2007 2:23 PM
To: pinnacle-users@explode.unsw..edu.au
Subject: ADAC printers

Our Ricoh 3800 printer is on its last leg and I want to replace it. What a good choice for a replacement?

Bob

~~~~~~

Robert M. Smith, MS

Director of Physics

bsmith@prapa.com

www.rocnj.com

732-303-5292

~~~~~~

De:	Cynthia Seier
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Siemens Flat Panel Imager
Fecha:	miércoles, 12 de diciembre de 2007 22:35:55
Archivos adjuntos:	

Hi fellow dosimetrists/physicists:
We have a Siemen's Oncor linac with Siemen's Coherence workstation and Impac. We are wondering for those of you that have the same equipment:

1. Since the imager is stationary unlike some of the competitor imagers that move superior, inferior, left and right what you do for the long fields, ie. femur, humerus especially if you DO NOT have a processor for developing hard copy films. Our physician likes to get the whole field on the port film and since we sometimes use the whole 40 cm. length it won't fit on the Siemen's flat panel unless someone knows how to make it work for long fields.

2. For those of you who have a Siemen's linac do you also have a Siemen's table or do you have the Med-Tec table or one from another vendor? When our new machine was purchased they bought a table that DOESN'T turn 360 degrees like our old Siemen's table did. This would really be helpful when treating a mets patient that may have femur (feet first into gantry) and maybe brain treatment at the same time. The therapists or myself did not know we would be getting a table top that didn't rotate 360 degrees.

Thank you for your input!
Sincerely,
Cindy Seier, CMD

De:	s.lappi@tin.it
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Conformal arc with variable jaws
Fecha:	jueves, 13 de diciembre de 2007 15:54:56
Archivos adjuntos:	

We planned with Pinnacle a conformal arc beam with variable jaws, but our Clinac (Varian DHX-s) perfomed the treatment without moving the jaws (it was just a test, without patient). Someone experienced this? Is really conformal arc beam with variable jaws not supported with our Clinac or should we investigate for a data transfer problem?

Thank in
advance

Sara Lappi
Azienda Ospedaliera Universitaria di Ferrara
Italy

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Conformal arc with variable jaws
Fecha:	jueves, 13 de diciembre de 2007 17:35:23
Archivos adjuntos:	

We have Varian Clinac EX systems. At least with our machines, the jaws will not move during a beam, any reshaping you need needs to be done within the range of motion of the MLC leaves from the position that the jaws start in.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of
s.lappi@tin.it
Sent: December 13, 2007 9:47 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Conformal arc with variable jaws

We planned with Pinnacle a conformal arc beam with variable jaws, but our Clinac (Varian DHX-s) perfomed the treatment without moving the jaws (it was just a test, without patient). Someone experienced this? Is really conformal arc beam with variable jaws not supported with our Clinac or should we investigate for a data transfer problem?

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Italy

unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send
the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Nathan Childress
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Guide to Pinnacle administration
Fecha:	jueves, 13 de diciembre de 2007 18:37:06
Archivos adjuntos:	

I know the very basics of administering Pinnacle, but still have a lot to learn. I thought it would be a good idea to compile common tips from people on the listserver. I started a document that can be downloaded here:

http://www.medphysfiles.com/pinnacle.doc

I will be happy to put together everyone's thoughts and host the final version of the document. Any help would be greatly appreciated, as most of the administrative tasks are not documented by Philips (to my knowledge). Thanks!

Nathan

De:	Depew, Michael J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	network monitoring for Solaris
Fecha:	jueves, 13 de diciembre de 2007 21:58:58
Archivos adjuntos:	

Hello,

We have a Pinnacle system with Solaris 8 OS on a Sunfire V440 server.

We have other servers, primarily Windows on Dell systems, using Dell's OpenManage and the Simple Network Management Protocol (SNMP) to monitor events and hardware alerts with email notification.

I was wondering if there was anything similar for Solaris that uses SNMP that Philips would approve of, for monitoring events, logs, and hardware alerts.

Has anyone implemented anything like this?

Thanks,
Mike DePew – UIHC Radiation Oncology

De:	Ziegler, Bill SCA
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	ROI Expansion/Contraction Script for Version 8.0
Fecha:	jueves, 13 de diciembre de 2007 22:18:30
Archivos adjuntos:	

Hi,

I am in the process of converting my scripts that worked fine in version 7.6 to work in 8.0 and I've hit a snag. We use specific names for our ROI's such that I can use a script to do the appropriate expansions. The problem is the new ROI Expansion/Contraction window now uses .RoiList and the recorded scripts refers to the ROI only by using the position (.RoiList .#"#6") in this list. The order of our ROI's changes from patient to patient but the names do not. Does anyone know how to refer to the name of the ROI to set the Source? How do you change:

IF .RoiList .#"#6" .RoiExpandState .Is .Source .THEN .RoiList .#"#6" . ResetRoiExpandState .ELSE .RoiList .#"#6" .RoiExpandState = "Source"; RoiExpandControl .CheckTargetRoi = RoiList .#"#6" .Address;

to a command to make "Spinal Cord" the source of the expansion? RoiList . #"#6" is "Spinal Cord".

Any help would be appreciated.

Take Care,
Bill

****
William Ziegler, Ph.D.
Allan Blair Cancer Centre
4101 Dewdney Avenue
Regina, Saskatchewan
S4T 7T1 CANADA
phone: (306) 766-2329
fax: (306) 766-2845
e-mail: Bill.Ziegler@saskcancer.ca
****

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	CMS/Pinnacle
Fecha:	viernes, 14 de diciembre de 2007 1:57:55
Archivos adjuntos:	

Hi. Our centre has been approved for funding for are treatment planning workstations (irrespective of vendor). Pinnacle, CMS, and Varian are the main contenders. One thing we like about CMS is that it was planned around remote access (by definition, the planning calcs happen on a server, the client is simply a thin client). Anyways, is anyone on the list using CMS and Pinnacle side by side? How do you find remote access to Pinnacle through CMS, better or worse than P3MD/P3MC? I must say I was impressed with the demo of remote access to CMS from another site. We were able to do real time contouring with little lag (~0.5 sec) from a laptop through wireless over a distance of about 1000 miles. We can barely do that onsite through P3MC. I'm curious if the access to Pinnacle is that good. We might be able to swing a different vendor and just the CMS remote access portion if it gives comparable performance to Pinnacle as it does to itself so no worries, we aren't leaving the mothership ;)

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

De:	Chris Lee
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle Users Meeting 2008
Fecha:	viernes, 14 de diciembre de 2007 7:23:33
Archivos adjuntos:	

Dear Pinnacle Users,

I would like to inform everyone of the upcoming Australasian Pinnacle Users Group meeting, 28 – 30 March 2008. The venue is the Crowne Plaza Hotel located in the beautiful seaside town of Terrigal, one hour north of Sydney.

The theme of the meeting is “Sharing the Knowledge”. It is a meeting put on by users for users. We are putting together an interesting program which caters for the needs of Radiation Oncologists, Medical Physicists and Radiation Therapists. There will be small breakout groups where specific issues can be dealt with in more detail. Clinical case studies will be sent to all participating departments to plan as per local protocols and present during the meeting. We have received interesting proffered papers which highlight the diverse and active approach users have to their treatment planning systems.

Overseas visitors are very welcome to attend. For travelling partners, there is an abundant range of activities offered in the local region, and with warm weather and long daylight hours, it’s a perfect way to spend a weekend. More information and registration forms can be found at our website: http://www.radiotherapy.com.au/pug/pug_2008.htm

We hope to see you in Terrigal in 2008.

Kind regards,

Mr Chris Lee
Chief Medical Physicist
Central Coast Radiation Oncology Centre
41 William St, Gosford NSW 2250
AUSTRALIA

T: 61 2 4349 8000

F: 61 2 4324 6121
M: +61 417 485312
www.radiotherapy.com.au

De: Maria Trinitat García Hernández

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: ROI Expansion/Contraction Script for Version 8.0

Fecha: viernes, 14 de diciembre de 2007 9:38:42

Archivos adjuntos:

Try:

RoilList .Current = "Spinal Cord"
IF .RoiList .Current .RoiExpandState .Is .Source .THEN .RoiList .Current
> .ResetRoiExpandState .ELSE .RoiList .Current .RoiExpandState = "Source";
>
> RoiExpandControl .CheckTargetRoi = RoiList .Current .Address;
>
>
>
>

"Ziegler, Bill SCA" <Bill.Ziegler@saskcancer.ca> ha escrito:

> Hi,
>
>
>
> I am in the process of converting my scripts that worked fine in version
> 7.6 to work in 8.0 and I've hit a snag. We use specific names for our
> ROI's such that I can use a script to do the appropriate expansions.
> The problem is the new ROI Expansion/Contraction window now uses
> .RoiList and the recorded scripts refers to the ROI only by using the
> position (.RoiList .#"#6") in this list. The order of our ROI's changes
> from patient to patient but the names do not. Does anyone know how to
> refer to the name of the ROI to set the Source? How do you change:
>
>
>
> IF .RoiList .#"#6" .RoiExpandState .Is .Source .THEN .RoiList .#"#6"
> .ResetRoiExpandState .ELSE .RoiList .#"#6" .RoiExpandState = "Source";
>
> RoiExpandControl .CheckTargetRoi = RoiList .#"#6" .Address;
>

>
>
> to a command to make "Spinal Cord" the source of the expansion?
> RoiList .#"#6" is "Spinal Cord".
>
>
>
> Any help would be appreciated.
>
>
>
> Take Care,
>
> Bill
>
>> **********
>
>> William Ziegler, Ph.D.
>
>>
>
>> Allan Blair Cancer Centre
>
>> 4101 Dewdney Avenue
>
>> Regina, Saskatchewan
>
>> S4T 7T1   CANADA
>
>>
>
>> phone: (306) 766-2329
>
>> fax: (306) 766-2845
>
>> e-mail: Bill.Ziegler@saskcancer.ca
>
>> **********
>
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>
>
>
>

Mensaje enviado desde IMP. Sistema interno de correo de Eresa.

De:	J.Kusters@rther.umcn.nl
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Import 2D digital flouroscopy images into Pinnacle
Fecha:	lunes, 17 de diciembre de 2007 10:27:19
Archivos adjuntos:	

Dear Pinnacle Users,
I 'm trying to import a 2D digital flouroscopy image into Pinnacle,
but at the moment I don't know yet how to do this?

If you can help me to solve this problem please contact me.
Thanks in advance.

Martijn Kusters, MSc
Trainee Medical Physicist (Radiotherapy Physics Group)
Department of Radiation Oncology (874)
Radboud University Nijmegen Medical Centre
P.O. Box 9101
6500 HB NIJMEGEN
The Netherlands
Phone : +31.24.36 19762
Fax : +31.24.35 68350
E-mail : j.kusters@rther.umcn.nl

De:	Tercier Pierre-Alain
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Guide to Pinnacle administration
Fecha:	lunes, 17 de diciembre de 2007 10:32:39
Archivos adjuntos:	

Hello,

To add in your Unix command lists

As root typing

at now "+ 6hours" < /powerdown

Make the powerdown for week-end when you leave the hospital before the medical doctor (still contouring). They have in that example 6 hours to finish their work. ;-)

Bye
Pat

--
Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital Fribourgeois fax: +41 26 4267665
Site de Fribourg
CH-1708 Fribourg

> ---
>
> **De :** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **De la part de** Nathan Childress
> **Envoyé :** jeudi, 13. décembre 2007 18:31
> **À :** pinnacle-users@explode.unsw.edu.au
> **Objet :** Guide to Pinnacle administration
>
> I know the very basics of administering Pinnacle, but still have a lot to learn. I thought it would be a good idea to compile common tips from people on the

listserver. I started a document that can be downloaded here:

http://www.medphysfiles.com/pinnacle.doc

I will be happy to put together everyone's thoughts and host the final version of the document. Any help would be greatly appreciated, as most of the administrative tasks are not documented by Philips (to my knowledge). Thanks!

Nathan

De:	Ziegler, Bill SCA
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Slow LaunchPad
Fecha:	lunes, 17 de diciembre de 2007 16:28:45
Archivos adjuntos:	

Hi,

For the last week or so it takes more than 30 sec. for the LaunchPad to open. Has anyone else experienced this? How did you fix it? Re-booting all the workstations doesn't make a difference. We're running version 8.0dp1.

Take Care,
Bill

****
William Ziegler, Ph.D.
Allan Blair Cancer Centre
4101 Dewdney Avenue
Regina, Saskatchewan
S4T 7T1 CANADA
phone: (306) 766-2329
fax: (306) 766-2845
e-mail: Bill.Ziegler@saskcancer.ca
****

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Slow LaunchPad
Fecha:	lunes, 17 de diciembre de 2007 17:02:26
Archivos adjuntos:	

I've ran into a similar slowness (we use 7.4f) going to the export tab before. The problem in that case was that one of our dicom export options was unavailable (we had the target offline). Unfortunately, that was the first AE target in the list so it waited for it to time out before it finally gave you an error and let you pick something else.

Can you run Pinnacle from your server? If so does it take that long there? If so, something's fishy with pinnacle itself I'd imagine, if not, then it is networking related (either physical cabling/switches, network card configuration between the systems, or maybe even how the NFS mounts are set up). Probably best to call Philips on this one, they probably will be able to find the problem quickly for you.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Ziegler, Bill SCA
Sent: December 17, 2007 10:21 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Slow LaunchPad

Hi,

For the last week or so it takes more than 30 sec. for the LaunchPad to open. Has anyone else experienced this? How did you fix it? Re-booting all the workstations doesn't make a difference. We're running version 8.0dp1.

Take Care,
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>**********
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>S4T 7T1 CANADA
>
>phone: (306) 766-2329
>fax: (306) 766-2845
>e-mail: Bill.Ziegler@saskcancer.ca
>**********

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Slow LaunchPad
Fecha:	lunes, 17 de diciembre de 2007 17:06:41
Archivos adjuntos:	

---

anything change on the network??

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Ziegler, Bill SCA
Sent: Monday, December 17, 2007 9:21 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Slow LaunchPad

Hi,

For the last week or so it takes more than 30 sec. for the LaunchPad to open. Has anyone else experienced this? How did you fix it? Re-booting all the workstations doesn't make a difference. We're running version 8.0dp1.

Take Care,
Bill

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Allan Blair Cancer Centre
4101 Dewdney Avenue
Regina, Saskatchewan
S4T 7T1 CANADA
phone: (306) 766-2329
fax: (306) 766-2845
e-mail: Bill.Ziegler@saskcancer.ca
****

De:	Patrick Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Slow LaunchPad
Fecha:	lunes, 17 de diciembre de 2007 17:27:54
Archivos adjuntos:	

I think I know what it is. Your lpdb file is getting too large. Just delete the file and rebuild your database. This will automatically generate a new lpdb file.

Hope that helps!

Pat

Sent from my iPhone

On Dec 17, 2007, at 9:20 AM, "Ziegler, Bill SCA" <Bill.Ziegler@saskcancer.ca> wrote:

> Hi,
>
> For the last week or so it takes more than 30 sec. for the LaunchPad to open. Has anyone else experienced this? How did you fix it? Re-booting all the workstations doesn't make a difference. We're running version 8.0dp1.
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> Take Care,
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> William Ziegler, Ph.D.
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Regina, Saskatchewan

S4T 7T1 CANADA

phone: (306) 766-2329

fax: (306) 766-2845

e-mail: Bill.Ziegler@saskcancer.ca

****

De:	Cirino, Eileen T.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Slow LaunchPad
Fecha:	lunes, 17 de diciembre de 2007 17:28:02
Archivos adjuntos:	

We recently had the same problem (also running 8.0dp1). Technical support logged in and “cleaned up” something. Apparently some duplicate files were generated due to some of the bugs in this version. If you tell tech support it is a launch pad issue, they should solve it pretty quickly.

Eileen

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Ziegler, Bill SCA
Sent: Monday, December 17, 2007 10:21 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Slow LaunchPad

Hi,

For the last week or so it takes more than 30 sec. for the LaunchPad to open. Has anyone else experienced this? How did you fix it? Re-booting all the workstations doesn’t make a difference. We’re running version 8.0dp1.

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Bill

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>phone: (306) 766-2329
>fax: (306) 766-2845
>e-mail: Bill.Ziegler@saskcancer.ca
>**********

See our web page at http://www.lahey.org for a full directory of Lahey sites, staff, services and career opportunities.

De:	Charles A. Pelizzari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Slow LaunchPad
Fecha:	lunes, 17 de diciembre de 2007 18:39:14
Archivos adjuntos:	

In our experience this has been due to a corrupted LaunchPad database. You could try the "Rebuild Patient DB" option in the launchpad configuration menu.

If that doesn't solve the problem you might take a look at the size of the LPDB and recent saved versions. If there is a dramatic increase in the LPDB file size, you could then take a look in the LPDB file itself (it's a text file) and make sure there are not duplicate entries for institutions and/or patients. The LPDB normally contains the site name, a copy of each institution's "Institution" file in a data structure called "InstitutionList", plus some additional stuff at the end. If there are multiple copies of institutions or patients in the LPDB, this is what we have found causes the slowdown in launching.

Be sure and save a copy of the LPDB file before doing anything, of course.

-cp

> Hi,
>
> For the last week or so it takes more than 30 sec. for the LaunchPad to open. Has anyone else experienced this? How did you fix it? Re-booting all the workstations doesn't make a difference. We're running version 8.0dp1.
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>William Ziegler, Ph.D.

>

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>Regina, Saskatchewan

>S4T 7T1 CANADA

>

>phone: (306) 766-2329

>fax: (306) 766-2845

>e-mail: Bill.Ziegler@saskcancer.ca

>**********

- -

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Eason, Guy
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	memory for sunfire v250
Fecha:	lunes, 17 de diciembre de 2007 19:41:21
Archivos adjuntos:	

I am presently trying to upgrade memory on our old sunfire v250 for pinnacle. It is calling for a for two different ram kits due to the type of open boot prom. How can I find the open boot prom version to satisfy the ram requirements. Systems with Open Boot Prom (OBP) 4.16v1 or later use the KTS7602 part numbers, otherwise use the KTS-V240 part numbers.

Any help would be appreciated not only by myself but also by my Dosimetrist.

Guy Eason
Radiation Oncology
Phoebe Putney Memorial Hospital
Albany, GA
229/ 312-2280

De:	Tracey, Andrew A.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: memory for sunfire v250
Fecha:	lunes, 17 de diciembre de 2007 19:55:08
Archivos adjuntos:	

`prtconf -V` to print the OBP version.
`prtconf -pv | grep OBP` to print OBP and POST versions

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Eason, Guy
> **Sent:** Monday, December 17, 2007 1:29 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** memory for sunfire v250
>
> I am presently trying to upgrade memory on our old sunfire v250 for pinnacle. It is calling for a for two different ram kits due to the type of open boot prom. How can I find the open boot prom version to satisfy the ram requirements. Systems with Open Boot Prom (OBP) 4.16v1 or later use the KTS7602 part numbers, otherwise use the KTS-V240 part numbers.
>
> Any help would be appreciated not only by myself but also by my Dosimetrist.
>
> Guy Eason
> Radiation Oncology
> Phoebe Putney Memorial Hospital
> Albany, GA
> 229/ 312-2280

---

that do not require patient authorization. You, the recipient, are obligated to maintain PHI in a safe and secure manner. You may not re-disclose without additional patient consent or as required by law. Unauthorized re-disclosure or failure to safeguard PHI could subject you to penalties described in federal (HIPAA) and state law. If you the reader of this message are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, please notify us immediately and destroy the related message.

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: memory for sunfire v250
Fecha:	lunes, 17 de diciembre de 2007 20:06:17
Archivos adjuntos:	

Type:
prtconf -pv | grep OBP

This will spit out the version of the open boot PROM you have.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Eason, Guy
Sent: December 17, 2007 1:29 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: memory for sunfire v250

I am presently trying to upgrade memory on our old sunfire v250 for pinnacle. It is calling for a for two different ram kits due to the type of open boot prom. How can I find the open boot prom version to satisfy the ram requirements. Systems with Open Boot Prom (OBP) 4.16v1 or later use the KTS7602 part numbers, otherwise use the KTS-V240 part numbers.

Any help would be appreciated not only by myself but also by my Dosimetrist.

Guy Eason
Radiation Oncology
Phoebe Putney Memorial Hospital
Albany, GA
229/ 312-2280

Disclaimer:
The HIPAA Final Privacy Rule requires covered entities to safeguard certain Protected Health Information (PHI) related to a person's healthcare. Information being faxed to you may include PHI after appropriate authorization from the patient or under circumstances that do not require patient authorization. You, the recipient, are obligated to maintain PHI in a safe and secure manner. You may not re-disclose without additional patient consent or as required by law. Unauthorized re-disclosure or failure to safeguard PHI could subject you to penalties described in federal (HIPAA) and state law. If you the reader of this message are not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, please notify us immediately and destroy the related message.

De:	Ziegler, Bill SCA
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Slow LaunchPad
Fecha:	lunes, 17 de diciembre de 2007 20:29:34
Archivos adjuntos:	

Thanks for all the replies.

First to answer a couple of questions, there were no changes to the network and the performance was the same on the server. It was in fact that the LPDB file was too big. We did have multiple copies of the institutions last week, so I had rebuilt the patient DB. That did clean up the multiple institutions but the LauchPad startup was still slow. Looking in the LPDB file, there was a large number (greater than 700 lines) of:

```
BackupVolumeNameList ={
  SimpleString ={
    String = "BACKUP 2 APR 28/06";
  };
  SimpleString ={    …..
```

Does anyone know what these are for or where they come from? I've rebuilt the patient DB twice in the last two weeks and they were still there. By deleting most of these lines in the file, the LaunchPad performance has returned to normal. I'm a little nervous with just deleting lines that I don't understand. Any suggestions?

Take Care,
Bill

****

William Ziegler, Ph.D.
Allan Blair Cancer Centre
4101 Dewdney Avenue
Regina, Saskatchewan
S4T 7T1 CANADA
phone: (306) 766-2329
fax: (306) 766-2845
e-mail: Bill.Ziegler@saskcancer.ca

****

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Charles A. Pelizzari
Sent: Monday, December 17, 2007 11:33 AM
To: pinnacle-users@explode.unsw.edu.au

Subject: Re: Slow LaunchPad

In our experience this has been due to a corrupted LaunchPad database. You could try the "Rebuild Patient DB" option in the launchpad configuration menu.

If that doesn't solve the problem you might take a look at the size of the LPDB and recent saved versions. If there is a dramatic increase in the LPDB file size, you could then take a look in the LPDB file itself (it's a text file) and make sure there are not duplicate entries for institutions and/or patients. The LPDB normally contains the site name, a copy of each institution's "Institution" file in a data structure called "InstitutionList", plus some additional stuff at the end. If there are multiple copies of institutions or patients in the LPDB, this is what we have found causes the slowdown in launching.

Be sure and save a copy of the LPDB file before doing anything, of course.

-cp

> Hi,
>
> For the last week or so it takes more than 30 sec. for the LaunchPad to open. Has anyone else experienced this? How did you fix it? Re-booting all the workstations doesn't make a difference. We're running version 8.0dp1.
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> Take Care,
>
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>
> >**********
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> >William Ziegler, Ph.D.
>
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>

>phone: (306) 766-2329

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>**********

- -

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Slow LaunchPad
Fecha:	lunes, 17 de diciembre de 2007 20:53:32
Archivos adjuntos:	

I've ran into a similar slowness (we use 7.4f) going to the export tab before. The problem in that case was that one of our dicom export options was unavailable (we had the target offline). Unfortunately, that was the first AE target in the list so it waited for it to time out before it finally gave you an error and let you pick something else.

Can you run Pinnacle from your server? If so does it take that long there? If so, something's fishy with pinnacle itself I'd imagine, if not, then it is networking related (either physical cabling/switches, network card configuration between the systems, or maybe even how the NFS mounts are set up). Probably best to call Philips on this one, they probably will be able to find the problem quickly for you.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Ziegler, Bill SCA
Sent: December 17, 2007 10:21 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Slow LaunchPad

Hi,

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Take Care,
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>
>phone: (306) 766-2329
>fax: (306) 766-2845
>e-mail: Bill.Ziegler@saskcancer.ca
>**********

De:	Tercier Pierre-Alain
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Guide to Pinnacle administration
Fecha:	lunes, 17 de diciembre de 2007 21:14:45
Archivos adjuntos:	

Hello,

To add in your Unix command lists

As root typing

at now "+ 6hours" < /powerdown

Make the powerdown for week-end when you leave the hospital before the medical doctor (still contouring). They have in that example 6 hours to finish their work. ;-)

Bye
Pat

--
Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital Fribourgeois fax: +41 26 4267665
Site de Fribourg
CH-1708 Fribourg

> ---
>
> **De :** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **De la part de** Nathan Childress
> **Envoyé :** jeudi, 13. décembre 2007 18:31
> **À :** pinnacle-users@explode.unsw.edu.au
> **Objet :** Guide to Pinnacle administration
>
> I know the very basics of administering Pinnacle, but still have a lot to learn. I thought it would be a good idea to compile common tips from people on the

listserver. I started a document that can be downloaded here:

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I will be happy to put together everyone's thoughts and host the final version of the document. Any help would be greatly appreciated, as most of the administrative tasks are not documented by Philips (to my knowledge). Thanks!

Nathan

De:	Patrick Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Slow LaunchPad
Fecha:	lunes, 17 de diciembre de 2007 21:20:59
Archivos adjuntos:	

I was told by Pinnacle support to just delete the old file and rebuild the database. This will automatically generate a new file.

Pat

Sent from my iPhone

On Dec 17, 2007, at 1:24 PM, "Ziegler, Bill SCA" <Bill.Ziegler@saskcancer.ca> wrote:

> Thanks for all the replies.
>
> First to answer a couple of questions, there were no changes to the network and the performance was the same on the server. It was in fact that the LPDB file was too big. We did have multiple copies of the institutions last week, so I had rebuilt the patient DB. That did clean up the multiple institutions but the LauchPad startup was still slow. Looking in the LPDB file, there was a large number (greater than 700 lines) of:
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Take Care,

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****

William Ziegler, Ph.D.

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fax: (306) 766-2845

e-mail: Bill.Ziegler@saskcancer.ca

****

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Charles A. Pelizzari
Sent: Monday, December 17, 2007 11:33 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Slow LaunchPad

In our experience this has been due to a corrupted LaunchPad database. You could try the "Rebuild Patient DB" option in the launchpad configuration menu.

If that doesn't solve the problem you might take a look at the size of the LPDB and recent saved versions. If there is a dramatic increase in the LPDB file size, you could then take a look in the LPDB file itself (it's a text file) and make sure there are not duplicate entries for institutions and/or patients. The LPDB normally contains the site name, a copy of each institution's "Institution" file in a data structure called "InstitutionList", plus some additional stuff at the end. If there are multiple copies of institutions or patients in the LPDB, this is what we have found causes the slowdown in launching.

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-cp

Hi,

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Take Care,

Bill

>**********

>William Ziegler, Ph.D.

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>

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>e-mail: Bill.Ziegler@saskcancer.ca

>**********

- -

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De: guishan fu

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: ••• Slow LaunchPad

Fecha: martes, 18 de diciembre de 2007 1:18:06

Archivos adjuntos:

The LPDB file is just a text file lists the institutions and patients in department. So I think it's safe to delete the useless lines in it. Actually we composed a shell script to delete the redundant institutions and patinets list result from the pinnacle bug. Rebuild the patient database takes 10~15 minutes also(for about 500 patinets). But handle this by script requires only 1 second.
Concerning the delay of opening the export window. Our solution is to add a dicom port named "ADAC_SERVER" as a deputy of the server station. This port is the first one in the port list and it takes 1 second to be connected. The added benefit is you can export plans, images to your pinnacle server and explore it locally now.

"Ziegler, Bill SCA" <Bill.Ziegler@saskcancer.ca> •••

Hi,

For the last week or so it takes more than 30 sec. for the LaunchPad to open. Has anyone else experienced this? How did you fix it? Re-booting all the workstations doesn't make a difference. We're running version 8.0dp1.

Take Care,
Bill

****
William Ziegler, Ph.D.
Allan Blair Cancer Centre
4101 Dewdney Avenue
Regina, Saskatchewan
S4T 7T1 CANADA
phone: (306) 766-2329
fax: (306) 766-2845
e-mail: Bill.Ziegler@saskcancer.ca
****

Guishan Fu
Radiation Physicst Department of Radiation
Oncology Cancer Institution(Hospital),
Chinese Academy of Medical Sciences
NO.17 Panjiayuan Nanli
Chaoyang dist, Beijing
86-10-87788291

••••••••••••••••••

De:	Cirino, Eileen T.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Slow LaunchPad
Fecha:	martes, 18 de diciembre de 2007 1:41:54
Archivos adjuntos:	

We recently had the same problem (also running 8.0dp1). Technical support logged in and “cleaned up” something. Apparently some duplicate files were generated due to some of the bugs in this version. If you tell tech support it is a launch pad issue, they should solve it pretty quickly.

Eileen

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Ziegler, Bill SCA
Sent: Monday, December 17, 2007 10:21 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Slow LaunchPad

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>e-mail: Bill.Ziegler@saskcancer.ca
>**********

De:	Ziegler, Bill SCA
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Slow LaunchPad
Fecha:	martes, 18 de diciembre de 2007 2:19:04
Archivos adjuntos:	

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e-mail: Bill.Ziegler@saskcancer.ca
****

De:	Sean Frigo
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	8.0k install experiences
Fecha:	martes, 18 de diciembre de 2007 21:58:59
Archivos adjuntos:	

Listers,

I would be interested to hear about success (or lack thereof) in installing 8.0k. Please post if you would. In particular, I am interested in going from 7.4f to 8.0k.

Thanks,

Sean

De:	SAVVAS MORRIS
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 8.0k install experiences
Fecha:	miércoles, 19 de diciembre de 2007 5:38:12
Archivos adjuntos:	

Sean and rest of list members,

My first experience with 8.0k was a rather interesting one.
I attempted to download it from InCenter the other day only to find a note
that said that they had to pull it off the website due to technical difficulties.....
Stay tuned for more from Philips.
Anybody from Philips listening, maybe?

Thanks,

Savvas Morris

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Sean Frigo
Sent: Tuesday, December 18, 2007 1:45 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: 8.0k install experiences

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I would be interested to hear about success (or lack thereof) in installing 8.0k. Please post if you would. In particular, I am interested in going from 7.4f to 8.0k.

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---

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##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	George W. Sherouse, Ph.D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	MLC files for Pinnacle commissioning patterns
Fecha:	jueves, 20 de diciembre de 2007 0:30:38
Archivos adjuntos:	

I'd be grateful is someone could share Varian 120 leaf MLC files for creating the square MLC shapes with off-center "seam" inside a 20x20 collimated field that Pinnacle recommends we scan for beam modeling. We have found ourselves in an interesting bootstrap conundrum...

TIA,
- GWS

==========
Sherouse Systems, Inc., Chapel Hill, NC, <http://www.gwsherouse.com/>
Medical Physics and Computing services for Radiation Oncology
(919) 382-8102 voice or FAX, <mailto:gws@gwsherouse.com>

"Hostess sells more than half a billion Twinkies each year."
- CNN article, 13 June 2007
==========

De:	Rami Abu-Aita
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MLC files for Pinnacle commissioning patterns
Fecha:	jueves, 20 de diciembre de 2007 0:51:07
Archivos adjuntos:	

We used Shaper to create these MLC fields.

Rami Abu-Aita
Medical Physicist
UW Cancer Center, Wausau WI

From: George W. Sherouse, Ph.D. [mailto:GWS@GWSherouse.com]
Sent: Wednesday, December 19, 2007 17:20
To: pinnacle-users@explode.unsw.edu.au
Subject: MLC files for Pinnacle commissioning patterns

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- CNN article, 13 June 2007
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De:	s.lappi@tin.it
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	R: MLC files for Pinnacle commissioning patterns
Fecha:	jueves, 20 de diciembre de 2007 12:37:29
Archivos adjuntos:	15x15_MLC.txt 10x10_MLC.txt 5x5_MLC.txt 3x3_MLC.txt 2x2_MLC.txt 1x1_MLC.txt

---

We used these MLC files.

Sara Lappi
Azienda Ospedaliera Universitaria
di Ferrara
Italy

----Messaggio originale----
Da: GWS@GWSherouse.com
Data: 20-dic-2007 12.20 AM
A: <pinnacle-users@explode.unsw.edu.au>
Ogg:
MLC files for Pinnacle commissioning patterns

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- CNN article, 13 June 2007
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De:	Chris Lee
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Extended CT # range
Fecha:	viernes, 21 de diciembre de 2007 6:08:51
Archivos adjuntos:	

Dear Listers,

Our CT units have the capability of providing us with CT value's up to 40000 which is equivalent to about 20 gcm-3. This is done (I assume) via some extrapolation software. In the past we have been able to scan titanium and Cerrobend (9.7 gcm-3) for inclusion in our CT to Density table. It also meant that we didn't have to contour and assign densities to materials with CT value's > 4095 (assuming no artifact issues). DICOM Image 4.2d implemented setting all CT value's > 4095 to 4095 which meant we could no longer make use of the extended CT value set available from the CT units.

Did anyone else make use of the extended CT value range in the past and can someone please explain the reasoning behind setting the maximum CT value to 4095?

Kind regards & Merry Christmas,

Mr Chris Lee
Chief Medical Physicist
Central Coast Radiation Oncology Centre
41 William St, Gosford NSW 2250
AUSTRALIA

T: 61 2 4349 8000
F: 61 2 4324 6121
M: +61 417 485312
www.radiotherapy.com.au

De:	Joe Grant
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Extended CT # range
Fecha:	viernes, 21 de diciembre de 2007 15:27:28
Archivos adjuntos:	image001.gif

Chris,

This is a topic that comes up repeatedly for us with patients with metal prostheses,
so I'm glad you bring it up.

First, a question for you – how have you scanned titanium and cerrobend and been able to
obtain reliable CT# information? In my experience, the non-uniformity created by the artifacting
creates such a wide range of CT#'s within the metal that the information is practically useless.
Also, I was not aware of the 4095 maximum value using DICOM 4.2 – if that's the case then the
remainder of this post is moot, but here goes.

I would like to hear other ideas about this, but here is what I have done:
There is a paper by SJ Thomas in BJR August 1999 *Relative electron density calibration of CT scanners for radiotherapy treatment planning* . There are very simple equations relating electron
density to HU. However since Pinnacle wants physical density, not electron density, I use the equations
to calculate HU, then assign the known physical density of the material.

Thomas's equation for bone substitutes is:

For example, for titanium:
3.74 e/cc is electron density of titanium
4.5 g/cc is about average physical density of titatium
Using the equation, use 3.74 as the e- density to calculate HU
Then assign that HU to a density of 4.5.

So I would add this point to the CT/density curve:
(4.5, 5343)

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Chris Lee
Sent: Thursday, December 20, 2007 10:53 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Extended CT # range

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****

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Extended CT # range
Fecha:	viernes, 21 de diciembre de 2007 16:06:41
Archivos adjuntos:	

Might just be a coincidence, but 4095 is 2^12 -1. My guess is they are using 16 bit numbers, and 4 of them are being used for something else.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Chris Lee
Sent: December 20, 2007 11:53 PM
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De:	Bruce Curran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Extended CT # range
Fecha:	viernes, 21 de diciembre de 2007 16:37:16
Archivos adjuntos:	

Mike,

Good Guess. In the original CT configurations, there were 12 bits for CT information, 4 for overlays.

Bruce

Bruce Curran
Radiation Oncology
Univ Michigan Medical Center (734) 936-4309
1500 E Medical Center Drive (734) 936-7859 (fax)
Ann Arbor, MI 48109-0010
bcurran@umich.edu

>>> "Mike Gallamore" <mike.gallamore@grhosp.on.ca> 12/21/2007 10:02 >>>
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De:	Charles A. Pelizzari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Extended CT # range
Fecha:	viernes, 21 de diciembre de 2007 18:10:17
Archivos adjuntos:	

Ahh, those were the days. But the DICOM files coming in from the scanner have their pixels represented as 16 bit integers, and those good old overlay planes are no longer used. So if Philips has chosen to go back to only using 12 bits for the pixel values as an exercise in nostalgia, I'd say it was not a terrific idea.

Perhaps their own scanners are either using or planning to use the overlay planes again for some non-pixel value purposes? One would hope that the planning system should support the full range of capabilities of the imaging devices and the DICOM protocol, even if only on a scan by scan basis with some sort of user option to override the 12 bit clamping.

All that said though, one might still not want to trust CT numbers in scans with such high density inhomogeneities, since the resulting artifacts can cause serious inaccuracy, even far away from the dense objects. Unless of course the scan was done with MV photons on a Tomo ...

-cp

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>>>> "Mike Gallamore" <mike.gallamore@grhosp.on.ca> 12/21/2007 10:02 >>>

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>[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Chris Lee
>Sent: December 20, 2007 11:53 PM
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>Electronic Mail is not secure, may not be read every day, and should
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--

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Lars Ewell
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Lars Ewell; watchman@email.arizona.edu;
Asunto:	Re: Extended CT # range
Fecha:	sábado, 22 de diciembre de 2007 0:56:44
Archivos adjuntos:	

Charles Pelizzari,

Greetings.

You raise an interesting point with your last sentence.

We have Pinnacle here, and we recently have commissioned a Tomotherapy in our department. We have scanned a CT phantom with Ti and created an MV CT to density table. However, I was concerned that the MV nature of the table may not be compatible with the convolution superposition algorithm.

In other words, since Pinnacle expects a 'normal' CT to density table that has been obtained with a 'normal' CT operating at ~100keV, what are the implications of attempting to use a CT to density table that has been obtained at ~6MV? Presumably some approximation may break down so that if a CT to density table is taken at a high energy it no longer is compatible with the dose algorithm, and the dose calculation is no longer accurate.

Are my concerns valid?

Thanks in advance.

regards,

Lars Ewell

----- Original Message -----
From: "Charles A. Pelizzari" <c-pelizzari@uchicago.edu>
To: <pinnacle-users@explode.unsw.edu.au>
Sent: Friday, December 21, 2007 9:50 AM

Subject: RE: Extended CT # range

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> >M: +61 417 485312
> >
> >www.radiotherapy.com.au <http://www.radiotherapy.com.au/>
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>
>###
>
>
> --
> ---
> Charles A. Pelizzari, Ph.D.
> The University of Chicago
> Radiation Oncology, MC 9006
> 5758 S. Maryland Avenue, Room 1358
> Chicago, IL 60637
>
>
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account will not be distributed unless that account is also subscribed.
##

De:	George W. Sherouse, Ph.D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Lars Ewell; watchman@email.arizona.edu;
Asunto:	Re: Extended CT # range
Fecha:	sábado, 22 de diciembre de 2007 3:02:21
Archivos adjuntos:	

I am speculating wildly here, but I presume that all the algorithm cares about is the density. If the HU to density conversion is correct for the scanner, then the input to the dose calculation should be perfectly valid.

BTW, what does the MVCT# to density curve look like? I have not seen one. What are "typical" values?

-- GWS

On 21 Dec 2007, at 6:45 PM, Lars Ewell wrote:

> Charles Pelizzari,
>
> Greetings.
>
> You raise an interesting point with your last
> sentence.
>
> We have Pinnacle here, and we recently have
> commissioned a Tomotherapy in our department.
> We have scanned a CT phantom with Ti and created
> an MV CT to density table. However, I was concerned
> that the MV nature of the table may not be compatible
> with the convolution superposition algorithm.
>
> In other words, since Pinnacle expects a 'normal'
> CT to density table that has been obtained with
> a 'normal' CT operating at ~100keV, what are
> the implications of attempting to use a CT to density
> table that has been obtained at ~6MV? Presumably
> some approximation may break down so that if a CT to density
> table is taken at a high energy it no longer is compatible with
> the dose algorithm, and the dose calculation is no longer

> accurate.
>
> Are my concerns valid?
>
> Thanks in advance.
>
> regards,
>
> Lars Ewell
>
> ----- Original Message -----
> From: "Charles A. Pelizzari" <c-pelizzari@uchicago.edu>
> To: <pinnacle-users@explode.unsw.edu.au>
> Sent: Friday, December 21, 2007 9:50 AM
> Subject: RE: Extended CT # range
>
>
>>
>> Ahh, those were the days. But the DICOM files coming in from the
>> scanner have their pixels represented as 16 bit integers, and those
>> good old overlay planes are no longer used. So if Philips has chosen
>> to go back to only using 12 bits for the pixel values as an exercise
>> in nostalgia, I'd say it was not a terrific idea.
>>
>> Perhaps their own scanners are either using or planning to use the
>> overlay planes again for some non-pixel value purposes? One would
>> hope that the planning system should support the full range of
>> capabilities of the imaging devices and the DICOM protocol, even if
>> only on a scan by scan basis with some sort of user option to
>> override the 12 bit clamping.
>>
>> All that said though, one might still not want to trust CT numbers in
>> scans with such high density inhomogeneities, since the resulting
>> artifacts can cause serious inaccuracy, even far away from the dense
>> objects. Unless of course the scan was done with MV photons on a
>> Tomo ...
>>
>> -cp
>>
>>> Mike,
>>>
>>> Good Guess. In the original CT configurations, there were 12 bits
>>> for CT information, 4 for overlays.
>>>
>>> Bruce

>>>
>>> Bruce Curran
>>> Radiation Oncology
>>> Univ Michigan Medical Center (734) 936-4309
>>> 1500 E Medical Center Drive (734) 936-7859 (fax)
>>> Ann Arbor, MI 48109-0010
>>> bcurran@umich.edu
>>>
>>>>>> "Mike Gallamore" <mike.gallamore@grhosp.on.ca> 12/21/2007 10:02
>>>>>> >>>
>>> Might just be a coincidence, but 4095 is 2^12 -1. My guess is they
>>> are
>>> using 16 bit numbers, and 4 of them are being used for something
>>> else.
>>>
>>>
>>>
>>> Mike Gallamore, Bsc (physics)
>>>
>>> Programmer Analyst
>>>
>>> Grand River Regional Cancer Center
>>>
>>> phn: 519-749-4300 X5792
>>>
>>> mobile: 519-503-5044
>>>
>>>
>>>
>>> _____
>>>
>>> From: owner-pinnacle-users@explode.unsw.edu.au
>>> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of
>>> Chris Lee
>>> Sent: December 20, 2007 11:53 PM
>>> To: pinnacle-users@explode.unsw.edu.au
>>> Subject: Extended CT # range
>>>
>>>
>>>
>>> Dear Listers,
>>>
>>>
>>>
>>> Our CT units have the capability of providing us with CT value's

>>> up to
>>> 40000 which is equivalent to about 20 gcm-3. This is done (I
>>> assume) via
>>> some extrapolation software. In the past we have been able to scan
>>> titanium and Cerrobend (9.7 gcm-3) for inclusion in our CT to
>>> Density
>>> table. It also meant that we didn't have to contour and assign
>>> densities
>>> to materials with CT value's > 4095 (assuming no artifact issues).
>>> DICOM
>>> Image 4.2d implemented setting all CT value's > 4095 to 4095 which
>>> meant
>>> we could no longer make use of the extended CT value set available
>>> from
>>> the CT units.
>>>
>>>
>>>
>>> Did anyone else make use of the extended CT value range in the
>>> past and
>>> can someone please explain the reasoning behind setting the
>>> maximum CT
>>> value to 4095?
>>>
>>>
>>>
>>> Kind regards & Merry Christmas,
>>>
>>>
>>>
>>> Mr Chris Lee
>>>
>>> Chief Medical Physicist
>>> Central Coast Radiation Oncology Centre
>>>
>>> 41 William St, Gosford NSW 2250
>>>
>>> AUSTRALIA
>>>
>>>
>>> T: 61 2 4349 8000
>>> F: 61 2 4324 6121
>>> M: +61 417 485312
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account will not be distributed unless that account is also subscribed.
##

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Extended CT # range
Fecha:	sábado, 22 de diciembre de 2007 4:01:46
Archivos adjuntos:	

Hello All,

George is correct - the ct-density table is just a mapping to physical density. As long as the curve does not change, there is nothing to worry about. A CT# of 1000 may not equal a density of 1.0, but this is not really important.

Remember that Pinnacle just looks up the mass attenuation coefficients that are in the database for that particular density that it picks up from the conversion.

Also, to expand on this a bit, Pinnacle was fine with 12 bit data, but when the CT scanners started doing 16 bit, the DRRs were impossible to optimize; the dynamic range on the window and level was too much, and the brightness had to be dropped way down. To "fix" the problem, they just truncated the data down to 12 bit. This fixed the image issue, but it really wreaked havoc on the density problem.

This means that anything over 4095 gets the density of whatever 4095 is assigned in the ct-density table. You can still override areas and assign a density up to the maximum # in the table.

Happy Holidays!
Marc Mlyn
(Remember that I no longer work for Philips)

----- Original Message -----
From: "Lars Ewell" <lewell@email.arizona.edu>
To: <pinnacle-users@explode.unsw.edu.au>
Cc: "Lars Ewell" <lewell@email.arizona.edu>; <watchman@email.arizona.edu>
Sent: Friday, December 21, 2007 6:45 PM
Subject: Re: Extended CT # range

> Charles Pelizzari,

>
> Greetings.
>
> You raise an interesting point with your last
> sentence.
>
> We have Pinnacle here, and we recently have
> commissioned a Tomotherapy in our department.
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> In other words, since Pinnacle expects a 'normal'
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> some approximation may break down so that if a CT to density
> table is taken at a high energy it no longer is compatible with
> the dose algorithm, and the dose calculation is no longer
> accurate.
>
> Are my concerns valid?
>
> Thanks in advance.
>
> regards,
>
> Lars Ewell
>

De:	Olivier Buchart
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Olivier Buchart is out of the office.
Fecha:	sábado, 22 de diciembre de 2007 5:26:22
Archivos adjuntos:	

I will be out of the office starting 22/12/2007 and will not return until 07/01/2008.

I will respond to your message when I return.

De:	Linda
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Extended CT # range
Fecha:	lunes, 24 de diciembre de 2007 7:26:26
Archivos adjuntos:	

Morning

I'm a new pinnacle user and I need your help. I get very high hotspots(~120%) when I plan parallel opposed beams. I prescribe at the isocentre with equal weightings,100% normalization, what can be the problem. And when I compare my calculations with Cadplan using the same setup geometry i find the hotspot much lower(105%)and different MU's. Is there someone experienced the same problem as mine, and what can be the explanation.

Regards

Linda B Mciteka
Hospital Medical Physicist
Network Healthcare Holdings Limited (Netcare)
Parklands Hospital
75 Hopelands Road
Overport
4097

Direct line : +27 (0)31 242 4086
Fax: +27 (0)31 207 3763
Mobile: +27 (0)76 240 7952

Website: www.netcare.co.za

> ----- Original Message -----

From: Mike Gallamore
To: pinnacle-users@explode.unsw.edu.au
Sent: Friday, December 21, 2007 5:02 PM
Subject: RE: Extended CT # range

Might just be a coincidence, but 4095 is 2^12 -1. My guess is they are using 16 bit numbers, and 4 of them are being used for something else.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Chris Lee
Sent: December 20, 2007 11:53 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Extended CT # range

Dear Listers,

Our CT units have the capability of providing us with CT value's up to 40000 which is equivalent to about 20 gcm-3. This is done (I assume) via some extrapolation software. In the past we have been able to scan titanium and Cerrobend (9.7 gcm-3) for inclusion in our CT to Density table. It also meant that we didn't have to contour and assign densities to materials with CT value's > 4095 (assuming no artifact issues). DICOM Image 4.2d implemented setting all CT value's > 4095 to 4095 which meant we could no longer make use of the extended CT value set available from the CT units.

Did anyone else make use of the extended CT value range in the past and can someone please explain the reasoning behind setting the maximum CT value to 4095?

Kind regards & Merry Christmas,

Mr Chris Lee
Chief Medical Physicist
Central Coast Radiation Oncology Centre
41 William St, Gosford NSW 2250
AUSTRALIA

T: 61 2 4349 8000
F: 61 2 4324 6121
M: +61 417 485312
www.radiotherapy.com.au

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Extended CT # range
Fecha:	lunes, 24 de diciembre de 2007 14:05:55
Archivos adjuntos:	

Dear Listers,

When I posted my response about the CT - density tables, it was not my intention to say that ct-density tables were applicable with CBCT.

There are a lot of issues with the CT#s coming out of CBCT, such as cupping artifacts. Although the algorithms are getting better, the folks at Philips do not recommend doing dose computations on these data sets. I would use them for fusion, or in certain cases, I would consider over riding the density to 1.0.

Happy Holidays,
Marc Mlyn

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Hotspots
Fecha:	lunes, 24 de diciembre de 2007 14:07:54
Archivos adjuntos:	

Linda,

Assuming that your model has been completed, you must have a problem with either the prescription and/or the normalization. You must set both in Pinnacle.

Also, although it does not affect the dose distribution, you must also set the reference point to the isocenter (or the point of Rx) on the monitor units page. This option assures that the SSD and depth for that point are printed on the plan print out.

Regards,
Marc Mlyn

> ----- Original Message -----
> **From:** Linda
> **To:** pinnacle-users@explode.unsw.edu.au
> **Sent:** Monday, December 24, 2007 1:09 AM
> **Subject:** Re: Extended CT # range
>
> Morning
>
> I'm a new pinnacle user and I need your help. I get very high hotspots (~120%) when I plan parallel opposed beams. I prescribe at the isocentre with equal weightings,100% normalization, what can be the problem. And when I compare my calculations with Cadplan using the same setup geometry i find the hotspot much lower(105%)and different MU's. Is there someone experienced the same problem as mine, and what can be the explanation.
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> Regards
>
> Linda B Mciteka
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Direct line : +27 (0)31 242 4086
Fax: +27 (0)31 207 3763
Mobile: +27 (0)76 240 7952

Website: www.netcare.co.za

De:	Crooks, Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle 8.0 in a mixed environment?
Fecha:	lunes, 31 de diciembre de 2007 17:22:06
Archivos adjuntos:	

Hi All,

We have an 810 server which was installed a few months ago and two V250 clients and we are about to upgrade Pinnacle from 8.0h to 8.0k. I've heard two different opinions about this from Philips tech support. The first is that I can't do the regular installation (insert CD, hit "Install All") since the server is running a different OS and the clients will lose thier links to the correct version. The second is that both versions are installed and the correct links are generated automatically so there's nothing to worry about. Has anyone done the upgrade on a similar setup and if so, was there anything special about it? Thanks.

Ian Crooks
Danbury Hospital
Danbury, CT

De:	Mike Howard
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	owner-pinnacle-users@explode.unsw.edu.au; pinnacle-users@explode.unsw.edu.au;
Asunto:	Re: Pinnacle 8.0 in a mixed environment?
Fecha:	lunes, 31 de diciembre de 2007 17:40:42
Archivos adjuntos:	

Ian,

The install has to be done on both types of platforms (i.e., 810 and SPARC). The install on the 810 is the same as always, insert the CD and run the Install_All script.

To get the software installed for the SPARC clients requires an additional step. We have to share the export partition so that a client SPARC system can mount the partition with root privilege's.

share -F nfs -o root=<SPARC client being used to install Pinnacle> /export
shareall

Example: share -F nfs -o root=adacp3u2 /export

Once that is done, the software can be installed from the client as you normally would. The issue is that at this point, the installer checks for the platform type. So the software will only install the software for the matching platform.

If you need help please call into support and we will be happy to help you get the new software installed.

-
Regards

Michael J. Howard
Manager, Technical Group
Product Support Engineering
Philips Radiation Oncology Systems
408-965-3928 (fax)
PROS Support email: pros.support@philips.com
Customer Support: 1-800-722-9377 enter:5,5,3 for PROS

"Crooks, Ian" <Ian.Crooks@danhosp.org>
Sent by:
owner-pinnacle-users@explode.unsw.edu.au
12/31/2007 09:55 AM
Please respond to
pinnacle-users@explode.unsw.edu.au

To
<pinnacle-users@explode.unsw.edu.au>
cc

Subject
Pinnacle 8.0 in a mixed environment?
Classification

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Danbury Hospital
Danbury, CT

list, send the message
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##

De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Pinnacle 8.0 in a mixed environment?
Fecha:	lunes, 31 de diciembre de 2007 19:11:37
Archivos adjuntos:	

When we did our upgrade, there were two important system links that were not updated, (and I'm not sure they can be?)
Particularly, the links to hotscript lists and, if you have it, MBS models.

This is inconvenient since we must duplicate the Scripts and
MBS models from one folder to another... and hence more potential problems in consistency between platforms. We're trying to link them to a common drive
at the moment. Any advice is appreciated.

I can't remember now, but I would also double check your preferences on the 810s (i think they were OK...)

Parminder S. Basran, PhD MCCPM
Odette Cancer Centre, Toronto ON Canada

----- Original Message ----
From: Mike Howard <mike.howard@philips.com>
To: pinnacle-users@explode.unsw.edu.au
Cc: owner-pinnacle-users@explode.unsw.edu.au; pinnacle-users@explode.unsw.edu.au
Sent: Monday, December 31, 2007 11:25:48 AM
Subject: Re: Pinnacle 8.0 in a mixed environment?

Ian,

The install has to be done on both types of platforms (i.e.,
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and SPARC). The install on the 810 is the same as always, insert the
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PROS Support email: pros.support@philips.com
Customer Support: 1-800-722-9377 enter:5,5,3 for PROS

"Crooks, Ian" <Ian.Crooks@danhosp.org>
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12/31/2007 09:55 AM
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To
<pinnacle-users@explode.unsw.edu.au>
cc

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Classification

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Danbury, CT

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De:	Stepaniak, Christopher
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle 8.0 in a mixed environment?
Fecha:	martes, 01 de enero de 2008 1:05:57
Archivos adjuntos:	

Hi folks,

I recently solved this problem by copying one of the hotscript directories from its original home on the server (in a platform-dependent mount point on the server...couldn't this have been a little better designed, Pinnacle folks?) to /home/p3rtp (which is the same NFS-mounted directory on the server for both platforms), and then create softlinks to this new directory in the platform-specific directories.

Unix commands (on the server, not a client!) are as follows. You may have to ignore line breaks, the "#" is the beginning of a new command. Also, this assumes that the scripts on the i810s are the ones you want to keep. If not, replace "i386" with "sparc" in the first command.

```
# cp -r /export/local/i386/adacnew/PinnacleSiteData/Scripts
/home/p3rtp/Pinnacle_Scripts
# rm -r /export/local/i386/adacnew/PinnacleSiteData/Scripts
# rm -r /export/local/sparc/adacnew/PinnacleSiteData/Scripts
# ln -s /home/p3rtp/Pinnacle_Scripts
/export/local/i386/adacnew/PinnacleSiteData/Scripts
# ln -s /home/p3rtp/Pinnacle_Scripts
/export/local/sparc/adacnew/PinnacleSiteData/Scripts
```

Now you should have only one copy of those scripts, living in /home/p3rtp/Pinnacle_Scripts, with two links pointing at that directory.

I'm sure you could do the same thing with the MBS directories, but I've never gone looking for those. Most likely you could follow a similar routine as above.

Happy New Year!
Chris

> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-

> users@explode.unsw.edu.au] On Behalf Of Parminder S. Basran
> Sent: Monday, December 31, 2007 11:54 AM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Re: Pinnacle 8.0 in a mixed environment?
>
> When we did our upgrade, there were two important system links that
were
> not updated, (and I'm not sure they can be?)
> Particularly, the links to hotscript lists and, if you have it, MBS
> models.
>
>
> This is inconvenient since we must duplicate the Scripts and
> MBS models from one folder to another... and hence more potential
problems
> in consistency between platforms. We're trying to link them to a
common
> drive
> at the moment. Any advice is appreciated.
>
> I can't remember now, but I would also double check your preferences
on
> the 810s (i think they were OK...)
>
> Parminder S. Basran, PhD MCCPM
> Odette Cancer Centre, Toronto ON Canada
>
>
> ----- Original Message ----
> From: Mike Howard <mike.howard@philips.com>
> To: pinnacle-users@explode.unsw.edu.au
> Cc: owner-pinnacle-users@explode.unsw.edu.au; pinnacle-
> users@explode.unsw.edu.au
> Sent: Monday, December 31, 2007 11:25:48 AM
> Subject: Re: Pinnacle 8.0 in a mixed environment?
>
>
> Ian,
>
> The install has to be done on both types of platforms (i.e.,
> 810
> and SPARC). The install on the 810 is the same as always, insert the
> CD
> and run the Install_All script.
>
> To get the software installed for the SPARC clients requires

an
>
> additional step. We have to share the export partition so that a
> client
> SPARC system can mount the partition with root privilege's.
>
> share -F nfs -o root=<SPARC client being used to install
> Pinnacle>
> /export
> shareall
>
> Example: share -F nfs -o root=adacp3u2 /export
>
> Once that is done, the software can be installed from the
> client
> as you normally would. The issue is that at this point, the installer
> checks for the platform type. So the software will only install the
> software for the matching platform.
>
> If you need help please call into support and we will be happy
> to
> help you get the new software installed.
>
>
> -
> Regards
>
> Michael J. Howard
> Manager, Technical Group
> Product Support Engineering
> Philips Radiation Oncology Systems
> 408-965-3928 (fax)
> PROS Support email: pros.support@philips.com
> Customer Support: 1-800-722-9377 enter:5,5,3 for PROS
>
>
>
>
>
>
>
>
>
> "Crooks, Ian" <Ian.Crooks@danhosp.org>
> Sent by:
> owner-pinnacle-users@explode.unsw.edu.au
> 12/31/2007 09:55 AM

> Please respond to
> pinnacle-users@explode.unsw.edu.au
>
>
> To
> <pinnacle-users@explode.unsw.edu.au>
> cc
>
> Subject
> Pinnacle 8.0 in a mixed environment?
> Classification
>
>
>
>
>
>
>
>
> Hi All,
>
> We have an 810 server which was installed a few months ago and two
V250
>
> clients and we are about to upgrade Pinnacle from 8.0h to 8.0k. I've
> heard
> two different opinions about this from Philips tech support. The first
> is
> that I can't do the regular installation (insert CD, hit "Install
All")
>
> since the server is running a different OS and the clients will lose
> thier
> links to the correct version. The second is that both versions are
> installed and the correct links are generated automatically so there's
> nothing to worry about. Has anyone done the upgrade on a similar setup
> and
> if so, was there anything special about it? Thanks.
>
> Ian Crooks
> Danbury Hospital
> Danbury, CT
>
>
> ##
> To unsubscribe (yourself or other account) from the pinnacle-users
> mailing

> list, send the message
> unsubscribe pinnacle-users <e-mail address>
> to majordomo@explode.unsw.edu.au.
>
> Note: To avoid non-delivery error messages being sent to all list
> members, the list has been configured so that messages can only be
> sent from a subscribed account. Messages sent from a users secondary
> account will not be distributed unless that account is also
subscribed.
>
###
>
>
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>
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subscribed.
>
###
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>
>
_____
__
> _____
> Never miss a thing. Make Yahoo your home page.
> http://www.yahoo.com/r/hs
>
>
> ###
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account will not be distributed unless that account is also subscribed.
##

De:	Li Ding
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle 8.0 and 7.6c for 810 server
Fecha:	martes, 01 de enero de 2008 18:41:27
Archivos adjuntos:	

We are going to upgrade our server to 810 this month. It will come with v8.0 only. Does anybody know whether we can still keep v7.6c?

Thanks.

Li Ding
RBOI Ocala FL

De:	Crooks, Ian
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	7.6c on an 810
Fecha:	miércoles, 02 de enero de 2008 16:02:54
Archivos adjuntos:	

Hi Li,

No, you can't. We were running 7.6g(?) on our V250's and they couldn't load it on the 810 when we switched servers. I think it's because the 810 runs a different OS.

Ian

We are going to upgrade our server to 810 this month. It will come with v8.0 only. Does anybody know whether we can still keep v7.6c?

Thanks.

Li Ding
RBOI Ocala FL

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##

De:	David M Nelson
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: 7.6c on an 810
Fecha:	miércoles, 02 de enero de 2008 16:19:02
Archivos adjuntos:	graycol.gif pic04900.gif ecblank.gif

Hello all:

Just to clarify: System 810 servers and clients can only run Pinnacle 8.0 themselves. But an 810 server can serve-up 7.6c to any Sun/SPARC clients on your network. And (I hope not to confuse here.....) a V250 or SB2500 server can serve-up 8.0 to 810 clients!

[What we are doing is loading 2 versions of 8.0 onto the server --- a version for Sun/SPARC systems, and 1 for 810 systems. The workstations auto-magically get the correct version from the server -- it doesn't matter whether the server can run that version or not -- it can still be the app-server for it.]

So the idea there is you can get 8.0 comissioned while still running 7.6 (or even back to 6.2b) on your Sun/SPARC systems. Then when you are ready to start on 8.0, all systems can move ahead and run 8.0.

The 810 server can still hold the older versions of software as well, if you ever want to open an old plan in that version. The only "gotcha" is that you need a Sun/SPARC workstation to run the old versions. If you are going totally-810, they only run 8.0 (because of the recompile for Solaris 10 x64). We can certainly work with you if you want to keep an older workstation around for awhile to access older versions. Just talk to your sales rep.

Happy 2008 all!

DaveN

Dave Nelson
Product Manager, Philips Medical Systems, Radiation Oncology Systems
5520 Nobel Drive, Suite 125, Fitchburg, WI 53711, USA
Phone: 608-288-6931, Fax: 608-298-2101, Mobile: 608-576-8363

"Crooks, Ian" <Ian.Crooks@danhosp.org>

"Crooks, Ian" <Ian.Crooks@danhosp.org>

Sent by: owner-pinnacle-users@explode.unsw.edu.au

2008-01-02 08:45 AM

Please respond to pinnacle-users@explode.unsw.edu.au

To<pinnacle-users@explode.unsw.edu.au>
cc
Subject7.6c on an 810
Classification

Hi Li,

No, you can't. We were running 7.6g(?) on our V250's and they couldn't load it on the 810 when we switched servers. I think it's because the 810 runs a different OS.

Ian

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Thanks.

Li Ding
RBOI Ocala FL

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account will not be distributed unless that account is also subscribed.
##

De:	Eason, Guy
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 7.6c on an 810
Fecha:	miércoles, 02 de enero de 2008 16:19:27
Archivos adjuntos:	

If you upgrade the server to 810 then you will only be able to run 8.0 on the server, if you keep you older v250 as clients they can still run 7.6g in conjunction with 8.0. Ian is correct about the operating systems in that the new 810 will not run any of the software below 8.0 (the 810 uses Sun 10.0) but the older v250's are probably running on Sun 8.0 software which will allow you to run both versions 7.6 and 8.0. This is the setup that we are now running.

Guy Eason
Radiation Oncology
Phoebe Putney Memorial Hospital
Albany, GA
229/ 312-2280

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Crooks, Ian
Sent: Wednesday, January 02, 2008 9:45 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: 7.6c on an 810

Hi Li,

No, you can't. We were running 7.6g(?) on our V250's and they couldn't load it on the 810 when we switched servers. I think it's because the 810 runs a different OS.

Ian

We are going to upgrade our server to 810 this month. It will come with v8.0 only. Does anybody know whether we can still keep v7.6c?

Thanks.

Li Ding
RBOI Ocala FL

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	save DVH script command
Fecha:	lunes, 07 de enero de 2008 16:14:51
Archivos adjuntos:	

Hi,

Last year I saved DVHs in Pinnacle in a Unix file to allow comparison of techniques for multiple patients.
I can't find the command anymore. It was similar to the command to store profiles (turnonprofilefileoutput.script), and dumped the visible DVHs on a temporay directory.
Can anyone help me?

sincerely
Erik

het tegendeel blijkt, kunnen aan dit bericht geen rechten worden ontleend. Het gebruik van Internet e-mail brengt zekere risico´s met zich mee. Daarom wordt iedere aansprakelijkheid voor het gebruik van dit medium door het HagaZiekenhuis van de hand gewezen.

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: save DVH script command
Fecha:	lunes, 07 de enero de 2008 16:23:06
Archivos adjuntos:	

Just 5 sec after sending mail, I found the script again.
I apologize for not having more patience

sincerely
Erik

e.vdieren schreef:

> Hi,
>
> Last year I saved DVHs in Pinnacle in a Unix file to allow
> comparison of techniques for multiple patients.
> I can't find the command anymore. It was similar to the command
> to store profiles (turnonprofilefileoutput.script), and dumped the
> visible DVHs on a temporay directory.
> Can anyone help me?
>
> sincerely
> Erik

De:	George W. Sherouse, Ph.D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	MapCheck profile import to Pinnacle physics tool
Fecha:	lunes, 07 de enero de 2008 23:52:50
Archivos adjuntos:	

I am about to write a Perl script to extract central axis MapCheck profiles (primarily of EDW) and massage them into a format the Pinnacle physics tool will swallow with a smile. If this wheel already exists please someone spare me the exercise...

TIA,
- GWS

==========
Sherouse Systems, Inc., Chapel Hill, NC, <http://www.gwsherouse.com/>
Medical Physics and Computing services for Radiation Oncology
(919) 382-8102 voice or FAX, <mailto:gws@gwsherouse.com>

One who speaks does not know. One who knows does not speak.
- Lao Tzu
==========

De:	Hendee, Eric
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MapCheck profile import to Pinnacle physics tool
Fecha:	lunes, 07 de enero de 2008 23:56:27
Archivos adjuntos:	

There is a little utility for their Profiler product, not sure about Mapcheck.
Eric Hendee

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** George W. Sherouse, Ph.D.
> **Sent:** Monday, January 07, 2008 4:32 PM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** MapCheck profile import to Pinnacle physics tool
>
> I am about to write a Perl script to extract central axis MapCheck profiles (primarily of EDW) and massage them into a format the Pinnacle physics tool will swallow with a smile. If this wheel already exists please someone spare me the exercise...
>
> TIA,
> - GWS
>
> ==========
> Sherouse Systems, Inc., Chapel Hill, NC, <http://www.gwsherouse.com/>
> Medical Physics and Computing services for Radiation Oncology
> (919) 382-8102 voice or FAX, <mailto:gws@gwsherouse.com>
>
> One who speaks does not know. One who knows does not speak.
> - Lao Tzu
> ==========

transmitted by this email.

De:	kracmd@comcast.net
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: save DVH script command
Fecha:	martes, 08 de enero de 2008 5:40:42
Archivos adjuntos:	

---

sounds great...but I am Swedish challenged...anyone got this in English?

Thanks,
Karen

> ---------- Original message ----------
> From: "e.vdieren" <e.vdieren@hagaziekenhuis.nl>
> Just 5 sec after sending mail, I found the script again.
> I apologize for not having more patience
>
> sincerely
> Erik
>
> e.vdieren schreef:
>
> > Hi,
> >
> > Last year I saved DVHs in Pinnacle in a Unix file to allow
> > comparison of techniques for multiple patients.
> > I can't find the command anymore. It was similar to the command
> > to store profiles (turnonprofilefileoutput.script), and dumped the
> > visible DVHs on a temporay directory.
> > Can anyone help me?
> >
> > sincerely
> > Erik

Nieuw telefoonnummer HagaZiekenhuis
Het HagaZiekenhuis heeft vanaf 14 juni een nieuw algemeen telefoonnummer **070-210 0000** Dit geldt voor de locaties Sportlaan, Leyweg en Juliana Kinderziekenhuis. De oude algemene telefoonnummers komen hiermee te vervallen. De doorkiesnummers van de afdelingen (laatste vier cijfers) blijven gelijk. Kies dus na **070-210 ....** de vier cijfers van de afdeling. Het telefoonnummer van de buitenpolikliniek Wateringse Veld blijft ongewijzigd, telefoon 070-372 1100

De:	Israel Mendes
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Question from Brazil!!!
Fecha:	martes, 08 de enero de 2008 10:52:20
Archivos adjuntos:	

I have a CD with DICOM images (NMR) from a patient out of clinic and I don ´t get import . Pinnacle show me the message:
" The dimensions of the input image set (0,0,0) are invalid. Data set: ImageSet_3"
What is wrong??

--
Best Regards,

Dr. Israel Mendes
Físico Médico
Centro Diagmed de Radioterapia
Av. Brasil 961, Guanabara, Campinas
Office: +55 19 3241 8327
Office: +55 19 3741 6509
Mobile: +55 19 9669 6855

De:	Maria Trinitat García Hernández
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	exported mlc leaves positions
Fecha:	martes, 08 de enero de 2008 12:44:40
Archivos adjuntos:	

Do you have a script to compare mlc leaves positions in pinnacle to the positions exported to lantis?

Mensaje enviado desde IMP. Sistema interno de correo de Eresa.

De:	Victoria LaCerba
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Question from Brazil!!!
Fecha:	martes, 08 de enero de 2008 13:56:14
Archivos adjuntos:	image003.jpg

Dr. Mendes,
We've seen this many times before. Usually this error means that you are not licensed for that scanner. Contact Philips customer support and they should be able to help you.

Regards,

Victoria LaCerba, MS, CMD, RT(T)
Clinical Services Manager
Radiation Oncology Resources
866.312.3499 x 713
503.883.4111 x 713

vlacerba@roresources.com

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Israel Mendes
Sent: Tuesday, January 08, 2008 1:27 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Question from Brazil!!!

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Centro Diagmed de Radioterapia
Av. Brasil 961, Guanabara, Campinas
Office: +55 19 3241 8327
Office: +55 19 3741 6509
Mobile: +55 19 9669 6855

De:	Nathan Childress
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: exported mlc leaves positions
Fecha:	martes, 08 de enero de 2008 14:25:12
Archivos adjuntos:	

---

http://www.medphysfiles.com/index.php?name=Downloads&file=details&id=30

On Jan 8, 2008 5:09 AM, Maria Trinitat García Hernández < mtrinitat@eresa.com> wrote:

> Do you have a script to compare mlc leaves positions in pinnacle to the positions exported to lantis?
>
> ---
> Mensaje enviado desde IMP. Sistema interno de correo de Eresa.

De:	Israel Mendes
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Question from Brazil!!!
Fecha:	martes, 08 de enero de 2008 14:56:32
Archivos adjuntos:	image003.jpg

Thanks a lot Victoria.

2008/1/8, Victoria LaCerba <vlacerba@roresources.com>:

> Dr. Mendes,
>
> We've seen this many times before. Usually this error means that you are not licensed for that scanner. Contact Philips customer support and they should be able to help you.
>
> Regards,
>
> 
>
>
> Victoria LaCerba, MS, CMD, RT(T)
>
> Clinical Services Manager
>
> Radiation Oncology Resources
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> 866.312.3499 x 713
>
> 503.883.4111 x 713

vlacerba@roresources.com

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Office: +55 19 3241 8327
Office: +55 19 3741 6509
Mobile: +55 19 9669 6855

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: save DVH script command
Fecha:	martes, 08 de enero de 2008 15:29:13
Archivos adjuntos:	

No, but I'm willing to wager Nieuw telefoonnummer means they have a new telephone number ;)

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** kracmd@comcast.net
Sent: January 7, 2008 11:25 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: save DVH script command

sounds great...but I am Swedish challenged...anyone got this in English?

Thanks,
Karen

> ---------- Original message ----------
> From: "e.vdieren" <e.vdieren@hagaziekenhuis.nl>
> Just 5 sec after sending mail, I found the script again.
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>
> sincerely
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De:	Dong Meng
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Question about IMRT planning on ADAC using Varian machine
Fecha:	miércoles, 09 de enero de 2008 18:22:59
Archivos adjuntos:	

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Thanks

Dong Meng, M.S. DABR (T,D)
Director of Physics and RSO
Seacoast Cancer Center
Wentworth-Douglass Hospital
789 central ave
Dover, NH 03820
Tel: 603-742-8787
Fax: 603-740-3377

De:	Cirino, Eileen T.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Question about IMRT planning on ADAC using Varian machine
Fecha:	miércoles, 09 de enero de 2008 18:39:50
Archivos adjuntos:	

When setting the beam look at the DRR and set the field size to something that looks good. Sometimes we choose to keep a few fields within the 15cm limit (even if the total PTV is not covered) and let a few fields greater than 15 so that the MLC meet within the open field. I think the absolute limit is about 28cm. The 15cm limit depends on how you have your MLC set up in Pinnacle and whether you have any spacing when MLCs meet in the MLC calibration. I keep my fields to 14.5cm just to avoid those occasional “slightly” miscalibrated MLCs that will prevent treatment.

Anyway, after setting the fields to your liking, go to Inverse planning, IMRT Parameters, see column for Allow Jaw Motion/Split Beam – set all to NO. The fields should stay as you set them. Check them after optimization because on rare occasions they may decide to move a bit anyway. Very Rare.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Dong Meng
Sent: Wednesday, January 09, 2008 11:57 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Question about IMRT planning on ADAC using Varian machine

We just got a 120 leaf MLC retrofitted on our 2100c, one thing we were told by Varian is that you don't have to split the field in two with this new MLC when the width is more than 15 cm, but when we do our planning, it still automatically split the field. I know a friend who make some change so that the field not splitting on Eclipse TPS, but don't know anyone achieve that on ADAC. If someone know how to do that on ADAC, or ADAC can't do that, I'd appreciate if you can share that with me.

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Tel: 603-742-8787
Fax: 603-740-3377

De:	Luse, Ray W.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Question about IMRT planning on ADAC using Varian machine
Fecha:	miércoles, 09 de enero de 2008 18:41:28
Archivos adjuntos:	

You need version 8.0 with DMPO commissioned

Ray Luse
Physicist
Sacred Heart Medical Center
Spokane WA 99220

509-474-7221

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Dong Meng
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Fax: 603-740-3377

De:	Luse, Ray W.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Question about IMRT planning on ADAC using Varian machine
Fecha:	miércoles, 09 de enero de 2008 19:04:05
Archivos adjuntos:	

Sorry for incomplete message-

It should have said

You need version 8.0 with DMPO commissioned.
Set fields > 15 cm and set split beam to "no".

This creates a "large field" IMRT plan with carriage movement between segments to overcome 15 cm max tip difference limit

Ray Luse

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Luse, Ray W.
Sent: Wednesday, January 09, 2008 9:36 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Question about IMRT planning on ADAC using Varian machine

You need version 8.0 with DMPO commissioned

Ray Luse
Physicist
Sacred Heart Medical Center
Spokane WA 99220

509-474-7221

use, disclosure, dissemination, distribution (other than to the addressee(s), copying or taking of any action because of this information is strictly prohibited.

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Dover, NH 03820
Tel: 603-742-8787
Fax: 603-740-3377

De:	sthiessen@comcast.net
A:	pinnacle-users@explode.unsw.edu.au; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Question about IMRT planning on ADAC using Varian machine
Fecha:	miércoles, 09 de enero de 2008 21:02:43
Archivos adjuntos:	

Actually, you don't need 8.0, just DMPO. We've been doing it for quite a while with 7.6.

Sabina Thiessen CMD
Redwood Regional Medical Group
Santa Rosa, CA

---------- Original message ----------
From: "Luse, Ray W." <Rluse@shmc.org>

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> Ray Luse
>
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> **Sent:** Wednesday, January 09, 2008 9:36 AM
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Subject: RE: Question about IMRT planning on ADAC using Varian machine

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De:	sthiessen@comcast.net
A:	pinnacle-users@explode.unsw.edu.au; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Question about IMRT planning on ADAC using Varian machine
Fecha:	miércoles, 09 de enero de 2008 21:06:16
Archivos adjuntos:	

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Redwood Regional Medical Group
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Tel: 603-742-8787
Fax: 603-740-3377

De:	guishan fu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle IMRT plan on ElektaPrecise
Fecha:	jueves, 10 de enero de 2008 1:40:59
Archivos adjuntos:	Segment can not be execute.JPG

When done IMRT and transfer the plan to ElektaPrecise. One field containing the attached segment can not be executed. The energy can not be loaded by LINAC when click the "Treat" button.
BUT, if I drag the MLC leaf(the read one in the image) 1mm out, every thing is ok. can anyone explain this?
This is seldom occur. but it is fairly strange.

sthiessen@comcast.net **•••**

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>
> Sabina Thiessen CMD
> Redwood Regional Medical Group
> Santa Rosa, CA
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> From: "Luse, Ray W." <Rluse@shmc.org>
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difference limit
Ray Luse

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
On Behalf Of Luse, Ray W.
Sent: Wednesday, January 09, 2008 9:36 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Question about IMRT planning on ADAC using Varian machine

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Physicist
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Wentworth-Douglass Hospital
789 central ave
Dover, NH 03820
Tel: 603-742-8787
Fax: 603-740-3377

De:	Hobie Shackford
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 8.0k install experiences
Fecha:	jueves, 10 de enero de 2008 4:17:01
Archivos adjuntos:	

I just upgraded from 8.0d p1 to 8.0k this past weekend. I used the download route and all went well once I figured out how to get my CD burning software to burn the image files.

I have some good news and some not so good news.

The good news is that the commisioned machines in 8.0k performed essentially identical to the 8.0d machines in our water phantom benchmark. In two of our machines there were very slight differences in randomly sampled IMRT plans that were simply recalculated. One machine had a couple of beams with a small change in monitor units (0.04 max) and ROI dose summary values (0.2 cGy max). A second machine had identical beam monitor units with the same small dose differences. Our Varian 600CD plans were identical execpt for one dose value that differed by 0.1 cGy (in a H&N IMRT with a page full of ROIs!).

No modeling was required for this upgrade; only the recalculating of the output factors (even though the table is complete when loaded). From 7.4f the models should be tweeked as recommended by Philips.

For the not so good news; on the first clinical day on Monday our dosimetrists discovered that the trial comparison windows do not synchronize. When you advance one window to the next slice the other window does not follow. Then we found out that this is also true in the Syntegra program. The two data sets are not synchronized; a real pain. Then today one of the dosimetrists found out that the nine window display has suffered the same fate.

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Hobie Shackford
Vantage/ NorthMain Radiation Oncology
Providence, RI

> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On
> Behalf Of Sean Frigo
> Sent: Tuesday, December 18, 2007 1:45 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: 8.0k install experiences
>
> Listers,
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> I would be interested to hear about success (or lack
> thereof) in installing 8.0k. Please post if you
> would. In particular, I am interested in going from
> 7.4f to 8.0k.
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> Thanks,
>
> Sean
>
>

De:	Kao, Mark
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 8.0k install experiences
Fecha:	jueves, 10 de enero de 2008 14:26:44
Archivos adjuntos:	

Any one has experience of upgrading from 7.6d direct to 8.0k? Any remodeling required?

Mark Kao, Ph.D., DABR
St. Barnabas Medical Center
Livingston, NJ 07039
Tel: 973-322-5698
Fax: 973-322-5648

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Hobie Shackford
Sent: Wednesday, January 09, 2008 10:12 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: 8.0k install experiences

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Hobie Shackford
Vantage/ NorthMain Radiation Oncology
Providence, RI

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Looking for last minute shopping deals?
Find them fast with Yahoo! Search.
http://tools.search.yahoo.com/newsearch/category.php?category=shopping

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Important news about our email communications

Saint Barnabas Health Care System has implemented secure messaging services.

To learn more about SBHCS Secure Messaging, go to:
http://userawareness.zixcorp.com/sbhcs/

If you need assistance with retrieving a secure email, please email sbhcsaccounts@sbhcs.com or visit http://userawareness.zixcorp.com/sbhcs/partners/receiving.php

De:	Anton Eagle
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 8.0k install experiences
Fecha:	jueves, 10 de enero de 2008 18:49:46
Archivos adjuntos:	

Can anyone else chime in on whether they are seeing the same problem (non-synchronization of windows) with 8.0k? It would be nice to know whether this is indeed a general problem with the new version, or just some peculiarity with this one install. Thanks.

-Anton Eagle

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Hobie Shackford
Sent: Wednesday, January 09, 2008 7:12 PM
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Looking for last minute shopping deals?
Find them fast with Yahoo! Search.
http://tools.search.yahoo.com/newsearch/category.php?category=shopping

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the
message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Hendee, Eric
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 8.0k install experiences
Fecha:	jueves, 10 de enero de 2008 18:58:04
Archivos adjuntos:	

We had the same problem, and I believe Philips is working hard to get resolution ASAP.
Eric Hendee

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Anton Eagle
Sent: Thursday, January 10, 2008 11:27 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: 8.0k install experiences

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> Subject: 8.0k install experiences
>
> Listers,
>
> I would be interested to hear about success (or lack

> thereof) in installing 8.0k. Please post if you
> would. In particular, I am interested in going from
> 7.4f to 8.0k.
>
> Thanks,
>
> Sean
>
>

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##

for the presence of viruses. ProHealth Care accepts no liability for any damage caused by any virus transmitted by this email.

De:	George W. Sherouse, Ph.D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: 8.0k install experiences
Fecha:	jueves, 10 de enero de 2008 22:06:49
Archivos adjuntos:	

On Jan 10, 2008, at 12:49 PM, Hendee, Eric wrote:

> We had the same problem, and I believe Philips is working hard to
> get resolution ASAP.

That was what we were told when we noticed and reported the problem to PROS.

- GWS

==========
Sherouse Systems, Inc., Chapel Hill, NC, <http://www.gwsherouse.com/>
Medical Physics and Computing services for Radiation Oncology
(919) 382-8102 voice or FAX, <mailto:gws@gwsherouse.com>

One who speaks does not know. One who knows does not speak.
- Lao Tzu
==========

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: 8.0k install experiences
Fecha:	jueves, 10 de enero de 2008 22:20:22
Archivos adjuntos:	

Hello All:

We are interested in info regarding Sintegra fusion package in combination with 8.0k. Does it work? Any new bugs discovered in 8.0k?

Vadim Kuperman, Ph.D.

----- Original Message ----
From: "Hendee, Eric" <eric.hendee@phci.org>
To: pinnacle-users@explode.unsw.edu.au
Sent: Thursday, January 10, 2008 12:49:03 PM
Subject: RE: 8.0k install experiences

We had the same problem, and I believe Philips is working hard to get resolution ASAP.
Eric Hendee

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Anton Eagle
Sent: Thursday, January 10, 2008 11:27 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: 8.0k install experiences

Can anyone else chime in on whether they are seeing the same problem (non-synchronization of windows) with 8.0k? It would be nice to know whether this is indeed a general problem with the new version, or just some peculiarity with this one install. Thanks.

-Anton Eagle

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Hobie Shackford
Sent: Wednesday, January 09, 2008 7:12 PM

To: pinnacle-users@explode.unsw.edu.au
Subject: RE: 8.0k install experiences

I just upgraded from 8.0d p1 to 8.0k this past weekend. I used the download route and all went well once I figured out how to get my CD burning software to burn the image files.

I have some good news and some not so good news.

The good news is that the commisioned machines in 8.0k performed essentially identical to the 8.0d machines in our water phantom benchmark. In two of our machines there were very slight differences in randomly sampled IMRT plans that were simply recalculated. One machine had a couple of beams with a small change in monitor units (0.04 max) and ROI dose summary values (0.2 cGy max). A second machine had identical beam monitor units with the same small dose differences. Our Varian 600CD plans were identical execpt for one dose value that differed by 0.1 cGy (in a H&N IMRT with a page full of ROIs!).

No modeling was required for this upgrade; only the recalculating of the output factors (even though the table is complete when loaded). From 7.4f the models should be tweeked as recommended by Philips.

For the not so good news; on the first clinical day on Monday our dosimetrists discovered that the trial comparison windows do not synchronize. When you advance one window to the next slice the other window does not follow. Then we found out that this is also true in the Syntegra program. The two data sets are not synchronized; a real pain. Then today one of the dosimetrists found out that the nine window display has suffered the same fate.

We are trying to decide if we want to stay clinical with 8.0k or go back to 8.0d. There are new features and fixes that make 8.0k attractive but his image sync problem is significant. Perhaps we can get along with mannually advancing each window in the trial comparison but I think our fusion patients will have to go into an 8.0d Institution.

Hobie Shackford
Vantage/ NorthMain Radiation Oncology
Providence, RI

> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On
> Behalf Of Sean Frigo
> Sent: Tuesday, December 18, 2007 1:45 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: 8.0k install experiences
>
> Listers,
>
> I would be interested to hear about success (or lack
> thereof) in installing 8.0k. Please post if you
> would. In particular, I am interested in going from
> 7.4f to 8.0k.
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> Thanks,
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##

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 8.0k install experiences
Fecha:	jueves, 10 de enero de 2008 22:32:00
Archivos adjuntos:	

8.0L anyone?

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of George W. Sherouse, Ph.D.
Sent: January 10, 2008 3:59 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: 8.0k install experiences

On Jan 10, 2008, at 12:49 PM, Hendee, Eric wrote:

> We had the same problem, and I believe Philips is working hard to
> get resolution ASAP.

That was what we were told when we noticed and reported the problem to PROS.

- GWS

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account will not be distributed unless that account is also subscribed.
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De:	Blake Dirksen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 8.0k install experiences
Fecha:	viernes, 11 de enero de 2008 17:29:13
Archivos adjuntos:	

Hello all,

We have not done the 8.0k upgrade yet and our current version somehow "loses" the AcQSim preferences once very couple of weeks which leads a lot of problems (including cranky dosimetrists).

Has anyone noticed this being fixed in 8.0k? We want to get rid of the preferences bug but if it hasn't been fixed in "K" then we'll wait due to the syntegra sync problem

Thanks!

blake

> Subject: RE: 8.0k install experiences
> Date: Thu, 10 Jan 2008 16:28:44 -0500
> From: mike.gallamore@grhosp.on.ca
> To: pinnacle-users@explode.unsw.edu.au
>
> 8.0L anyone?
>
> Mike Gallamore, Bsc (physics)
> Programmer Analyst
> Grand River Regional Cancer Center
> phn: 519-749-4300 X5792
> mobile: 519-503-5044
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of George W.
> Sherouse, Ph.D.
> Sent: January 10, 2008 3:59 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Re: 8.0k install experiences
>
>
> On Jan 10, 2008, at 12:49 PM, Hendee, Eric wrote:
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> > We had the same problem, and I believe Philips is working hard to
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>
##

De:	Farhad Kader
A:	pinnacle-users@explode.unsw.edu.au; MEDPHYS@LISTS.WAYNE.EDU;
Cc:	
Asunto:	Dosimetrist Position in South Florida
Fecha:	lunes, 14 de enero de 2008 13:02:37
Archivos adjuntos:	

Mid Florida Radiation Oncology has an immediate opening for an experienced Medical Dosimetrist. IMRT experience using Pinnacle is required. Excellent salary and benefits.

Interested Dosimetrist may contact:

Farhad Kader
(772) 468 -3222 Phone
(772) 460 -7927 Fax

kader@mfro.com

De:	Simon Temple
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: ROI Expansion/Contraction Script for Version 8.0
Fecha:	lunes, 14 de enero de 2008 13:09:28
Archivos adjuntos:	

Can anyone tell me what the final line (RoiExpandControl .CheckTargetRoi = RoiList . Current .Address;) actually does?

Our scripts seem to work without it but I'm loathe to remove it without knowing exactly what its function is.

Regards,

Simon Temple

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Maria Trinitat García Hernández
Sent: 14 December 2007 08:32
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: ROI Expansion/Contraction Script for Version 8.0

Try:

```
RoilList .Current = "Spinal Cord"
IF .RoiList .Current .RoiExpandState .Is .Source .THEN .RoiList .Current
.ResetRoiExpandState .ELSE .RoiList .Current .RoiExpandState = "Source";

RoiExpandControl .CheckTargetRoi = RoiList .Current .Address;
```

"Ziegler, Bill SCA" <Bill.Ziegler@saskcancer.ca> ha escrito:

> Hi,
>
>

>
> I am in the process of converting my scripts that worked fine in
> version
> 7.6 to work in 8.0 and I've hit a snag. We use specific names for our
> ROI's such that I can use a script to do the appropriate expansions.
> The problem is the new ROI Expansion/Contraction window now uses
> .RoiList and the recorded scripts refers to the ROI only by using the
> position (.RoiList .#"#6") in this list. The order of our ROI's
> changes from patient to patient but the names do not. Does anyone
> know how to refer to the name of the ROI to set the Source? How do you change:
>
>
>
> IF .RoiList .#"#6" .RoiExpandState .Is .Source .THEN .RoiList .#"#6"
> .ResetRoiExpandState .ELSE .RoiList .#"#6" .RoiExpandState = "Source";
>
> RoiExpandControl .CheckTargetRoi = RoiList .#"#6" .Address;
>
>
>
> to a command to make "Spinal Cord" the source of the expansion?
> RoiList .#"#6" is "Spinal Cord".
>
>
>
> Any help would be appreciated.
>
>
>
> Take Care,
>
> Bill
>
>> **********
>
>> William Ziegler, Ph.D.
>
>>
>
>> Allan Blair Cancer Centre
>
>> 4101 Dewdney Avenue
>
>> Regina, Saskatchewan
>

>> S4T 7T1 CANADA
>
>>
>
>> phone: (306) 766-2329
>
>> fax: (306) 766-2845
>
>> e-mail: Bill.Ziegler@saskcancer.ca
>
>> **********
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>

Mensaje enviado desde IMP. Sistema interno de correo de Eresa.

##

De:	Paul Mobit
A:	pinnacle-users@explode.unsw.edu.au; Global Medical Physics Mailing List;
Cc:	Brent Wheeler; Karla Grunow; Paul Mobit;
Asunto:	Dosimetrist Position at Great Lakes Cancer Institute
Fecha:	lunes, 14 de enero de 2008 14:19:37
Archivos adjuntos:	

Great Lakes Cancer Institute-McLaren, part of the McLaren Health Care Corporation is in need of an experienced Medical Dosimetrist. Our facility has 3 Varian linacs (equipped with OBI and CBCT) and a Tomotherapy machine. We have an active brachytherapy, IGRT and SRT/SRS programs. We have Pinnacle, Eclipse and brachyvision for treatment planning. We are using ARIA presently and transitioning to paperless and filmless environment. You will join a team of 4 physicists and three other dosimetrists. IMRT planning experience is a plus but not required. Excellent salary and benefits. If interested, contact me for more details

Paul Mobit, Ph.D.
Great Lakes Cancer Institute
McLaren Regional Medical Center
4100 Beecher Rd, Flint, Michigan 48532
E-mail: paulmo@mlcaren.org
Tel 810-342-3800

De:	Bjørne
A:	Pinnacle Mailing Liste;
Cc:	
Asunto:	MU Value
Fecha:	lunes, 14 de enero de 2008 16:08:22
Archivos adjuntos:	

Hello,

i use my own Protocol (Open Office on the SUN) based on the open RTP Protocol.

Unfortunately open RTP doesn't work if using dynamic wedge.
It's no Problem to get almost all values direct out of pinnacle, except the MU value.

I can get it from the postscript Protocol, but i doesn't like it this way :o(.

Is there a possibility to get the MU direct out of pinnacle?

Thanks for help and standing my english ;o)

Bjørne

--

Gemeinschaftspraxis für Strahlentherapie und Radiologie
Bjørne Riis
Nebenhofstr. 7
23558 Lübeck

De:	Juan Garcia Perez de Schofield - RADIOFISICA
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Exporting DRR
Fecha:	lunes, 14 de enero de 2008 18:46:37
Archivos adjuntos:	

Hello

I'd like to know if it is possible to export DRRs from Pinnacle 7.6c to PACS (IMPAX).

Thanks.

Juan García
Medical Physicist
Hospital POVISA
Vigo (Spain)

De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Exporting DRR
Fecha:	lunes, 14 de enero de 2008 20:12:50
Archivos adjuntos:	

Juan Garcia Perez de Schofield - RADIOFISICA schrieb:
> Hello
>
> I'd like to know if it is possible to export DRRs from Pinnacle 7.6c to PACS (IMPAX).

There ist no Problem, if the PACS is known as a DICOM Reciver.
See DICOM RT Release Notes for details.

You can use the Print Oprtion in the BeamBlocks Window.

Maybe you have to switch to low resolution to increase Datasize.
DICOM.ComputeOffScreen=0;

I use a script to transfer all Beams to a DICOM reciver at once.

> Thanks.
>
> Juan García
> Medical Physicist
> Hospital POVISA
> Vigo (Spain)
> - - - - - -
> Nota: La información contenida en este mensaje y sus posibles documentos adjuntos es privada y confidencial y está dirigida únicamente a su destinatario. Si usted no es el destinatario original de este mensaje, por favor elimínelo. La distribución o copia de este mensaje no está autorizada.
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Bjørne Riis
Nebenhofstr. 7
23558 Lübeck

De:	Fisica Sanitaria
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	
Fecha:	martes, 15 de enero de 2008 8:42:15
Archivos adjuntos:	

Hello
In our Hospital we are installing 2 new linacs
Varian Clinac 600CD - 6 MV
Varian Clinac 2500 - 6 MV 15 MV - 120 MLC - IMRT
Can anyone share their dosimetric data and models as a reference for our commissioning?
Thank you in advance

Carlo Raymondi
Servizio di Fisica Sanitaria
Ospedale - Perugia Italy
fisica.sanitaria@ospedale.perugia.it

De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: MU Value
Fecha:	martes, 15 de enero de 2008 9:18:34
Archivos adjuntos:	

Bjørne schrieb:
> Hello,
>
> i use my own Protocol (Open Office on the SUN) based on the open RTP
> Protocol.
>
> Unfortunately open RTP doesn't work if using dynamic wedge.
> It's no Problem to get almost all values direct out of pinnacle, except
> the MU value.

I've got it.
TrialList.Current.BeamList.Current.MonitorUnits

>
> I can get it from the postscript Protocol, but i doesn't like it this
> way :o(.
>
> Is there a possibility to get the MU direct out of pinnacle?
>
> Thanks for help and standing my english ;o)
>
> Bjørne
>

--

Gemeinschaftspraxis für Strahlentherapie und Radiologie
Bjørne Riis
Nebenhofstr. 7
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##

De:	Yates, Stephen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Alquist, Larry;
Asunto:	Alternating Linacs?
Fecha:	martes, 15 de enero de 2008 19:06:50
Archivos adjuntos:	

Hello everyone.

We have 2 Varian linacs that are very close to identical. Our chief physicist, clinical physicist, and clinical engineer have gone to great lengths to make them that way.They have looked closely at depth doses and beam profiles. They have established that these 2 machines are well matched. We have even planned IMRT for one linac and run MapCheck qa on the other a few times. It always passed. In the past when one was down we would always replan for the other. The difference in isodose lines and MU settings have always been negligible. Our chief physicist asked me to post this question: do any of you ever treat on another machine without replanning? If so, for what circumstances are you willing to do this? Only if a linac is down? How about if one is 2 hours behind, the other is ahead of schedule, patients are threatening to leave without treatment, and the radonc would like to go ahead and treat them on the other machine? What if the machine is only 1 hour behind? Some p!
lans are just too complex to replan on the fly. We are trying to find the balance between the small possibility that these machines are different in some obscure way, and the radiobiological consequenses of a head and neck patient missing thier treatment for 1 or 2 days. Any ideas on this subject will be much appreciated.

Stephen Yates RT(T),CMD
Medical Dosimetrist
Eastern Maine Medical Center
489 State St. Bangor Maine
04401
(207)973-7495

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De:	Hawkins, Chris
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Alternating Linacs?
Fecha:	martes, 15 de enero de 2008 19:43:54
Archivos adjuntos:	

We have a Siemens KD2 and a PRIMUS. Both the lower and upper photon energies are matched so that we use one model for each energy, good for both machines. We only perform IMRT treatments on the PRIMUS. Otherwise we treat the accelerators as interchangeable.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Yates, Stephen
Sent: Tuesday, January 15, 2008 12:57 PM
To: pinnacle-users@explode.unsw.edu.au
Cc: Alquist, Larry
Subject: Alternating Linacs?

Hello everyone.
We have 2 Varian linacs that are very close to identical. Our chief physicist, clinical physicist, and clinical engineer have gone to great lengths to make them that way.They have looked closely at depth doses and beam profiles. They have established that these 2 machines are well matched. We have even planned IMRT for one linac and run MapCheck qa on the other a few times. It always passed. In the past when one was down we would always replan for the other. The difference in isodose lines and MU settings have always been negligible. Our chief physicist asked me to post this question: do any of you ever treat on another machine without replanning? If so, for what circumstances are you willing to do this? Only if a linac is down? How about if one is 2 hours behind, the other is ahead of schedule, patients are threatening to leave without treatment, and the radonc would like to go ahead and treat them on the other machine? What if the machine is only 1 hour behind? Some p! lans are just too complex to replan on the fly. We are trying to find the balance between the small possibility that these machines are different in some obscure way, and the radiobiological consequenses of a head and neck patient missing thier treatment for 1 or 2 days. Any ideas on this subject will be much appreciated.

Stephen Yates RT(T),CMD
Medical Dosimetrist
Eastern Maine Medical Center
489 State St. Bangor Maine
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(207)973-7495

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De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Alquist, Larry;
Asunto:	RE: Alternating Linacs?
Fecha:	martes, 15 de enero de 2008 19:47:02
Archivos adjuntos:	

We interchangeably use our linacs but all of them are identical models (two now have the OBI units but the underlying linac and portal imagers are the same on all of them). Very handy to be able to do that we move probably a half dozen patients a day between our 4 linacs to keep the schedule balanced.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Yates, Stephen
Sent: January 15, 2008 12:57 PM
To: pinnacle-users@explode.unsw.edu.au
Cc: Alquist, Larry
Subject: Alternating Linacs?

Hello everyone.
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other is ahead of schedule, patients are threatening to leave without treatment, and the radonc would like to go ahead and treat them on the other machine? What if the machine is only 1 hour behind? Some p! lans are just too complex to replan on the fly. We are trying to find the balance between the small possibility that these machines are different in some obscure way, and the radiobiological consequenses of a head and neck patient missing thier treatment for 1 or 2 days. Any ideas on this subject will be much appreciated.

Stephen Yates RT(T),CMD
Medical Dosimetrist
Eastern Maine Medical Center
489 State St. Bangor Maine
04401
(207)973-7495

##
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##

De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Alternating Linacs?
Fecha:	martes, 15 de enero de 2008 20:08:26
Archivos adjuntos:	

We often switch patients between our 2 matched linacs without replanning. The benefits of doing the matching in the first place!

AJ

Andrew O. Jones, PhD
Director, Radiation Physics Group
Department of Radiation Oncology
Geisinger Medical Center
N. Academy Ave
Danville, PA 17822
570 271-6304

>>> "Yates, Stephen" <syates@emh.org> 1/15/2008 12:57 PM >>>
Hello everyone.
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##

De:	Tallhamer, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	FW: Alternating Linacs?
Fecha:	martes, 15 de enero de 2008 20:09:17
Archivos adjuntos:	

I did not send this to the list by mistake.

-----Original Message-----
From: Tallhamer, Mike
Sent: Tuesday, January 15, 2008 11:30 AM
To: Alquist, Larry
Subject: RE: Alternating Linacs?

I think running an IMRT QA on both machines for a plan calculated using only one of those machines would serve to QA the IMRT delivery process and the dose delivered by both machines. If the QA is run on both machines you have effectively verified the validity of the dose distribution delivered by both machines and if that meets the IMRT guidelines for acceptability at your institution I don't see the issue in treating on one machine or the other. In this case one calculated dose distribution has been verified to be "deliverable" on two different delivery systems to some acceptable level of quality. I have seen QAs of the same plan pass on two different machines that were well matched during IMRT commissioning in the past.

However, I don't see running one QA on one machine serving the same dual purpose and covering both machines. Since the QA tests the delivery systems ability to deliver the calculated dose distribution there is a requirement in my mind to QA both potential delivery systems for their ability to deliver this dose before tx. The QA does not verify the calculations accuracy when compared to another calculation using different beam models but it dose tell you if both machines can deliver the dose that was calculated using model X.

This doesn't answer the question of how much affect the minor discrepancies in the models effect the predicted or calculated dose distribution. One way to check this would be to calculate the dose for an IMRT case using one model then using the same aperture arrangements for the beams change only the model used in the calculation and

recalculate the dose distribution. Once it is complete run gamma analysis on different dose planes through both cases (sum field and individual fields) effectively comparing prediction A to prediction B. This should giv
ferences in dose based solely
on the models for these dynamic and sometimes small and irregular cases.

I think, in the end, if the machines deliver the dose distribution desired by the physician and predicted by your TPS (regardless of the model being used) to the level of acceptability laid out in you IMRT QA standards the objective of the written directive is satisfied.

-Mike

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Yates, Stephen
Sent: Tuesday, January 15, 2008 10:57 AM
To: pinnacle-users@explode.unsw.edu.au
Cc: Alquist, Larry
Subject: Alternating Linacs?

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##

De:	David M Nelson
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Query/Retrieve question
Fecha:	martes, 15 de enero de 2008 21:39:04
Archivos adjuntos:	

Hello all:

I would like to solicit opinions on Query/Retrieve functionality --- that is, what Q/R systems have you used that you liked, and what are the valuable features / whistles-n-bells? Of course, I am asking in the context of "we are adding Q/R to Pinnacle, so we'd like to maximize user happiness if possible." :-D

All input greatly appreciated!

Dave Nelson
Product Manager, Philips Healthcare, Radiation Oncology Systems
5520 Nobel Drive, Suite 125, Fitchburg, WI 53711, USA
Phone: 608-288-6931, Fax: 608-298-2101, Mobile: 608-576-8363

De:	Blake Dirksen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Alternating Linacs?
Fecha:	miércoles, 16 de enero de 2008 0:17:08
Archivos adjuntos:	

We have two elekta machines and we do not cross over IMRT or electron plans. We also have a 3 treatment rule. Patients can be crossed over 3 times, any more then that require review by a physicist.

We are putting in a new synergy and are going to try to match the wedges to our precise, but we'll see how that goes.

blake

> Subject: FW: Alternating Linacs?
> Date: Tue, 15 Jan 2008 13:04:41 -0600
> From: Mike.Tallhamer@USONCOLOGY.COM
> To: pinnacle-users@explode.unsw.edu.au
>
> I did not send this to the list by mistake.
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> -----Original Message-----
> From: Tallhamer, Mike
> Sent: Tuesday, January 15, 2008 11:30 AM
> To: Alquist, Larry
> Subject: RE: Alternating Linacs?
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> an IMRT case using one model then using the same aperture arrangements
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> model being used) to the level of acceptability laid out in you IMRT QA
> standards the objective of the written directive is satisfied.
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> -Mike
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> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Yates,
> Stephen
> Sent: Tuesday, January 15, 2008 10:57 AM
> To: pinnacle-users@explode.unsw.edu.au
> Cc: Alquist, Larry
> Subject: Alternating Linacs?
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> Stephen Ya
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> 489 State St. Bangor Maine
> 04401
> (207)973-7495
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>

> disclosing its contents to anyone.
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##

De:	Francesco Meucci
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	
Fecha:	miércoles, 16 de enero de 2008 9:16:16
Archivos adjuntos:	

We use a Philips Gemini CT-PET for patient simulation and we use Pinnacle for planning: we've noticed that the foot-head direction coordinate has a different value if read in Pinnacle o in the CT consolle: how can we match the two systems in such a way we can read the same distance?

thanks

f.meucci

Dr. Francesco Meucci - Medical Physicist
Ospedale San Donato - USL8
Viale Pietro Nenni 52100 - Arezzo - ITALY
Tel. +39 0575 254084 254080
Fax +39 0575 254086
e-mail f.meucci@usl8.toscana.it
URL www.usl8.toscana.it

De:	Stanley Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Pinnacle IMRT plan on ElektaPrecise
Fecha:	miércoles, 16 de enero de 2008 11:22:54
Archivos adjuntos:	image001.jpg

Check in ADAC for the beam that has problem if the positions of any of the corresponding jaws (ie X1 to X1 and so on) differs only by 0.01cm going from one segment to the next. We saw this in linac software version 4. Just have to manually edit the jaw position of the trailing segment to follow the previous.
Sometimes you may have more than one problematic pair.
Good luck

Stanley Y. K. WONG
Medical Physicist In-Charge
Radiotherapy & Oncology Centre

香港浸信會醫院
Hong Kong Baptist Hospital

222 Waterloo Road, Kowloon, Hong Kong.
Direct Line : (852) 2339 8514
Fax : (852) 2338 0261
E-Mail : stanwong@hkbh.org.hk
Website : www.hkbh.org.hk

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** guishan fu
Sent: Thursday, January 10, 2008 8:20 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle IMRT plan on ElektaPrecise

When done IMRT and transfer the plan to ElektaPrecise. One field containing the attached segment can not be executed. The energy can not be loaded by LINAC when click the "Treat" button.
BUT, if I drag the MLC leaf(the read one in the image) 1mm out, every thing is ok. can anyone explain this?
This is seldom occur. but it is fairly strange.

sthiessen@comcast.net •••

Actually, you don't need 8.0, just DMPO. We've been doing it for quite a while with 7.6.

Sabina Thiessen CMD
Redwood Regional Medical Group
Santa Rosa, CA

---------- Original message ----------
From: "Luse, Ray W." <Rluse@shmc.org>

> Sorry for incomplete message-
>
> It should have said
>
> You need version 8.0 with DMPO commissioned.
> Set fields > 15 cm and set split beam to "no".
>
> This creates a "large field" IMRT plan with carriage movement between segments to overcome 15 cm max tip difference limit
> Ray Luse
>
> ---
>
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
> **On Behalf Of** Luse, Ray W.
> **Sent:** Wednesday, January 09, 2008 9:36 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Question about IMRT planning on ADAC

using Varian machine

You need version 8.0 with DMPO commissioned

Ray Luse
Physicist
Sacred Heart Medical Center
Spokane WA 99220
509-474-7221

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
On Behalf Of Dong Meng
Sent: Wednesday, January 09, 2008 8:57 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Question about IMRT planning on ADAC using Varian machine

We just got a 120 leaf MLC retrofitted on our 2100c, one thing we were told by Varian is that you don't have to split the field in two with this new MLC when the width is more than 15 cm, but when we do our planning, it still automatically split the field. I know a friend who make

some change so that the field not splitting on Eclipse TPS, but don't know anyone achieve that on ADAC. If someone know how to do that on ADAC, or ADAC can't do that, I'd appreciate if you can share that with me.

Thanks

Dong Meng, M.S. DABR (T,D)
Director of Physics and RSO
Seacoast Cancer Center
Wentworth-Douglass Hospital
789 central ave
Dover, NH 03820
Tel: 603-742-8787
Fax: 603-740-3377

De:	QUYEN JONES
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Alternating Linacs?
Fecha:	miércoles, 16 de enero de 2008 19:10:46
Archivos adjuntos:	

The bottom line is how is your machine performance. Are their output factors stable? We have 2 Varian 21EX and they are matched within the clinac matching specifications. I have worked at 2 different facilities and never have to worry about transferring patients or doing IMRT QA in one machine and treat patients in another machines. As long as we have 2 or more clinacs all matched within the spec. and their output factors are also within <1% then we wouldn't have to worry about switching machines. Also, make sure that your daily and monthly QCs have tight tolerances and you understand the performance on each machine.

We have 1 gold standard beam data for the linacs in the TPS and never put the output factors for each energy and each machine for each day; all the output factors are measured routinely and are within 1.000 +/- <2% .Thanks to Varian Linacs.

There are always uncertainty in dose measurements, accuracy of machine output factors, accuracy of treatment setup, and accuracy of the TPS,... so even you would treat patient in the same machine, you still have to deal with the fluctuation/difference to what you really want to deliver to your target.

In reality, you rather want to treat patient with the 'undesirable" machine than send them home without treatment. Think about the radiobiological effect on cells; not to mention that you have to deal with admisnitration. I also rather treat patient on the "undesirable machine" than make them wait for 1 hr. They are already enough in pain. Have you ever wait for your appointment? The downside is the patient may get maximum +/-5% comparing to the "desirable" machine and that is acceptable.

Quyen

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De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Alternating Linacs?
Fecha:	miércoles, 16 de enero de 2008 20:33:16
Archivos adjuntos:	

In my opinion, doing the IMRT QA on a machine that is different from the machine you are treating on is VERY BAD clinical medical physics practice. When you talk about matched machines, you are talking about general characteristics of your machines. You are NOT talking about the types of things we are worried about with IMRT QA. Is each leaf on your MLC calibrated to exactly the same position on both machines for each gantry angle and each segment? What about your mechanical isocenters? Of course these are not matched. Are all these things close enough so that both machines deliver an "equivalent" IMRT treatment? You really don't know. No one knows. It probably depends on how complex your fluence pattern is. Maybe it would be ok for prostates and not for head and necks?

The point is, when you perform your IMRT QA on a different machine than you deliver your treatment on, you are probably throwing out at least half the information that you are trying to measure.

IMRT QA right now is both a patient specific and machine specific measurement and you better do your measurement on the machine that you are actually treating your patient on.

Joe Herrick
Radiation Oncology Associates
Reno, NV

> Date: Wed, 16 Jan 2008 09:59:02 -0800
> From: QUYEN.JONES@salemhospital.org
> To: pinnacle-users@explode.unsw.edu.au
> Subject: RE: Alternating Linacs?
>
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##

De:	Ashenafi, Michael S.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Sphere on ADAC planning system
Fecha:	jueves, 17 de enero de 2008 16:00:50
Archivos adjuntos:	image001.jpg

Dear all,

Is there any way you can contour sphere on ADAC by setting/controlling the diameter's dimension? It is for a research purpose.

Thank you in advance,

Michael Ashenafi

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Stanley Wong
Sent: Wednesday, January 16, 2008 5:09 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle IMRT plan on ElektaPrecise

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Direct Line : (852) 2339 8514
Fax : (852) 2338 0261
E-Mail : stanwong@hkbh.org.hk
Website : www.hkbh.org.hk

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Thanks

Dong Meng, M.S. DABR (T,D)
Director of Physics and RSO
Seacoast Cancer Center
Wentworth-Douglass Hospital
789 central ave
Dover, NH 03820
Tel: 603-742-8787
Fax: 603-740-3377

••••••••••••••••••

--

De:	Bernstein, Kenneth
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Sphere on ADAC planning system
Fecha:	jueves, 17 de enero de 2008 16:11:52
Archivos adjuntos:	image001.jpg

Michael,

You can make a point and then use the ROI expansion/contraction window to make a sphere of any size if you are running version 8.0 or higher.

I can export them to you if you need help.

Ken

Kenneth Bernstein
Medical Physicist
Mercy Therapeutic Radiology Associates, L.L.C.
411 Laurel Street, Suite C-100
Des Moines, Iowa 50314
(515) 643-8780
kbernstein@mercydesmoines.org

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Ashenafi, Michael S.
Sent: Thursday, January 17, 2008 8:38 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Sphere on ADAC planning system

Dear all,

Is there any way you can contour sphere on ADAC by setting/controlling the diameter's dimension? It is for a research purpose.

Thank you in advance,

Michael Ashenafi

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Stanley Wong
Sent: Wednesday, January 16, 2008 5:09 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Pinnacle IMRT plan on ElektaPrecise

Check in ADAC for the beam that has problem if the positions of any of the corresponding jaws (ie X1 to X1 and so on) differs only by 0.01cm going from one segment to the next. We saw this in linac software version 4. Just have to manually edit the jaw position of the trailing segment to follow the previous.
Sometimes you may have more than one problematic pair.
Good luck

Stanley Y. K. WONG
Medical Physicist In-Charge
Radiotherapy & Oncology Centre

香港浸信會醫院
Hong Kong Baptist Hospital

222 Waterloo Road, Kowloon, Hong Kong.
Direct Line : (852) 2339 8514
Fax : (852) 2338 0261
E-Mail : stanwong@hkbh.org.hk
Website : www.hkbh.org.hk

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** guishan fu
Sent: Thursday, January 10, 2008 8:20 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Pinnacle IMRT plan on ElektaPrecise

When done IMRT and transfer the plan to ElektaPrecise. One field containing the attached segment can not be executed. The energy can

not be loaded by LINAC when click the "Treat" button.
BUT, if I drag the MLC leaf(the read one in the image) 1mm out, every thing is ok. can anyone explain this?
This is seldom occur. but it is fairly strange.

sthiessen@comcast.net •••

Actually, you don't need 8.0, just DMPO. We've been doing it for quite a while with 7.6.

Sabina Thiessen CMD
Redwood Regional Medical Group
Santa Rosa, CA

---------- Original message ----------
From: "Luse, Ray W." <Rluse@shmc.org>

> Sorry for incomplete message-
>
> It should have said
>
> You need version 8.0 with DMPO commissioned.
> Set fields > 15 cm and set split beam to "no".
>
> This creates a "large field" IMRT plan with carriage movement between segments to overcome 15 cm max tip difference limit
> Ray Luse
>
> ---
>
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
> **On Behalf Of** Luse, Ray W.
> **Sent:** Wednesday, January 09, 2008 9:36 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Question about IMRT planning on ADAC using Varian machine

You need version 8.0 with DMPO commissioned

Ray Luse
Physicist
Sacred Heart Medical Center
Spokane WA 99220
509-474-7221

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
On Behalf Of Dong Meng
Sent: Wednesday, January 09, 2008 8:57 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Question about IMRT planning on ADAC using Varian machine

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appreciate if you can share that with me.

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Director of Physics and RSO
Seacoast Cancer Center
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789 central ave
Dover, NH 03820
Tel: 603-742-8787
Fax: 603-740-3377

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De:	Scott Dube
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Xoft HDR Source model
Fecha:	jueves, 17 de enero de 2008 22:26:20
Archivos adjuntos:	

Has anyone out there created a model in Pinnacle for the Xoft source?

http://www.xoftinc.com/Product-Information/axxent-hdr-x-ray-source.html

Is it possible to use Pinnacle for treatment planning?

De:	QUYEN JONES
A:	pinnacle-users@explode.unsw.edu.au; herrick_js@hotmail.com;
Cc:	
Asunto:	RE: Alternating Linacs?
Fecha:	viernes, 18 de enero de 2008 23:59:50
Archivos adjuntos:	

"Are all these things close enough so that both machines deliver an "equivalent" IMRT treatment? You really don't know. No one knows."

I know and you do too if you ask yourself these questions:

1) Have you ever overlaid the same IMRT QA plan's measurements between different machines? How much different between them? Did it "pass" in one machine and "fail" in the others? Does your monthly QA not including this task?
2) Did you take measurement to find out how close your machines match to each others?
3)Would you ask the vendor to match them within the specifications/tolerance?
4) Do your MLC leave positions are very different between the machines at different gantry angles? The tolerance is 0.2mm or 5% dose fluence for the MLC positioning check.
5) Do you have different beam data set on your TPS representing each machine characteristics, i.e MLC position, ISO accuracy vs gantry and collimator angles... ? and decide which one delivers doses closer to the TPS IMRT QA plan?

Like I said before, the key is "machine matching and tight tolerances".

I think the most important thing to worry about is patient positioning between different machines. We tend to have the same therapists to treat their own patients; but still you need to do some positioning verification to make sure the "shifts" are correct. Usually, we ask them to take portal film and shift from there.

Best regard,

Quyen

>>> Joe Herrick <herrick_js@hotmail.com> >>>

In my opinion, doing the IMRT QA on a machine that is different from the machine you are treating on is VERY BAD clinical medical physics practice. When you talk about matched machines, you are talking about general characteristics of your machines. You are NOT talking about the types of things we are worried about with IMRT QA. Is each leaf on your MLC calibrated to exactly the same position on both machines for each gantry angle and each segment? What about your mechanical isocenters? Of course these are not matched. Are all these things close enough so that both machines deliver an "equivalent" IMRT treatment? You really don't know. No one knows. It probably depends on how complex your fluence pattern is. Maybe it would be ok for prostates and not for head and necks?

The point is, when you perform your IMRT QA on a different machine than you deliver your treatment on, you are probably throwing out at least half the information that you are trying to measure.

IMRT QA right now is both a patient specific and machine specific measurement and you better do your measurement on the machine that you are actually treating your patient on.

Joe Herrick
Radiation Oncology Associates
Reno, NV > Date: Wed, 16 Jan 2008 09:59:02 -0800> From: QUYEN.JONES@salemhospital.org> To: pinnacle-users@explode.unsw.edu.au> Subject: RE: Alternating Linacs?> > The bottom line is how is your machine performance. Are their output> factors stable? We have 2 Varian 21EX and they are matched within the> clinac matching specifications. I have worked at 2 different facilities> and never have to worry about transferring patients or doing IMRT QA in> one machine and treat patients in another machines. As long as we have 2> or more clinacs all matched within the spec. and their output factors> are also within <1% then we wouldn't have to worry about switching> machines. Also, make sure that your daily and monthly QCs have tight> tolerances and you understand the performance on each machine. > > We have 1 gold standard beam data for the linacs in the TPS and never> put the output factors for each energy and each machine for each day;> all the output factors are measured routinely and are within 1.000 +/-> <2% .Thanks to Varian Linacs.> > There are always uncertainty in dose measurements, accuracy of machine> output factors, accuracy of treatment setup, and accuracy of the TPS,...> so even you would treat patient in the same machine, you still have to> deal with the fluctuation/difference to what you really want to deliver> to your target. > > In reality, you rather want to treat patient with the 'undesirable"> machine than send them home without treatment. Think about the> radiobiological effect on cells; not

to mention that you have to deal> with admisnitration. I also rather treat patient on the "undesirable> machine" than make them wait for 1 hr. They are already enough in pain.> Have you ever wait for your appointment? The downside is the patient may> get maximum +/-5% comparing to the "desirable" machine and that is> acceptable. > > Quyen> > >
##>
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message> unsubscribe pinnacle-users <e-mail address>> to majordomo@explode.unsw.edu.au.> > Note: To avoid non-delivery error messages being sent to all list> members, the list has been configured so that messages can only be> sent from a subscribed account. Messages sent from a users secondary> account will not be distributed unless that account is also subscribed.>
##

##
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##

De:	Jeff Limmer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Query/Retrieve question
Fecha:	lunes, 21 de enero de 2008 17:41:14
Archivos adjuntos:	

Any functionality which would ease the inclusion of treatment planning records into the ARIA and IMPAC R/V would be very helpful (and marketable).

Jeff

Jeffrey P. Limmer, MS Ed, MSc, D.A.B.R.
Chief Medical Physicist
U of Wisconsin Cancer Centers
Wausau and Wisconsin Rapids
215 N 28th Ave
Wausau, WI 54401

Office: 715/847-2685

From: David M Nelson [mailto:david.m.nelson@philips.com]
Sent: Tuesday, January 15, 2008 2:03 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Query/Retrieve question

Hello all:

I would like to solicit opinions on Query/Retrieve functionality --- that is, what Q/R systems have you used that you liked, and what are the valuable features / whistles-n-bells? Of course, I am asking in the context of "we are adding Q/R to Pinnacle, so we'd like to maximize user happiness if possible." :-D

All input greatly appreciated!

Dave Nelson
Product Manager, Philips Healthcare, Radiation Oncology Systems

5520 Nobel Drive, Suite 125, Fitchburg, WI 53711, USA
Phone: 608-288-6931, Fax: 608-298-2101, Mobile: 608-576-8363

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Query/Retrieve question
Fecha:	lunes, 21 de enero de 2008 19:37:40
Archivos adjuntos:	

You name it, I've probably used it J We have Aria, I use ODBC and Infomaker for Sybase extensively, I also use ADO, DAO, dataviews etc in VB.Net. In Canada as probably in most of the world patient wait-times and general management transparency are hugely important. For example, a report I send to the provincial government every month takes ~2 person days to generate and QA (and more if you count all the data entry time on the therapist's end).

One of the huge annoyances to me about Pinnacle is that it isn't running on a database. In order for us to measure things like the time from dosimetrist planning completion to physician approval of the plan requires the therapist's to enter in a task in Aria for the physician and the physician has to complete it. Anything that causes one end to forget or otherwise not setup the task at the appropriate time affects the data quality.

Integration is a huge selling point for Eclipse at our site (we could get that information directly from the planning process rather than from tasks). Database functionality should remove most of the performance problems people experience if they let their live data get too big as well. When things are structured for file based access you can only page through the data in a linear fashion but with databases they have the ability to jump dynamically through a search tree. For Sybase it is structured as a tree with a branching factor that you specify (I believe it is fairly high ~200 depending on the index key size/systable block size setting), ie the data stored in the DB has to increase by powers of 200 before another level of the search index tree is required - a huge performance

improvement over a file based system.

Anything Philips can do to expose the data for querying would be a huge plus for our site.

P.S. Admittedly Pinnacle is a UNIX app, however Microsoft has come out with a cool technology (LINQ) which is an abstraction of the data layer so that you can run SQL queries against pretty much anything (excel workbooks, text files, SQLish databases, other database models, etc). The caveat is that you can only get the performance that the underlying DBMS (or filesystem layer in the case of a file centric data source). Anyways, if Philips was to expose Pinnacle to a windows environment (Samba) LINQ could be used to query against Pinnacle. The same SQL used to target Pinnacle while it is a file-centric storage could be reused once a database version is available. Read quick development ($$), and in a couple years a huge incentive to upgrade for a performance boost both on the planning side and the reporting side ($$$).

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Jeff Limmer
Sent: January 21, 2008 11:21 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Query/Retrieve question

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Jeffrey P. Limmer, MS Ed, MSc, D.A.B.R.
Chief Medical Physicist
U of Wisconsin Cancer Centers
Wausau and Wisconsin Rapids

215 N 28th Ave
Wausau, WI 54401

Office: 715/847-2685

From: David M Nelson [mailto:david.m.nelson@philips.com]
Sent: Tuesday, January 15, 2008 2:03 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Query/Retrieve question

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All input greatly appreciated!

Dave Nelson
Product Manager, Philips Healthcare, Radiation Oncology Systems
5520 Nobel Drive, Suite 125, Fitchburg, WI 53711, USA
Phone: 608-288-6931, Fax: 608-298-2101, Mobile: 608-576-8363

De:	Forest, Gary
A:	david.m.nelson@philips.com; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Query/Retrieve question
Fecha:	martes, 22 de enero de 2008 1:05:49
Archivos adjuntos:	

While I agree with Mike Gallamore that putting Pinnacle in a non flat file database (read SQL) would bring quite a few advantages, one big disadvantage it would bring is the lack of the flat file database.

Basically what the average user would see is one file representing the whole database. For those of us more adapt at using SQL tools this is a good thing, to those who understand how a tree oriented file system works and are used to getting their mind around a flat file database this would be a bad thing. Simply put most user's unix based scripts would not work anymore and I believe many of the people would not have the knowledge or resources to recreate them using say the SQL libraries in Perl. On the other hand some people would. The learning curve for creating simple utilities would change.

My vote would have to go to the MySQL product for it's cross platform, open source, scalablity and wide spread acceptance. From my perspective you would *not* need a massive database engine that could serve multiple thousands of transactions a minute. You do need something that is solid, robust and easy to administer.

Features/bells/whistles:
-generalized report writer so average user could make their own reports of how many patients were treated from then to now with 90% of the dvh for the xyz structure below this dose while the volume of the zyx structure.... (you can get the idea)
-import/export to 'classic' pinnacle file format so patient files could be transferred from one system to another even if one is running the SQL product and the other the 'classic' format.
-journaling, atomic operations, logging would be taken for granted.
-the database structure stored in tables of the database so that scripts/reports can be written to continue to function even though the database structure has changed.

Thats my 1.5 cents worth.

Gary Forest
Radiation Oncology
Marshfield Clinic

forest.gary@marshfieldclinic.org

------Original Message------
From: "David M Nelson" <david.m.nelson@philips.com>
Date: Tue Jan 15, 2008 -- 02:48:42 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Query/Retrieve question

Hello all:

I would like to solicit opinions on Query/Retrieve functionality --- that is, what Q/R systems have you used that you liked, and what are the valuable features / whistles-n-bells? Of course, I am asking in the context of "we are adding Q/R to Pinnacle, so we'd like to maximize user happiness if possible." :-D

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Dave Nelson
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De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Query/Retrieve question
Fecha:	martes, 22 de enero de 2008 1:33:30
Archivos adjuntos:	

MySQL is good stuff. Google and Wikipedia use it and they have millions of users and petabytes of data so I'd say it is scalable in both storage and connections per second terms :)

As for SQL, true there would be a learning curve, but anyone planning on doing datamining/querying probably is going to know/be willing to learn SQL/will hire someone that does (my hourly rate is $100 for anyone interested :)). It is much easier to learn to write SQL then it is to figure out how to right a csh script to parse a file tree and a file into the components you want IMHO. Also third party apps exist to graphically setup your query for quick stuff I use access/excel all the time to run quick queries, with a couple clicks you now have an "access" database to look at (linked tables) and can see all the relationships in a nice schema diagram, edit the data in a spreadsheet like way etc, but still have the high end backend actually crunching the query.

It is much easier to switch a database design or program than a file program too, again tools exist to do it for you. For example I recently migrated a MS Access database to a MS SQL Server database. It took me about 5 minutes to figure out how to do it, and SQL Server also had support for office documents, Sybase, MySQL, Oracle, DB2 etc. Similar commercial tools exist for other database programs, so if MySQL doesn't do what you want (as long as you were somewhat disciplined with how you wrote your queries), switch to Sybase and away you go for example.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au

[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Forest, Gary
Sent: January 21, 2008 5:36 PM
To: david.m.nelson@philips.com; pinnacle-users@explode.unsw.edu.au
Subject: Re: Query/Retrieve question

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Dave Nelson
Product Manager, Philips Healthcare, Radiation Oncology Systems
5520 Nobel Drive, Suite 125, Fitchburg, WI 53711, USA
Phone: 608-288-6931, Fax: 608-298-2101, Mobile: 608-576-8363

De:	Joe Herrick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Alternating Linacs?
Fecha:	martes, 22 de enero de 2008 3:22:26
Archivos adjuntos:	

Quyen,

1) Yes, we do occasionally move IMRT patients between machines and the IMRT plan has always passed QA, but I can tell a difference and the QA results are always better on the machine that the plan was actually calculated for. We still have specific beam models for all machines even though measurements show that the beam characteristics are very close. We do not do this monthly, because we don't use one model for multiple machines. I acknowledge that some sites use a single beam model for multiple machines and I suppose this is fine as long as the physicist is careful to ensure the beams are adequately matched (whatever that means). However, his is a completely different issue. I am not arguing against one machine model, I am arguing against performing IRMT QA on a Linac that is not the same Linac that the patient is treated on.

2) I have a complete set of measurements for all my machines, but these are all square/rectangular field measurements in a homogeneous flat water tank. Not very much like any real life IMRT patients. Real patient IMRT fluence patterns are mostly generated by smaller fields that are not anything close to square or rectangular.

3) Sure, I have asked the vendor to match the beams...But in my mind matching for conventional 3D plans with relatively large field sizes is a whole different issue that matching for IRMT calculations.

4) To be honest, I don't know. I have not tested my MLC positions at every gantry angle we have ever used for treatment. Have you? This is exactly why we do patient specific/machine specific IMRT QA

5) Again, No...This is exactly why we do patient specific IMRT QA. All those things are built into the IMRT QA measurement.

We obviously have opposing philosophies on IMRT QA. My point is that most of the measurements people talk about when they throw out the term "beam matching" are really just a cousin to the regular machine specific QA we have always done on Linacs even before IMRT. The whole reason that we do patient specific IMRT QA is that we feel that what the optimizer is doing and what the Linac is doing cannot be adequately tested with these general Linac QA tests (square field PDD's, etc.). However, you are using these very tests to say that your machines are "matched" for IMRT. My questions to you are:

1) Are you doing anything specific in your beam matching for IMRT (very small, very irregular shaped fields) often not delivered at gantry angles of 0, 90, 180, or 270 degrees?

2) If you are, what standards are these IMRT beam matching tests based on? Published? Your Own?

Again, It makes no sense to me to do patient specific IMRT QA on a machine which is not the one that the patient is treated on. There are also many possible billing and legal issues which may arise if you were audited or if you mistreated a patient with this practice.

Respectfully,

Joe Herrick, MS, DABR
Reno, NV

> Date: Fri, 18 Jan 2008 14:45:58 -0800
> From: QUYEN.JONES@salemhospital.org
> To: pinnacle-users@explode.unsw.edu.au; herrick_js@hotmail.com
> Subject: RE: Alternating Linacs?
>
> "Are all these things close enough so that both machines deliver an

> "equivalent" IMRT treatment? You really don't know. No one knows."
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>
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>
> Quyen
>
>
> >>> Joe Herrick <herrick_js@hotmail.com> >>>
>
> In my opinion, doing the IMRT QA on a machine that is different from the
> machine you are treating on is VERY BAD clinical medical physics
> practice. When you talk about matched machines, you are talking about
> general characteristics of your machines. You are NOT talking about the
> types of things we are worried about with IMRT QA. Is each leaf on your
> MLC calibrated to exactly the same position on both machines for each
> gantry angle and each segment? What about your mechanical isocenters?
> Of course these are not matched. Are all these things close enough so
> that both machines deliver an "equivalent" IMRT treatment? You really
> don't know. No one knows. It probably depends on how complex your
> fluence pattern is. Maybe it would be ok for prostates and not for head
> and necks?
>
> The point is, when you perform your IMRT QA on a different machine than
> you deliver your treatment on, you are probably throwing out at least
> half the information that you are trying to measure.
>
> IMRT QA right now is both a patient specific and machine specific
> measurement and you better do your measurement on the machine that you
> are actually treating your patient on.
>
> Joe Herrick
> Radiation Oncology Associates
> Reno, NV > Date: Wed, 16 Jan 2008 09:59:02 -0800> From:
> QUYEN.JONES@salemhospital.org> To: pinnacle-users@explode.unsw.edu.au>
> Subject: RE: Alternating Linacs?> > The bottom line is how is your
> machine performance. Are their output> factors stable? We have 2 Varian
> 21EX and they are matched within the> clinac matching specifications. I
> have worked at 2 different facilities> and never have to worry about
> transferring patients or doing IMRT QA in> one machine and treat

> patients in another machines. As long as we have 2> or more clinacs all
> matched within the spec. and their output factors> are also within <1%
> then we wouldn't have to worry about switching> machines. Also, make
> sure that your daily and monthly QCs have tight> tolerances and you
> understand the performance on each machine. > > We have 1 gold standard
> beam data for the linacs in the TPS and never> put the output factors
> for each energy and each machine for each day;> all the output factors
> are measured routinely and are within 1.000 +/-> <2% .Thanks to Varian
> Linacs.> > There are always uncertainty in dose measurements, accuracy
> of machine> output factors, accuracy of treatment setup, and accuracy of
> the TPS,...> so even you would treat patient in the same machine, you
> still have to> deal with the fluctuation/difference to what you really
> want to deliver> to your target. > > In reality, you rather want to
> treat patient with the 'undesirable"> machine than send them home
> without treatment. Think about the> radiobiological effect on cells; not
> to mention that you have to deal> with admisnitration. I also rather
> treat patient on the "undesirable> machine" than make them wait for 1
> hr. They are already enough in pain.> Have you ever wait for your
> appointment? The downside is the patient may> get maximum +/-5%
> comparing to the "desirable" machine and that is> acceptable. > > Quyen>
> > >
>
##>
> To unsubscribe (yourself or other account) from the pinnacle-users
> mailing list, send the message> unsubscribe pinnacle-users <e-mail
> address>> to majordomo@explode.unsw.edu.au.> > Note: To avoid
> non-delivery error messages being sent to all list> members, the list
> has been configured so that messages can only be> sent from a subscribed
> account. Messages sent from a users secondary> account will not be
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>
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> account will not be distributed unless that account is also subscribed.
>
##

De:	QUYEN JONES
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Change ROIs orientation
Fecha:	miércoles, 23 de enero de 2008 0:42:31
Archivos adjuntos:	

Could any one have experience with the same sistuation and share the solution? Thanks much, Quyen-

The patient was scanned with feet first and the Dr. already drew ROIs on the CT data set for Tomotherapy. Now we want to treat the patient on Linac and use Pinnacle for planning and thus have to change the orientation to head first. We can flip the image data set but don't know what to do with the ROIs so we have to ask the Dr. to draw his ROIs again. Is there a way to import the ROIs and change their orientations?

De:	Andreou, Kelly
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Change ROIs orientation
Fecha:	miércoles, 23 de enero de 2008 13:59:45
Archivos adjuntos:	

Create a new scan head first with a new name.

Create a new plan:
New scan = primary
Old scan = fusion scan
Open fusion - import roi's from original plan before moving the fusion scans

ROI's should be tagged to the old scan
fuse the scans and then switch the contours to the new scan

Hope this helps.
Kelly

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of QUYEN JONES
Sent: Tuesday, January 22, 2008 3:08 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Change ROIs orientation

Could any one have experience with the same sistuation and share the solution? Thanks much, Quyen-

The patient was scanned with feet first and the Dr. already drew ROIs on the CT data set for Tomotherapy. Now we want to treat the patient on Linac and use Pinnacle for planning and thus have to change the orientation to head first. We can flip the image data set but don't know what to do with the ROIs so we have to ask the Dr. to draw his ROIs again. Is there a way to import the ROIs and change their orientations?

##

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account will not be distributed unless that account is also subscribed.
##

De:	med
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	E
Fecha:	viernes, 25 de enero de 2008 13:17:22
Archivos adjuntos:	

Dear Colleagues,

when an IMRT plan is done (pinnacle ver 7.4), how is it possible to export the fluence map and the dose map to an Elekta Precise system

thanks in advance

De:	med
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	EXPORT FLU AND DOSE MAP
Fecha:	lunes, 28 de enero de 2008 10:09:17
Archivos adjuntos:	

Dear Colleagues,

when an IMRT plan is done (pinnacle ver 7.4), how is it possible to export the fluence map and the dose map to an Elekta Precise system

thanks in advance

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	cleaning up P3 obsolete dose data automatically
Fecha:	lunes, 28 de enero de 2008 17:09:14
Archivos adjuntos:	

Dear Listers,

Pinnacle's Hard Disk is almost full, and I've been insuccesful in convincing the hospital to buy an RT-PACS to archive, in increasing the disk size to more than 140GB (some hardware, limit), or in incorporating Pinnacle into a SAN/NAS.

I am trying to buy more time to achieve one of these options by removing all dose information from other-than-clinical-institution that is more than 6 months old from Pinnacle: it's obsolete (pre 8.0, used for testing only) and it's requiring a lot of disk space. Furthermore, it can be done automatically and regularly via <crontab>.

I did a test to see whether I could do it in a test institution
Institution_509:-> find -name *plan.Trial.binary* -exec gzip {} \;
It works: Pinnacle starts without any problem. When I close, do
Institution_509:-> find -name *plan.Trial.binary* -exec gunzip {} \;
and open P3, the dose data en MU appear again.

It seems that I am able to easily remove / compress obsolete dose data without losing the plan, without compromising the LPDB. Philips thinks it's OK, but isn't sure. Has anyone ever done anything like this? Please share any information.

p.s. any thoughts on Impac's RT-PACS with its P3-tar archiving function are also appreciated.

sincerely
Erik

Nieuw telefoonnummer HagaZiekenhuis
Het HagaZiekenhuis heeft vanaf 14 juni een nieuw algemeen telefoonnummer **070-210 0000** Dit geldt voor de locaties Sportlaan, Leyweg en Juliana Kinderziekenhuis. De oude algemene telefoonnummers komen hiermee te vervallen. De doorkiesnummers van de afdelingen (laatste vier cijfers) blijven gelijk. Kies dus na **070-210 ....** de vier cijfers van de afdeling. Het telefoonnummer van de buitenpolikliniek Wateringse Veld blijft ongewijzigd, telefoon 070-372 1100

De:	Lederer, Ernst
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: MU Value
Fecha:	lunes, 28 de enero de 2008 17:13:48
Archivos adjuntos:	

Hallo Bjorne

Versuche

WarningMessage = TrialList.Current.BeamList.Current.MonitorUnits.Current;

Das sollte Dire die MU fuer das aktive Feld geben.

Ernst

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Bjørne
Sent: 2008-Jan-14 10:05
To: Pinnacle Mailing Liste
Subject: MU Value

Hello,

i use my own Protocol (Open Office on the SUN) based on the open RTP Protocol.

Unfortunately open RTP doesn't work if using dynamic wedge.
It's no Problem to get almost all values direct out of pinnacle, except the MU value.

I can get it from the postscript Protocol, but i doesn't like it this way :o(.

Is there a possibility to get the MU direct out of pinnacle?

Thanks for help and standing my english ;o)

Bjørne

--

Gemeinschaftspraxis für Strahlentherapie und Radiologie Bjørne Riis Nebenhofstr. 7

23558 Lübeck

##
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##

De:	Hendee, Eric
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: cleaning up P3 obsolete dose data automatically
Fecha:	lunes, 28 de enero de 2008 17:23:11
Archivos adjuntos:	

Well, we've do something like this prior to backing a patient up. There is alot of unnecessary information that is stored with each patient, so we run a script that deletes most of it. I'll include the text below, but use at your own risk. Note that if you delete the DICOM files, you wouldn't be able to do a DICOM export next time you open the plan. Also, we have created a "backup" institution that patients are transferred to so we don't delete all this data for patients currently being planned. It cuts the overall patient folder size to about half. Would be nice if this was an option in the backup utility of Pinnacle...
Eric

```
# Eric Hendee  Jan 2005
#-----------------------------------------------
#
cd /pinnacle_patient_expansion/NewPatients/Institution_5/Mount_0
#
# remove all unnecessary files and folders
#
#
#
    find /pinnacle_patient_expansion/NewPatients/Institution_5/
Mount_0 \( -name ImageSet*.DICOM \) -exec rm -r {} \;
#
    find /pinnacle_patient_expansion/NewPatients/Institution_5/
Mount_0 \( -name ImageSet*.20* \) -exec rm {} \;
#
    find /pinnacle_patient_expansion/NewPatients/Institution_5/
Mount_0 \( -name Patient.20* \) -exec rm {} \;
#
    find /pinnacle_patient_expansion/NewPatients/Institution_5/
Mount_0 \( -name *.PLA \) -exec rm {} \;
#
    find /pinnacle_patient_expansion/NewPatients/Institution_5/
Mount_0 \( -name *.POI \) -exec rm {} \;
#
    find /pinnacle_patient_expansion/NewPatients/Institution_5/
Mount_0 \( -name *.TRI \) -exec rm {} \;
#
    find /pinnacle_patient_expansion/NewPatients/Institution_5/
Mount_0 \( -name plan.20* \) -exec rm {} \;
#
    find /pinnacle_patient_expansion/NewPatients/Institution_5/
Mount_0 \( -name plan.Trial.binary.* \) -exec rm {} \;
#
```

```
    find /pinnacle_patient_expansion/NewPatients/Institution_5/
Mount_0 \( -name p3rtp.* \) -exec rm {} \;
#
#
#   remove all unnecessary files from /var/tmp
#
    find /var/tmp \( -name *aa* \) -exec rm {} \;
#
#
#   remove any core files
#
    find / \( -name core \) -exec rm {} \;
#
# end
```

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** e.vdieren
Sent: Monday, January 28, 2008 9:57 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: cleaning up P3 obsolete dose data automatically

Dear Listers,

Pinnacle's Hard Disk is almost full, and I've been insuccesful in convincing the hospital to buy an RT-PACS to archive, in increasing the disk size to more than 140GB (some hardware, limit), or in incorporating Pinnacle into a SAN/NAS.

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p.s. any thoughts on Impac's RT-PACS with its P3-tar archiving function are also appreciated.

sincerely
Erik

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De:	medphys
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Dose map export
Fecha:	lunes, 28 de enero de 2008 23:15:19
Archivos adjuntos:	

Dear Colleagues,

when an IMRT plan is done (pinnacle ver 7.4), how is it possible to export the fluence map and the dose map?

thanks in advance,

Spyros Papageorgiou
Medical Physicist
IASO Hospital
Athens

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Dose map export
Fecha:	lunes, 28 de enero de 2008 23:59:25
Archivos adjuntos:	

I guess that you are not familiar with Pinnacle's IMRT QA. First of all, you have to copy that IMRT plan to a phantom. Then you make a planar dose, and from there, if all IP addresses are current, you should be able to export that fluence. I am not in front of an ADAC, and I have not done that recently. I am advising you from memory.
Good luck.

Joe Wong

----- Original Message ----
From: medphys <medphys@otenet.gr>
To: pinnacle-users@explode.unsw.edu.au
Sent: Monday, January 28, 2008 2:07:08 PM
Subject: Dose map export

Dear Colleagues,

when an IMRT plan is done (pinnacle ver 7.4), how is it possible to export the fluence map and the dose map?

thanks in advance,

Spyros Papageorgiou
Medical Physicist
IASO Hospital
Athens

De:	Hobie Shackford
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: EXPORT FLU AND DOSE MAP
Fecha:	martes, 29 de enero de 2008 3:11:33
Archivos adjuntos:	

I for one am not clear on what you are asking. I do not think you can export a fluence map or a dose map to the Elekta Precise, a treatment machine, only the MLC patterns that generate the fluence maps. If you are asking how to send the IMRT field information I can't help; we send all our plans to IMPAC.

Hobie Shackford

--- med <medphys@otenet.gr> wrote:

> Dear Colleagues,
>
> when an IMRT plan is done (pinnacle ver 7.4), how is
> it possible to export the fluence map and the dose
> map to an Elekta Precise system
>
> thanks in advance

De:	Winkler Peter
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DRRs from Pinnacle to Aria
Fecha:	martes, 29 de enero de 2008 10:27:37
Archivos adjuntos:	

Dear Pinnacle-users,

We have a problem sending DRRs (DICOM RT) from Pinnacle 8.0h to ARIA 8.2: during export Pinnacle stops with the message “Problem sending RT image: DICOM Server cannot understand (0xC000) Export aborted”
In Aria’s logfile i find the message “Machine 'ADAC PINNACLE3 ' not found from database (DCtoVFCEquipment)”

Plan export (without images) works fine.

Any help on that problem would be greatly appreciated!

Thank you,
Peter

****
Peter Winkler, PhD
Medical Physicist
Departement of Therapeutic Radiology and Oncology
Medical University Graz, Austria
Phone.: +43-316-385-3193
Fax.: +43-316-385-3426
E-mail: peter.winkler@meduni-graz.at
****

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DRRs from Pinnacle to Aria
Fecha:	martes, 29 de enero de 2008 14:52:49
Archivos adjuntos:	

This is just a guess we don't have Pinn 8 yet, but it seems that the dicom transfer is sending an AE title with the name you mentioned. I'd try making a new imaging device in your machine list in Aria with the same name. Varian's dicom listener itself at least up to aria 8 which we have, doesn't care who talks to it so it seems it is internal to the db itself once it tries to bring the info in. Hope that helps. If not I've found both Philips and Varian to be really good as far as working out dicom connectivity issues.

----- Original Message -----
From: owner-pinnacle-users@explode.unsw.edu.au <owner-pinnacle-users@explode.unsw.edu.au>
To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
Sent: Tue Jan 29 04:08:53 2008
Subject: DRRs from Pinnacle to Aria

Dear Pinnacle-users,

We have a problem sending DRRs (DICOM RT) from Pinnacle 8.0h to ARIA 8.2: during export Pinnacle stops with the message “Problem sending RT image: DICOM Server cannot understand (0xC000) Export aborted”

In Aria’s logfile i find the message “Machine 'ADAC PINNACLE3 ' not found from database (DCtoVFCEquipment)”

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Thank you,

Peter

****

Peter Winkler, PhD

Medical Physicist

Departement of Therapeutic Radiology and Oncology

Medical University Graz, Austria

Phone.: +43-316-385-3193

Fax.: +43-316-385-3426

E-mail: peter.winkler@meduni-graz.at

****

De:	mwfraser@comcast.net
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle / Matrixx user question
Fecha:	martes, 29 de enero de 2008 17:55:30
Archivos adjuntos:	

I'm transitioning to a Matrixx chamber array for IMRT QA and wonder if there are any current users who might save me a bit of wheel reinvention.

If you have a moment to answer a few email questions offline I'd be most appreciative.

TIA

Martin Fraser
mwfraser@comcast.net

De:	Alina Popescu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle for neutron beams
Fecha:	martes, 29 de enero de 2008 18:04:33
Archivos adjuntos:	

I wonder if someone tried to use Pinnacle for neutron beams. If so, what modifications were made to Pinnacle to replace the photon beam with the neutron beam?

Alina

Alina Popescu, Ph.D., MCCPM
Radiation Oncology Department
University of Washington Medical Center
Seattle, WA, 98195-6043
USA

De: Tallhamer, Mike
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: Dose map export
Fecha: martes, 29 de enero de 2008 18:40:00
Archivos adjuntos:

You should be able to go to Utilities->Planar Dose and setup a dose plane either on the patient dataset or on a flat water phantom. Once it is setup you can calculate the dose plane and save it to a file in either ascii or binary format. I'm not sitting in front of an ADAC right now to walk you through a step by step options overview but we use this process to export dose planes in ascii format and then use those for our MatriXX device QAs.

-Mike

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** medphys
Sent: Monday, January 28, 2008 3:07 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Dose map export

Dear Colleagues,

when an IMRT plan is done (pinnacle ver 7.4), how is it possible to export the fluence map and the dose map?

thanks in advance,

Spyros Papageorgiou
Medical Physicist
IASO Hospital
Athens

De:	Lars Ewell
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	Lars Ewell;
Asunto:	Pinnacle QA
Fecha:	martes, 29 de enero de 2008 19:44:51
Archivos adjuntos:	

To Whom it May Concern,

I have been considering how to approach the annual QA for our treatment planning system, Pinnacle.

I have browsed TG_53, and thought some about it.

I wonder what input anyone else on this list may have?

Posts and/or email welcome.

Thanks in advance.

regards,

Lars Ewell

De:	mwfraser@comcast.net
A:	pinnacle-users@explode.unsw.edu.au; pinnacle-users@explode.unsw.edu.au;
Cc:	mwfraser@comcast.net;
Asunto:	Re: Pinnacle / Matrixx user question
Fecha:	martes, 29 de enero de 2008 19:49:42
Archivos adjuntos:	

Thanks VERY much to the sereral kind souls who offered help. One listmember provided me a nice explanation and I'm well on my way now.

Regards to all
Martin

> ---------- Original message ----------
> From: mwfraser@comcast.net
> I'm transitioning to a Matrixx chamber array for IMRT QA and wonder if there are any current users who might save me a bit of wheel reinvention.
>
> If you have a moment to answer a few email questions offline I'd be most appreciative.
>
> TIA
>
> Martin Fraser
> mwfraser@comcast.net

De: Gao, Jeff

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Dose map export

Fecha: martes, 29 de enero de 2008 19:51:15

Archivos adjuntos:

Hi Mike,

Regarding Matrix QA Device, how do you get composite fluence map? Right now I have to do the field by field comparison, do you prescribe same MUs to each field?

Thank you

Jeff

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
Sent: Tuesday, January 29, 2008 12:22 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Dose map export

You should be able to go to Utilities->Planar Dose and setup a dose plane either on the patient dataset or on a flat water phantom. Once it is setup you can calculate the dose plane and save it to a file in either ascii or binary format. I'm not sitting in front of an ADAC right now to walk you through a step by step options overview but we use this process to export dose planes in ascii format and then use those for our MatriXX device QAs.

-Mike

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Sent: Monday, January 28, 2008 3:07 PM
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Subject: Dose map export

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thanks in advance,

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Medical Physicist
IASO Hospital
Athens

De:	mwfraser@comcast.net
A:	pinnacle-users@explode.unsw.edu.au; pinnacle-users@explode.unsw.edu.au;
Cc:	mwfraser@comcast.net;
Asunto:	Re: Pinnacle / Matrixx user question
Fecha:	martes, 29 de enero de 2008 19:55:45
Archivos adjuntos:	

Thanks VERY much to the sereral kind souls who offered help. One listmember provided me a nice explanation and I'm well on my way now.

Regards to all
Martin

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>
> If you have a moment to answer a few email questions offline I'd be most appreciative.
>
> TIA
>
> Martin Fraser
> mwfraser@comcast.net

De: Tallhamer, Mike
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: Dose map export
Fecha: martes, 29 de enero de 2008 20:41:58
Archivos adjuntos:

I just discussed this with another physicist here. We have the newer 8.0h 810s and a few old systems running 6.2b so the processes are different.

If you have all of the fields in individual files you can simply add them all to one of the datasets in the MatriXX device and sum them together (we have to do this with the old 6.2b system).

In 8.0h (not sure if this is the case in any of the 7.x versions) you can get a composite plane out of ADAC by first exporting the fields to a MatriXX phantom dataset if you have one if you don't you would have to create one. Under the **Utilities->Planar Dose** option you can add a single plane and change the dataset on the drop down button from **Phantom** to **Primary data** (now the primary data is the MatriXX phantom since you moved it to the phantom for QA) this will cause another drop down button to appear to the right that has the options of **Compute beam** or **Sample Trial.** If you select **Sample Trial** and compute the plane it will compute a composite plane with all the beams even though only one beam is selected (on the MatriXX phantom dataset).

We used to use this method more but since summing the individual planes in OmniPro IMRT is quick and you don't need to export the plan to a phantom dataset we usually go that rout now.

-Mike

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Gao, Jeff
Sent: Tuesday, January 29, 2008 11:45 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Dose map export

Hi Mike,

Regarding Matrix QA Device, how do you get composite fluence map? Right now I have to do the field by field comparison, do you prescribe same MUs to each field?

Thank you

Jeff

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Tallhamer, Mike
Sent: Tuesday, January 29, 2008 12:22 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Dose map export

You should be able to go to Utilities->Planar Dose and setup a dose plane either on the patient dataset or on a flat water phantom. Once it is setup you can calculate the dose plane and save it to a file in either ascii or binary format. I'm not sitting in front of an ADAC right now to walk you through a step by step options overview but we use this process to export dose planes in ascii format and then use those for our MatriXX device QAs.

-Mike

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** medphys
Sent: Monday, January 28, 2008 3:07 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Dose map export

Dear Colleagues,

when an IMRT plan is done (pinnacle ver 7.4), how is it possible to export the fluence map and the dose map?

thanks in advance,

Spyros Papageorgiou
Medical Physicist
IASO Hospital
Athens

De:	Ingo Nickel
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Scripting DICOM RT Export with 8.0k
Fecha:	miércoles, 30 de enero de 2008 9:33:21
Archivos adjuntos:	

Hello everybody,

I am wondering whether it is possible, with the changed (just upgraded from 7.6c to 8.0k) DICOM RT Export functionality, to script an export of multiple Prescriptions?!
PluginManager. DICOMExportPlugin. SelectedPrescriptionName = "PrescritptionXY"; would export 1 Prescription. A little shell script would give (and/or let me choose) the Prescription names i wanted to export. Anything I tried up to now was followed by the "internal system error....." :)
Anyone an idea?
Thanks a lot
Ingo Nickel

De:	Ingo Nickel
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Scripting DICOM RT Export with 8.0k
Fecha:	jueves, 31 de enero de 2008 13:24:15
Archivos adjuntos:	

Ingo Nickel schrieb:
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>
>

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Hello everyone,
I believe the reason for the system crash is the "Plan was transmitted successfully" info window, that (would) pop(s) up in between sending 2 Prescriptions. Does anyone know how to "automatically" get rid of that info-window?

Greetings
Ingo Nickel

De:	Israel Mendes
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	MAPCHECK x MATRIXX
Fecha:	jueves, 31 de enero de 2008 13:33:38
Archivos adjuntos:	

Hi everybody!
I would like to know what's the best between MapCheck and Matrixx for using in Pinnacle! What's your experience with that equipament? What's the problems?

Thank you everybody!!

--
Regards,

Dr. Israel Mendes
Físico Médico
Centro Diagmed de Radioterapia
Av. Brasil 961, Guanabara, Campinas, Brazil
Office: +55 19 3241 8327
Office: +55 19 3741 6509
Mobile: +55 19 9669 6855

De:	Joe Grant
A:	Pinnacle users;
Cc:	
Asunto:	TPS QA / ACR accred
Fecha:	jueves, 31 de enero de 2008 16:32:57
Archivos adjuntos:	

We are in the process of attaining ACR accreditation, and we have some concerns that our
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with and without heterogeneous material added (bone and lung), to test for accuracy of the
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validity, table motion accuracy, and spatial integrity.

Aside from these tests, we do little in terms of “internal QA”. From the wording of the ACR standards;
“Periodic tests shall be implemented to ensure the accuracy of monitor unit and/or dose-calculation algorithms, *to ensure that any software changes (including editing of beam data files) were implemented correctly and have not corrupted the beam data, to ensure that any hardware changes were installed properly*, and to verify
that all users have received proper training”

I might also ask the question this way: has anyone figured out a way to implement all the recommendations
of TG-53 on a practical clinical level?

But for now, I’m mostly concerned with implementing the standards set by ACR, and would appreciate any
advice from those who have already been through the accreditation process.

Thanks

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR

(501) 296-3269

De:	Ray Van Ausdal
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: TPS QA / ACR accred
Fecha:	viernes, 01 de febrero de 2008 1:34:23
Archivos adjuntos:	

I have been through ACR accreditation, but not recently. Certainly, they are looking for hand-calc as one way to ensure constant TPS accuracy. These days, I think IMRT film qa should also count.

When we do an upgrade, we repeat a few old plans in the new software, to see if changes are evident.

I don't think the ACR is looking for rocket-science. More so, they are looking for diligence, the right attitude, etc. Written Policies and Procedures that include reasonable procedures, and the diligence to follow the P&P count with them.

Good luck,

Ray Van Ausdal
UVa....not an ACR site.

De:	John Duhon
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: TPS QA / ACR accred
Fecha:	viernes, 01 de febrero de 2008 16:44:07
Archivos adjuntos:	

During a recent accreditation visit, the reviewer recommended running a checksum routine. The idea is to complete your extensive, thorough work initially on each new version of software, then periodically run the checksum to see that the program has not changed. This can replace an abridged version of commissioning that Joe described. As long as your hand calcs and IMRT QA are still coming out, you can be confident that the program has not changed. This only checks the Pinnacle, not the CT or transfer to R&V and linac systems.

I have been meaning to find or write one for a while.

Does anyone have a checksum script that they would like to share?

John Duhon
Lafayette, LA

From: Joe Grant [mailto:jgrant@carti.com]
Sent: Thursday, January 31, 2008 9:13 AM
To: Pinnacle users
Subject: TPS QA / ACR accred

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E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	cleaning up P3 obsolete dose data automatically, II
Fecha:	viernes, 01 de febrero de 2008 17:44:28
Archivos adjuntos:	

Hi,

I've tested the "remove old dose" Unix script and it works. Saved about 20 GB in
my case. I've been able to do a selective removal for the clinical institution (remove older than 3 months) and for the others (remove older than a week).
The only thing you have to do is specify for which institution you want to save data older than 1 week in the Unix script.

Gives me more time to find a solution for my archiving question. Can anyone
give advice about possible vendors for archiving P3 data or how to bypass the 140GB limit for disks in a Sun Blade 2500 system?

sincerely
Erik

Hendee, Eric schreef:

> Well, we've do something like this prior to backing a patient up. There is alot of unnecessary information that is stored with each patient, so we run a script that deletes most of it. I'll include the text below, but use at your own risk. Note that if you delete the DICOM files, you wouldn't be able to do a DICOM export next time you open the plan. Also, we have created a "backup" institution that patients are transferred to so we don't delete all this data for patients currently being planned. It cuts the overall patient folder size to about half. Would be nice if this was an option in the backup utility of Pinnacle...
> Eric
>
> ```
> # Eric Hendee  Jan 2005
> #-----------------------------------------------
> #
> cd /pinnacle_patient_expansion/NewPatients/
> Institution_5/Mount_0
> #
> # remove all unnecessary files and folders
> ```

```
#
#
#
    find /pinnacle_patient_expansion/NewPatients/
Institution_5/Mount_0 \( -name ImageSet*.DICOM \) -
exec rm -r {} \;
#
    find /pinnacle_patient_expansion/NewPatients/
Institution_5/Mount_0 \( -name ImageSet*.20* \) -
exec rm {} \;
#
    find /pinnacle_patient_expansion/NewPatients/
Institution_5/Mount_0 \( -name Patient.20* \) -exec
rm {} \;
#
    find /pinnacle_patient_expansion/NewPatients/
Institution_5/Mount_0 \( -name *.PLA \) -exec rm {}
\;
#
    find /pinnacle_patient_expansion/NewPatients/
Institution_5/Mount_0 \( -name *.POI \) -exec rm {}
\;
#
    find /pinnacle_patient_expansion/NewPatients/
Institution_5/Mount_0 \( -name *.TRI \) -exec rm {}
\;
#
    find /pinnacle_patient_expansion/NewPatients/
Institution_5/Mount_0 \( -name plan.20* \) -exec rm
{} \;
#
    find /pinnacle_patient_expansion/NewPatients/
Institution_5/Mount_0 \( -name plan.Trial.binary.*
\) -exec rm {} \;
#
    find /pinnacle_patient_expansion/NewPatients/
Institution_5/Mount_0 \( -name p3rtp.* \) -exec rm
{} \;
#
#
#   remove all unnecessary files from /var/tmp
#
    find /var/tmp \( -name *aa* \) -exec rm {} \;
#
#
#   remove any core files
#
    find / \( -name core \) -exec rm {} \;
#
```

end

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** e. vdieren
Sent: Monday, January 28, 2008 9:57 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: cleaning up P3 obsolete dose data automatically

Dear Listers,

Pinnacle's Hard Disk is almost full, and I've been insuccesful in convincing the hospital to buy an RT-PACS to archive, in increasing the disk size to more than 140GB (some hardware, limit), or in incorporating Pinnacle into a SAN/NAS.

I am trying to buy more time to achieve one of these options by removing all dose information from other-than-clinical-institution that is more than 6 months old from Pinnacle: it's obsolete (pre 8.0, used for testing only) and it's requiring a lot of disk space. Furthermore, it can be done automatically and regularly via <crontab>.

I did a test to see whether I could do it in a test institution
Institution_509:-> find -name *plan.Trial.binary* -exec gzip {} \;
It works: Pinnacle starts without any problem. When I close, do
Institution_509:-> find -name *plan.Trial.binary* -exec gunzip {} \;
and open P3, the dose data en MU appear again.

It seems that I am able to easily remove / compress obsolete dose data
without losing the plan, without compromising the LPDB. Philips thinks
it's OK, but isn't sure. Has anyone ever done anything like this? Please
share any information.

p.s. any thoughts on Impac's RT-PACS with its P3-tar archiving function
are also appreciated.

sincerely

Erik

De:	Charles A. Pelizzari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: TPS QA / ACR accred
Fecha:	viernes, 01 de febrero de 2008 18:10:17
Archivos adjuntos:	

Given that one wants to do checksumming to verify things have not changed, one possible solution would be tripwire, whose raison d'etre is precisely to monitor for changes to critical files and directories:

http://sourceforge.net/projects/tripwire/

The hard part of this problem seems be deciding exactly what it is that you want to check. what does it mean "that the program has not changed?" the pinnacle executables are going to have numerous changes from one release to the next. Is the concern that something in the code may change between one release and the next? I don't see that happening. This is not some in-house system where the software developers in the office down the hall are liable to plug in a new dose calc over the weekend, though I guess somebody could go in and mess with some of the scripts or something. Tripwire or something analogous would certainly let you monitor for that. I suppose one might want also to verify the integrity of the machine database? It would be interesting to get a clear notion of what this reviewer was thinking of. I really don't see it.

-cp

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Does anyone have a checksum script that they would like to share?

John Duhon

Lafayette, LA

From: Joe Grant [mailto:jgrant@carti.com]
Sent: Thursday, January 31, 2008 9:13 AM
To: Pinnacle users
Subject: TPS QA / ACR accred

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Thanks

E. Joseph (Joe) Grant, M.S., D.A.B.R

Medical Physicist

C.A.R.T.I., Inc.

Little Rock, AR

(501) 296-3269

- -

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Scripting DICOM RT Export with 8.0k
Fecha:	viernes, 01 de febrero de 2008 18:49:56
Archivos adjuntos:	

Hey Ingo,

this may help.

=> Answer the next Yes No Box with yes and hide it
Test.ExpectAskYesNo = 0;
Test.ExpectedAskYesNoReply = 1;

=> hide the next warning Box
Test.ExpectWarningMessage = 0;

Bjørne

Ingo Nickel schrieb:
> Ingo Nickel schrieb:
>> Hello everybody,
>>
>> I am wondering whether it is possible, with the changed (just upgraded
>> from 7.6c to 8.0k) DICOM RT Export functionality, to script an
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>> export. Anything I tried up to now was followed by the "internal
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>> Thanks a lot
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>>

>>
>> Note: To avoid non-delivery error messages being sent to all list
>> members, the list has been configured so that messages can only be
>> sent from a subscribed account. Messages sent from a users secondary
>> account will not be distributed unless that account is also subscribed.
>>
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> Hello everyone,
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> To unsubscribe (yourself or other account) from the pinnacle-users
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Gemeinschaftspraxis für Strahlentherapie und Radiologie
Bjørne Riis
Nebenhofstr. 7
23558 Lübeck

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##

De:	Stepaniak, Christopher
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Scripting DICOM RT Export with 8.0k
Fecha:	viernes, 01 de febrero de 2008 21:16:29
Archivos adjuntos:	

I have a script that does IMRT QA dose plane exporting, and I've been having a similar problem. After you export all the dose planes, you get an "information" (not a "warning") window telling you that yes, you have exported all the dose planes. The Test.ExpectWarningMessage = 0; nor anything else I've tried seems to let me ignore this window. Any advice?

Chris

> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-
> users@explode.unsw.edu.au] On Behalf Of Bjørne
> Sent: Friday, February 01, 2008 11:41 AM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Re: Scripting DICOM RT Export with 8.0k
>
> Hey Ingo,
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> this may help.
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> => Answer the next Yes No Box with yes and hide it
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> Gemeinschaftspraxis für Strahlentherapie und Radiologie
> Bjørne Riis
> Nebenhofstr. 7
> 23558 Lübeck
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De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: TPS QA / ACR accred
Fecha:	viernes, 01 de febrero de 2008 22:06:54
Archivos adjuntos:	

8.i,d,k etc. After every version "extensive, thorough work" doing sum check seems rather useless.
If one follows the same logic then thorough verification is also needed for R&V, delivery systems (i.e., linac software etc.). Why would one focus only on TPS?

----- Original Message ----
From: Charles A. Pelizzari <c-pelizzari@uchicago.edu>
To: pinnacle-users@explode.unsw.edu.au
Sent: Friday, February 1, 2008 11:59:19 AM
Subject: RE: TPS QA / ACR accred

Given that one wants to do checksumming to verify things have not changed, one possible solution would be tripwire, whose raison d'etre is precisely to monitor for changes to critical files and directories:

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But for now, I'm mostly concerned with implementing the standards set by ACR, and would appreciate any

advice from those who have already been through the accreditation process.

Thanks

E. Joseph (Joe) Grant, M.S., D.A.B.R

Medical Physicist

C.A.R.T.I., Inc.

Little Rock, AR

(501) 296-3269

- -

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Ingo Nickel
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: cleaning up P3 obsolete dose data automatically, II
Fecha:	viernes, 01 de febrero de 2008 22:07:14
Archivos adjuntos:	

Hi Erik,
you could try installing "microsoft services for unix (SFU)" on a PC System (a lot cheaper harddrives than the scsi ones for the Suns) and create a NFS share on the PC that you could mount from the Sun. This way I do a every night backup of our "/PrimaryPatientData" (with SFU the Windows PC is not going to worry about all the special charaters in the Pinnacle file names) and it is also very useful for creating Patient-tarballs.
Greetings
Ingo

e.vdieren schrieb:

> Hi,
>
> I've tested the "remove old dose" Unix script and it works. Saved about 20 GB in
> my case. I've been able to do a selective removal for the clinical institution (remove older than 3 months) and for the others (remove older than a week).
> The only thing you have to do is specify for which institution you want to save data older than 1 week in the Unix script.
>
> Gives me more time to find a solution for my archiving question. Can anyone
> give advice about possible vendors for archiving P3 data or how to bypass the 140GB limit for disks in a Sun Blade 2500 system?
>
> sincerely
> Erik

Hendee, Eric schreef:

> Well, we've do something like this prior to backing a patient up. There is alot of unnecessary information that is stored with each patient, so we run a script that deletes most of it. I'll include the text below, but use at your own risk. Note that if you delete the DICOM files, you wouldn't be able to do a DICOM export next time you open the plan. Also, we have created a "backup" institution that patients are transferred to so we don't delete all this data for patients currently being planned. It cuts the overall patient folder size to about half. Would be nice if this was an option in the backup utility of Pinnacle...
> Eric
>
> ```
> # Eric Hendee  Jan 2005
> ```

```
#-----------------------------------------------
#
cd /pinnacle_patient_expansion/NewPatients/
Institution_5/Mount_0
#
# remove all unnecessary files and folders
#
#
#
    find /pinnacle_patient_expansion/NewPatients/
Institution_5/Mount_0 \( -name ImageSet*.DICOM \) -
exec rm -r {} \;
#
    find /pinnacle_patient_expansion/NewPatients/
Institution_5/Mount_0 \( -name ImageSet*.20* \) -
exec rm {} \;
#
    find /pinnacle_patient_expansion/NewPatients/
Institution_5/Mount_0 \( -name Patient.20* \) -exec
rm {} \;
#
    find /pinnacle_patient_expansion/NewPatients/
Institution_5/Mount_0 \( -name *.PLA \) -exec rm {}
\;
#
    find /pinnacle_patient_expansion/NewPatients/
Institution_5/Mount_0 \( -name *.POI \) -exec rm {}
\;
#
    find /pinnacle_patient_expansion/NewPatients/
Institution_5/Mount_0 \( -name *.TRI \) -exec rm {}
\;
#
    find /pinnacle_patient_expansion/NewPatients/
Institution_5/Mount_0 \( -name plan.20* \) -exec rm
{} \;
#
    find /pinnacle_patient_expansion/NewPatients/
Institution_5/Mount_0 \( -name plan.Trial.binary.*
\) -exec rm {} \;
#
    find /pinnacle_patient_expansion/NewPatients/
Institution_5/Mount_0 \( -name p3rtp.* \) -exec rm
{} \;
#
#
#   remove all unnecessary files from /var/tmp
#
    find /var/tmp \( -name *aa* \) -exec rm {} \;
#
#
#   remove any core files
#
    find / \( -name core \) -exec rm {} \;
#
# end
```

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** e.vdieren
Sent: Monday, January 28, 2008 9:57 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: cleaning up P3 obsolete dose data automatically

Dear Listers,

Pinnacle's Hard Disk is almost full, and I've been insuccesful in convincing the hospital to buy an RT-PACS to archive, in increasing the disk size to more than 140GB (some hardware, limit), or in incorporating Pinnacle into a SAN/NAS.

I am trying to buy more time to achieve one of these options by removing all dose information from other-than-clinical-institution that is more than 6 months old from Pinnacle: it's obsolete (pre 8.0, used for testing only) and it's requiring a lot of disk space. Furthermore, it can be done automatically and regularly via <crontab>.

I did a test to see whether I could do it in a test institution
Institution_509:-> find -name *plan.Trial.binary* -exec gzip {} \;
It works: Pinnacle starts without any problem. When I close, do
Institution_509:-> find -name *plan.Trial.binary* -exec gunzip {} \;
and open P3, the dose data en MU appear again.

It seems that I am able to easily remove / compress obsolete dose data
without losing the plan, without compromising the LPDB. Philips thinks
it's OK, but isn't sure. Has anyone ever done anything like this? Please
share any information.

p.s. any thoughts on Impac's RT-PACS with its P3-tar archiving function
are also appreciated.

sincerely
Erik

########## To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message unsubscribe pinnacle-users to majordomo@explode.unsw.edu.au. Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##########

De:	Clay Stablein
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: TPS QA / ACR accred
Fecha:	domingo, 03 de febrero de 2008 16:08:09
Archivos adjuntos:	

Vadim,

How's that chartless software of yours? I'm still interested, but not quite yet.

I think a system check after every upgrade should be done separately from actual patient download and tx after a linac software update, etc. For instance, I send an ADAC QA patient from ADAC to Lantis. I then go to the Linac and download and deliver the 100 mu calculated for a 10x10 field at dmax. Over the weekend I upgraded our Lantis to include couch "Angle" (Isocentric) verification. To test it, I added a 5 degree couch kick in the above plan. Lantis did NOT pass this test as the Angle in Lantis was still 0 after import of the plan. Thus, dosimetry will have to enter the couch angle in Lantis by hand. Once this field is entered with the appropriate couch kick, the download passed and I was able to deliver monitor units using the R&V.

This test was done with a patient in ADAC and not simply done during the next patient who is calculated with a couch kick. I intend on adding a wedge to this QA patient. In fact, I'm contemplating adding a series of these fields for each wedge as well as electron fields with each cone and creating a "quarterly safety check" for the RTTs to perform.

Thus, there are two types of checks going on. One is an export QA from ADAC to Lantis that is separated from patient care. The second is the Linac download and treatment QA that is separated from patient care.

So, the final answer to your question is, we shouldn't just focus on TPS QA, but all systems we assure accuracy for, performing a
"thorough verification" separate from patient treatments. I leave it up to the physicist of record to decide what is thorough and what is not.

Clay.

***Vadim Kuperman** <**vadimkuperman@yahoo.com**>* wrote:

8.i,d,k etc. After every version "extensive, thorough work" doing sum check seems rather useless.
If one follows the same logic then thorough verification is also needed for R&V, delivery systems (i.e., linac software etc.).
Why would one focus only on TPS?

----- Original Message ----
From: Charles A. Pelizzari <c-pelizzari@uchicago.edu>
To: pinnacle-users@explode.unsw.edu.au
Sent: Friday, February 1, 2008 11:59:19 AM
Subject: RE: TPS QA / ACR accred

Given that one wants to do checksumming to verify things have not changed, one possible solution would be tripwire, whose raison d'etre is precisely to monitor for changes to critical files and directories:

http://sourceforge.net/projects/tripwire/

The hard part of this problem seems be deciding exactly what it is that you want to check. what does it mean "that the program has not changed?" the pinnacle executables are going to have numerous changes from one release to the next. Is the concern that something in the code may change between one release and the next? I don't see that happening. This is not some in-house system where the software developers in the office down the hall are liable to plug in a new dose calc over the weekend, though I guess somebody could go in and mess with some of the scripts or something. Tripwire or something analogous would certainly let you monitor for that. I suppose one might want also to verify the integrity of the machine database? It would be interesting to get a clear notion of what this reviewer was thinking of. I really don't see it.

-cp

During a recent accreditation visit, the reviewer

recommended running a checksum routine. The idea is to complete your extensive, thorough work initially on each new version of software, then periodically run the checksum to see that the program has not changed. This can replace an abridged version of commissioning that Joe described. As long as your hand calcs and IMRT QA are still coming out, you can be confident that the program has not changed. This only checks the Pinnacle, not the CT or transfer to R&V and linac systems.

I have been meaning to find or write one for a while.

Does anyone have a checksum script that they would like to share?

John Duhon

Lafayette, LA

From: Joe Grant [mailto:jgrant@carti.com]
Sent: Thursday, January 31, 2008 9:13 AM
To: Pinnacle users
Subject: TPS QA / ACR accred

We are in the process of attaining ACR accreditation, and we have some concerns that our

treatment planning system (Pinnacle) QA might be insufficient. We run a series of MU calcs in solid water,

with and without heterogeneous material added (bone and lung), to test for accuracy of the

dose calc algorithm. A variety of fields are used (extended SSD, obliquity, irregular fields, EDW,

hard wedges, etc.). We do frequent and periodic tests of CT image transfer to test for CT number

validity, table motion accuracy, and spatial integrity.

Aside from these tests, we do little in terms of "internal QA". >From the wording of the ACR standards;

"Periodic tests shall be implemented to ensure the accuracy of monitor unit and/or dose-calculation algorithms, *to ensure that any software changes (including editing of beam data files) were implemented correctly and have*

not corrupted the beam data, to ensure that any hardware changes were installed properly, and to verify

that all users have received proper training"

I might also ask the question this way: has anyone figured out a way to implement all the

recommendations

of TG-53 on a practical clinical level?

But for now, I'm mostly concerned with implementing the standards set by ACR, and would appreciate any

advice from those who have already been through the accreditation process.

Thanks

E. Joseph (Joe) Grant, M.S., D.A.B.R

Medical Physicist

C.A.R.T.I., Inc.

Little Rock, AR

(501) 296-3269

- -

Charles A. Pelizzari, Ph.D.
The University of Chicago

Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Tercier Pierre-Alain
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Scripting DICOM RT Export with 8.0k
Fecha:	lunes, 04 de febrero de 2008 8:54:30
Archivos adjuntos:	

Hi Bjørne,

It's perfect, in the case of Warning comming after
that:
RoiList .Table .ReduceArea = "Reduce Current ROI by Area...";

The following lines supress the Warning Saying (more or less) "contours
reduced from 100000 to 900 points".

Test.ExpectWarningMessage = 0;
RoiList .Table .ReduceArea = "Reduce Current ROI by Area...";

But if I do not care for a question. That is i always want
"OK" without changing anything to the question (for instance)
"Specify maximum area (cm^2) for removal: 0.01
OK/Cancel"

Is there a possibility like your tip in case of a AskYesNo question
> => Answer the next Yes No Box with yes and hide it
> Test.ExpectAskYesNo = 0;
> Test.ExpectedAskYesNoReply = 1;

To always answer OK and goes on.

Bye
Pat
P.S. Of course you recognised YOUR work to add a Table Contour with
an overide on density. Thanks we modify it and it works great.

--
Dr. es Sciences, Phys. Méd. SSRPM
TERCIER Pierre-Alain
Service de Radio-oncologie tel: +41 26 4267681
Hôpital Fribourgeois fax: +41 26 4267665
Site de Fribourg
CH-1708 Fribourg

> -----Message d'origine-----
> De : owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] De la part de Bjørne
> Envoyé : vendredi, 1. février 2008 18:41
> À : pinnacle-users@explode.unsw.edu.au
> Objet : Re: Scripting DICOM RT Export with 8.0k
>
> Hey Ingo,
>
> this may help.
>
> => Answer the next Yes No Box with yes and hide it
> Test.ExpectAskYesNo = 0;
> Test.ExpectedAskYesNoReply = 1;
>
> => hide the next warning Box
> Test.ExpectWarningMessage = 0;
>
> Bjørne
>
> Ingo Nickel schrieb:
> > Ingo Nickel schrieb:
> >> Hello everybody,
> >>
> >> I am wondering whether it is possible, with the changed
> (just upgraded
> >> from 7.6c to 8.0k) DICOM RT Export functionality, to script an
> >> export of multiple Prescriptions?!
> >> PluginManager. DICOMExportPlugin. SelectedPrescriptionName =
> >> "PrescritptionXY"; would export 1 Prescription. A little
> shell script
> >> would give (and/or let me choose) the Prescription names i
> wanted to
> >> export. Anything I tried up to now was followed by the "internal
> >> system error....." :)
> >> Anyone an idea?
> >> Thanks a lot
> >> Ingo Nickel
> >>
> >>
> >>
>

##
> >> To unsubscribe (yourself or other account) from the pinnacle-users
> >> mailing list, send the message
> >> unsubscribe pinnacle-users <e-mail address>
> >> to majordomo@explode.unsw.edu.au.
> >>
> >> Note: To avoid non-delivery error messages being sent to all list
> >> members, the list has been configured so that messages can only be
> >> sent from a subscribed account. Messages sent from a users
> secondary
> >> account will not be distributed unless that account is
> also subscribed.
> >>
> ##
> #########
> >>
> > Hello everyone,
> > I believe the reason for the system crash is the "Plan was
> transmitted
> > successfully" info window, that (would) pop(s) up in
> between sending 2
> > Prescriptions. Does anyone know how to "automatically" get
> rid of that
> > info-window?
> > Greetings
> > Ingo Nickel
> >
> >
> >
>
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> ##
> #########
> >

>
>
> --
>
> Gemeinschaftspraxis für Strahlentherapie und Radiologie
> Bjørne Riis
> Nebenhofstr. 7
> 23558 Lübeck
>
>
>

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account will not be distributed unless that account is also subscribed.
##

De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: cleaning up P3 obsolete dose data automatically, II
Fecha:	martes, 05 de febrero de 2008 7:04:18
Archivos adjuntos:	

Hello,
be carefull with special caracters. Windows can't handel ":" used in pinnacle.

You have to translate filenames. At least set
0x3a : 0x3d

Otherwise SFU works great.
Bjørne

Ingo Nickel schrieb:
> Hi Erik,
> you could try installing "microsoft services for unix (SFU)" on a PC System (a
> lot cheaper harddrives than the scsi ones for the Suns) and create a NFS share
> on the PC that you could mount from the Sun. This way I do a every night backup
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>> the 140GB limit for disks in a Sun Blade 2500 system?
>>

>> sincerely
>> Erik
>>
>>
>> Hendee, Eric schreef:
>>> Well, we've do something like this prior to backing a patient up. There is
>>> alot of unnecessary information that is stored with each patient, so we run a
>>> script that deletes most of it. I'll include the text below, but use at your
>>> own risk. Note that if you delete the DICOM files, you wouldn't be able to
>>> do a DICOM export next time you open the plan. Also, we have created a
>>> "backup" institution that patients are transferred to so we don't delete all
>>> this data for patients currently being planned. It cuts the overall patient
>>> folder size to about half. Would be nice if this was an option in the backup
>>> utility of Pinnacle...
>>> Eric
>>>
>>>
>>>
>>> # Eric Hendee Jan 2005
>>> #--
>>> #
>>> cd /pinnacle_patient_expansion/NewPatients/Institution_5/Mount_0
>>> #
>>> # remove all unnecessary files and folders
>>> #
>>> #
>>> #
>>> find /pinnacle_patient_expansion/NewPatients/Institution_5/Mount_0 \(
>>> -name ImageSet*.DICOM \) -exec rm -r {} \;
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>>> #
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>>> -name Patient.20* \) -exec rm {} \;
>>> #
>>> find /pinnacle_patient_expansion/NewPatients/Institution_5/Mount_0 \(
>>> -name *.PLA \) -exec rm {} \;
>>> #
>>> find /pinnacle_patient_expansion/NewPatients/Institution_5/Mount_0 \(
>>> -name *.POI \) -exec rm {} \;
>>> #
>>> find /pinnacle_patient_expansion/NewPatients/Institution_5/Mount_0 \(
>>> -name *.TRI \) -exec rm {} \;
>>> #

>>> find /pinnacle_patient_expansion/NewPatients/Institution_5/Mount_0 \(
>>> -name plan.20* \) -exec rm {} \;
>>> #
>>> find /pinnacle_patient_expansion/NewPatients/Institution_5/Mount_0 \(
>>> -name plan.Trial.binary.* \) -exec rm {} \;
>>> #
>>> find /pinnacle_patient_expansion/NewPatients/Institution_5/Mount_0 \(
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>>> #
>>> #
>>> # remove all unnecessary files from /var/tmp
>>> #
>>> find /var/tmp \(-name *aa* \) -exec rm {} \;
>>> #
>>> #
>>> # remove any core files
>>> #
>>> find / \(-name core \) -exec rm {} \;
>>> #
>>> # end
>>>
>>>
>>>
>>> -----Original Message-----
>>> *From:* owner-pinnacle-users@explode.unsw.edu.au
>>> [mailto:owner-pinnacle-users@explode.unsw.edu.au]*On Behalf Of *e.vdieren
>>> *Sent:* Monday, January 28, 2008 9:57 AM
>>> *To:* pinnacle-users@explode.unsw.edu.au
>>> *Subject:* cleaning up P3 obsolete dose data automatically
>>>
>>> Dear Listers,
>>>
>>> Pinnacle's Hard Disk is almost full, and I've been insuccesful
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>>> /Institution_509:-> /find -name *plan.Trial.binary* -exec gunzip {} \;
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>>>
>>> It seems that I am able to easily remove / compress obsolete dose data
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>>> it's OK, but isn't sure. Has anyone ever done anything like this? Please
>>> share any information.
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>>> p.s. any thoughts on Impac's RT-PACS with its P3-tar archiving function
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>>> sincerely
>>> Erik
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>
##

--

Gemeinschaftspraxis für Strahlentherapie und Radiologie
Bjørne Riis
Nebenhofstr. 7
23558 Lübeck

De:	Paule Charland
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Breast IMRT
Fecha:	jueves, 07 de febrero de 2008 17:49:40
Archivos adjuntos:	

Dear Listers

We're looking into doing inverse planning for breast, presumably with DMPO.

Is there an efficient way of creating segments that would include an 'open segment', highly weighted, to account for flash/breathing ? We still have 7.4f.

Thank you ahead of time

Paule

De:	Michael Biddy
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Breast IMRT
Fecha:	jueves, 07 de febrero de 2008 17:59:32
Archivos adjuntos:	

Not sure I fully understand your question. But within IMRT module once finished you can shift the MLC bank 2cm to account for flash. Typically you would only do this on the first 1-3 segements. Look at the segments and determine which ones follow the skin line. Hope that helps.
Mike

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Paule Charland
Sent: Thu 2/7/2008 8:27 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Breast IMRT

Dear Listers

We're looking into doing inverse planning for breast, presumably with DMPO.

Is there an efficient way of creating segments that would include an 'open segment', highly weighted, to account for flash/breathing ? We still have 7.4f.

Thank you ahead of time

Paule

De:	William Bice, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Breast IMRT
Fecha:	jueves, 07 de febrero de 2008 18:02:19
Archivos adjuntos:	

Yes. Expand the PTV outside the skin about 2 cm, create an only-the-PTV-outside-the-skin (Expanded PTV - PTV) structure, target this structure with half the prescribed dose and a very small weighting (like 0.01) in your optimization criteria spreadsheet. Because you are calculating to air, you may have to play with these numbers a bit, but it opens the leaves and doesn't mess up the optimization in the breast tissue.

Bill Bice
IMPS
210-497-7124
bice@prodigy.net

----- Original Message ----
From: Paule Charland <paule.charland@grhosp.on.ca>
To: pinnacle-users@explode.unsw.edu.au
Sent: Thursday, February 7, 2008 10:27:47 AM
Subject: Breast IMRT

Dear Listers

We're looking into doing inverse planning for breast, presumably with DMPO.

Is there an efficient way of creating segments that would include an 'open segment', highly weighted, to account for flash/breathing ? We still have 7.4f.

Thank you ahead of time

Paule

unsubscribe pinnacle-users <e-mail address>
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##

De:	Ray Van Ausdal
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Breast IMRT
Fecha:	jueves, 07 de febrero de 2008 18:44:15
Archivos adjuntos:	

I understand that this will allow leaves to be opened in the flash region. How do you QA this so that it ensures that the actual patient gets the correct dose.

Ray Van Ausdal, PhD

William Bice, PhD wrote:

> Yes. Expand the PTV outside the skin about 2 cm, create an
> only-the-PTV-outside-the-skin (Expanded PTV - PTV) structure, target
> this structure with half the prescribed dose and a very small
> weighting (like 0.01) in your optimization criteria
> spreadsheet. Because you are calculating to air, you may have to play
> with these numbers a bit, but it opens the leaves and doesn't mess up
> the optimization in the breast tissue.
>
>
> Bill Bice
> IMPS
> 210-497-7124
> bice@prodigy.net
>
>
>
> ----- Original Message ----
> From: Paule Charland <paule.charland@grhosp.on.ca>
> To: pinnacle-users@explode.unsw.edu.au
> Sent: Thursday, February 7, 2008 10:27:47 AM
> Subject: Breast IMRT
>
> Dear Listers
>
> We're looking into doing inverse planning for breast, presumably with

> DMPO.
>
> Is there an efficient way of creating segments that would include an
> 'open segment', highly weighted, to account for flash/breathing ? We
> still have 7.4f.
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> Thank you ahead of time
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> Paule
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##

De:	Abe K. Kuruvilla
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Breast IMRT
Fecha:	jueves, 07 de febrero de 2008 18:44:50
Archivos adjuntos:	

---

yes, the same thing micheal said...you should expand the leaves by 2cm for 1st 3 segments.

ABE KURUVILLA, Bsc,RT(R)(T)(CMD)
Charlotte Hungerford Hospital
Torrington, CT

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au]On Behalf Of Paule Charland
Sent: Thursday, February 07, 2008 11:28 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Breast IMRT

Dear Listers

We're looking into doing inverse planning for breast, presumably with DMPO.

Is there an efficient way of creating segments that would include an 'open segment', highly weighted, to account for flash/breathing ? We still have 7.4f.

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Paule

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De:	Cameron Ditty
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Breast IMRT
Fecha:	jueves, 07 de febrero de 2008 18:56:24
Archivos adjuntos:	

Ray,

If you are transferring the plan to a phantom, then the dose calculated in the phantom would reflect all MU regardless of flash. The QA should come out correctly. If you are using a computer program to do a second check such as MU check etc... then I would contour out the flash.

Cameron

On Feb 7, 2008 11:38 AM, Ray Van Ausdal <viol@cstone.net> wrote:

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> > bice@prodigy.net
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De:	Blake Dirksen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Breast IMRT
Fecha:	jueves, 07 de febrero de 2008 19:39:34
Archivos adjuntos:	

How do you all justify billing the patient nearly double for a treatment with debatable marginal clincal improvement?

We get minimal hot-spots with field in field 3D and aren't over-billing our patients.

blake

> Date: Thu, 7 Feb 2008 12:38:40 -0500
> From: viol@cstone.net
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> Subject: Re: Breast IMRT
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De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Electrons... again
Fecha:	jueves, 07 de febrero de 2008 19:40:02
Archivos adjuntos:	

OK, here is a strange one.

I was having a tutorial session about commissioning electrons with Pinnacle, showing him all the parameters and elaborating why we hated the fits, but bit our tongues because we don't really have another option. So I said something like this:

"So, if you change entries in the model, your corresponding distribution will. Like, say, here I have a 6 MeV electron beam, and so lets the energy from '6' (computed from practical range) to something nonsensical, like 20 MeV... and you see, the corresponding profiles and pdds look.... wait...er....hmmm. My God. I have a brilliant fit now for my SSD=105 cm and other profiiles at depth < 80% which were horrible... and (like expected) the PDDs are still good. Uh, say Resident, did you say that you were looking for a clinical project?..."

You get the idea.

I know there has been some discussion with tinkering other parameters, but the energy!? Anyone tried this with their fits?

Parminder S. Basran PhD MCCPM
Odette Cancer Centre, Toronto ON CANADA

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Breast IMRT
Fecha:	jueves, 07 de febrero de 2008 19:56:12
Archivos adjuntos:	

Welcome to Canada, we don't bill anyone for anything J we get a fixed amount of funding regardless of the treatment modality.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Blake Dirksen
Sent: February 7, 2008 1:26 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Breast IMRT

How do you all justify billing the patient nearly double for a treatment with debatable marginal clincal improvement?

We get minimal hot-spots with field in field 3D and aren't over-billing our patients.

blake

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> From: viol@cstone.net
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> > bice@prodigy.net
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> > ----- Original Message ----
> > From: Paule Charland <paule.charland@grhosp.on.ca>
> > To: pinnacle-users@explode.unsw.edu.au
> > Sent: Thursday, February 7, 2008 10:27:47 AM
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> > Paule
> >
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> >

De:	Therezo, ET
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Breast IMRT
Fecha:	jueves, 07 de febrero de 2008 20:06:10
Archivos adjuntos:	

Ouch

What type of positioning devices are people using for IMRT breast?

Thank you,

e.t.
Elizabeth Therezo, RTT, CMD
(702) 952-3350 x5518

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Blake Dirksen
Sent: Thursday, February 07, 2008 10:26 AM
To: pinnacle-users@explode.unsw.edu.au
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De:	Charest, Nicolas
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: cleaning up P3 obsolete dose data automatically, II
Fecha:	jueves, 07 de febrero de 2008 21:15:59
Archivos adjuntos:	

Greetings everyone,
I am a beginner at understanding scripting.
I would like to call up the monitor units of a beam.
Can you help me with the syntax? Where would that information be located?
Thanks in advance,
Nicolas Charest
Medical Physicist, Burlington, VT

De:	William Bice, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Breast IMRT
Fecha:	jueves, 07 de febrero de 2008 21:56:54
Archivos adjuntos:	

Blake,

You cannot get a better distribution from two fields than to inverse plan the treatment. Contour the target, set the two fields, establish the dose criteria, and let the optimizer crank out a modulation pattern. Much better than those 2D modulators (wedges) that you are using. Better (sometimes even faster) than forward-planned IMRT (which is a stupid way to generate a modulation pattern if you have an optimizer--but that is another discussion...)

This doesn't mean that you can bill for IMRT, it just means that you are delivering the best treatment that you can given the equipment that you have, within the constraints given by localization and movement.
The question then becomes "How can you justify giving an inferior treatment just because you don't bill or get paid for it?"
Bill Bice
IMPS
210-497-7124
bice@prodigy.net

----- Original Message ----
From: Blake Dirksen <mercyphysics@hotmail.com>
To: pinnacle-users@explode.unsw.edu.au
Sent: Thursday, February 7, 2008 12:26:11 PM
Subject: RE: Breast IMRT

How do you all justify billing the patient nearly double for a treatment with debatable marginal clincal improvement?

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blake

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De:	William Bice, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Breast IMRT
Fecha:	jueves, 07 de febrero de 2008 22:08:39
Archivos adjuntos:	

Ray,

I think your question is how can we determine that the dose delivered to the patient is correct rather than how can we determine that the dose delivered to the phantom is correct. Cameron did a nice job of answering the latter, but with regard to patient dose, I wouldn't think that there is any more uncertainty than we usually face in analyzing the link between IMRT QA and IMRT delivery or, if the flash is the problem, any other Pinnacle calculation where flash is involved.

Excluding positioning and motion issues of course...

Bill Bice
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bice@prodigy.net

----- Original Message ----
From: Cameron Ditty <cbditt0@gmail.com>
To: pinnacle-users@explode.unsw.edu.au
Sent: Thursday, February 7, 2008 11:46:36 AM
Subject: Re: Breast IMRT

Ray,

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De:	Ray Van Ausdal
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Breast IMRT
Fecha:	jueves, 07 de febrero de 2008 22:48:33
Archivos adjuntos:	

I appreciate the clear replies from Cameron and Bill. My posting was not nearly so clear.

My concern is centered around the the patient motion, which I consider to be the prime reason for leaving a full 2 cm of flash. I think the proposed solution helps toward answering that concern, and is almost certainly better than a plan without flash. I am just searching for ways to QA this, so that I can remove the word "almost" from that sentence.

Ray Van Ausdal

William Bice, PhD wrote:

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> >
> > ----- Original Message ----
> > From: Paule Charland <paule.charland@grhosp.on.ca

> <mailto:paule.charland@grhosp.on.ca>>
> > To: pinnacle-users@explode.unsw.edu.au
> <mailto:pinnacle-users@explode.unsw.edu.au>
> > Sent: Thursday, February 7, 2008 10:27:47 AM
> > Subject: Breast IMRT
> >
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De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Breast IMRT
Fecha:	jueves, 07 de febrero de 2008 22:56:00
Archivos adjuntos:	

Out of MY curiosity. Can you charge a (say) 3D conformal for an IMRT plan of the breast? If there is an audit, can you argue that IMRT cost more, but (out of the goodness of your heart) you charge less because it delivers better distribution? Has anyone been auditted this way by any (insurance) company? Of course, human nature is that we always grin when we get a bargain, so this could be construed as a bargain, hence will pass audit?

Just curious.

Joe Wong

----- Original Message ----
From: "William Bice, PhD" <bice@prodigy.net>
To: pinnacle-users@explode.unsw.edu.au
Sent: Thursday, February 7, 2008 12:38:48 PM
Subject: Re: Breast IMRT

Blake,

You cannot get a better distribution from two fields than to inverse plan the treatment. Contour the target, set the two fields, establish the dose criteria, and let the optimizer crank out a modulation pattern. Much better than those 2D modulators (wedges) that you are using. Better (sometimes even faster) than forward-planned IMRT (which is a stupid way to generate a modulation pattern if you have an optimizer--but that is another discussion...)

This doesn't mean that you can bill for IMRT, it just means that you are delivering the best treatment that you can given the equipment that you have, within the constraints given by localization and movement.

The question then becomes "How can you justify giving an inferior treatment just because you don't bill or get paid for it?"
Bill Bice
IMPS
210-497-7124
bice@prodigy.net

----- Original Message ----
From: Blake Dirksen <mercyphysics@hotmail.com>
To: pinnacle-users@explode.unsw.edu.au
Sent: Thursday, February 7, 2008 12:26:11 PM
Subject: RE: Breast IMRT

How do you all justify billing the patient nearly double for a treatment with debatable marginal clincal improvement?

We get minimal hot-spots with field in field 3D and aren't over-billing our patients.

blake

> Date: Thu, 7 Feb 2008 12:38:40 -0500
> From: viol@cstone.net
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Re: Breast IMRT
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> > IMPS

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> > bice@prodigy.net
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> > From: Paule Charland <paule.charland@grhosp.on.ca>
> > To: pinnacle-users@explode.unsw.edu.au
> > Sent: Thursday, February 7, 2008 10:27:47 AM
> > Subject: Breast IMRT
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De:	Simpson, Larry D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Breast IMRT
Fecha:	jueves, 07 de febrero de 2008 23:24:55
Archivos adjuntos:	

It's a 3D conformal plan, composed of '14 irregularly mlc-shaped' fields ------- [... fine they're linked as control points and are delivered automagically] ..... ? is should one charge for 14, 77300's ??

Regards....Larry

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Joe Wong
Sent: Thursday, February 07, 2008 4:49 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Breast IMRT

Out of MY curiosity. Can you charge a (say) 3D conformal for an IMRT plan of the breast? If there is an audit, can you argue that IMRT cost more, but (out of the goodness of your heart) you charge less because it delivers better distribution? Has anyone been auditted this way by any (insurance) company? Of course, human nature is that we always grin when we get a bargain, so this could be construed as a bargain, hence will pass audit?

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Bill Bice
IMPS
210-497-7124
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To: pinnacle-users@explode.unsw.edu.au
Sent: Thursday, February 7, 2008 12:26:11 PM
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> To: pinnacle-users@explode.unsw.edu.au
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> > IMPS
> > 210-497-7124
> > bice@prodigy.net
> >
> >
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> > To: pinnacle-users@explode.unsw.edu.au
> > Sent: Thursday, February 7, 2008 10:27:47 AM
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De: Poteet, Leslie
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: Breast IMRT
Fecha: jueves, 07 de febrero de 2008 23:30:19
Archivos adjuntos:

At our clinic, it is for the reason of audits, internal or external, that we bill precisely for the work we do or we do not bill for it at all. For example, a pelvis IMRT with a Prostate IMRT boost…..initially we bill IMRT, basics doses, and complex Tx devices. But on the IMRT boost, since IMRT planning can only be billed once per course, we only bill for the basic doses and the complex Tx devices. We do not substitute a complex Isodose charge just because we can't charge IMRT again. We did not do a complex iso plan, we did an IMRT plan. Therefore, if IMRT is justified as being the best treatment for the patient, we do not charge for it all if it is not covered. Substituting a charge for a type of work not performed will not pass an audit.

Leslie K Poteet, CMD
303-518-7205

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Joe Wong
Sent: Thursday, February 07, 2008 2:49 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Breast IMRT

Out of MY curiosity. Can you charge a (say) 3D conformal for an IMRT plan of the breast? If there is an audit, can you argue that IMRT cost more, but (out of the goodness of your heart) you charge less because it delivers better distribution? Has anyone been auditted this way by any (insurance) company? Of course, human nature is that we always grin when we get a bargain, so this could be construed as a bargain, hence will pass audit?

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Joe Wong

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From: "William Bice, PhD" <bice@prodigy.net>
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Sent: Thursday, February 7, 2008 12:38:48 PM
Subject: Re: Breast IMRT

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To: pinnacle-users@explode.unsw.edu.au
Sent: Thursday, February 7, 2008 12:26:11 PM
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> > 210-497-7124
> > bice@prodigy.net
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> > From: Paule Charland <paule.charland@grhosp.on.ca>
> > To: pinnacle-users@explode.unsw.edu.au
> > Sent: Thursday, February 7, 2008 10:27:47 AM
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to anyone.

De: Poteet, Leslie
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: Breast IMRT
Fecha: jueves, 07 de febrero de 2008 23:36:31
Archivos adjuntos:

We also do not charge a special physics consult. We utilize the basic dose calc charge as the physics verification of each field. The QA aspect of IMRT is considered by our company as standard of care. It's all open to interpretation….I've said that for years. These issues will never be settled, especially in a format of this type, until a regulating authority spells it out in black and white.

Leslie K Poteet, CMD
303-518-7205

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Simpson, Larry D.
Sent: Thursday, February 07, 2008 3:21 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Breast IMRT

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Regards....Larry

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From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Joe Wong
Sent: Thursday, February 07, 2008 4:49 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Breast IMRT

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De:	Kevin Van Tilburg
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Breast IMRT
Fecha:	jueves, 07 de febrero de 2008 23:38:53
Archivos adjuntos:	

Hello Paule,

We have overcome this by creating two 'open' tangents which we weight 40% each. These are set to beam weight optimisation.
These two beams are copied and weighted 10% each and optimised using DMPO.
We find when optimising that the open beams retain much of their percent, but usually drop to about 30-35% and the DMPO beam gives us a uniform distribution.

Also, like Canada, in Australia we have no IMRT billing code, but can only bill as a 'complex' procedure and only up to a maximum of 6 fields for all cases.

Regards, Kevin
Chief Radiation Therapist
Nepean Cancer Care Centre
Sydney, Australia

>>> paule.charland@grhosp.on.ca 8/02/2008 3:27 am >>>
Dear Listers

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De:	Melissa Rains
A:	viol@cstone.net; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Breast IMRT
Fecha:	jueves, 07 de febrero de 2008 23:47:30
Archivos adjuntos:	

Hi,

We are about to go clinical with DMPO breast treatments incorporating a simultaneous integrated boost to the tumour bed.

We use 4 fields for the tangents... a medial tangent and a lateral as you would nomrally use (set to 'beam weight' optimisation), then copies of each of these beams which are set to DMPO. As long as you ensure the weightings of the 'beam weight' beams is between 65-80% of the total monitor units then you have basically incorporated a flash field, as well as making your plan more robust to patient movement.

The integrated boost is another kettle of fish, but for whole breast treatments only this method works well, although I reccomend limiting segement number, and segemtn size to something reasonable, for instance, 8 and 9 respectively.

hope that helped with some of the planning specific related questions

Chris Kelly,
Nepean Cancer Care Centre
Sydney Australia

>>> viol@cstone.net 2/8/2008 8:37 AM >>>
I appreciate the clear replies from Cameron and Bill. My posting was not
nearly so clear.

My concern is centered around the the patient motion, which I consider

to be the prime reason for leaving a full 2 cm of flash. I think the proposed solution helps toward answering that concern, and is almost certainly better than a plan without flash. I am just searching for ways to QA this, so that I can remove the word "almost" from that sentence.

Ray Van Ausdal

William Bice, PhD wrote:

> Ray,
>
> I think your question is how can we determine that the dose delivered

> to the patient is correct rather than how can we determine that the
> dose delivered to the phantom is correct. Cameron did a nice job of

> answering the latter, but with regard to patient dose, I wouldn't
> think that there is any more uncertainty than we usually face in
> analyzing the link between IMRT QA and IMRT delivery or, if the flash

> is the problem, any other Pinnacle calculation where flash is
involved.
>
> Excluding positioning and motion issues of course...
>
> Bill Bice
> IMPS
> 210-497-7124
> bice@prodigy.net
>
>
> ----- Original Message ----
> From: Cameron Ditty <cbditt0@gmail.com>
> To: pinnacle-users@explode.unsw.edu.au
> Sent: Thursday, February 7, 2008 11:46:36 AM
> Subject: Re: Breast IMRT
>
> Ray,
>
> If you are transferring the plan to a phantom, then the dose
> calculated in the phantom would reflect all MU regardless of flash.

> The QA should come out correctly. If you are using a computer
program
> to do a second check such as MU check etc... then I would contour out

> the flash.
>
> Cameron
>
> On Feb 7, 2008 11:38 AM, Ray Van Ausdal <viol@cstone.net
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> > 210-497-7124
> > bice@prodigy.net <mailto:bice@prodigy.net>
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> > ----- Original Message ----
> > From: Paule Charland <paule.charland@grhosp.on.ca
> <mailto:paule.charland@grhosp.on.ca>>
> > To: pinnacle-users@explode.unsw.edu.au
> <mailto:pinnacle-users@explode.unsw.edu.au>
> > Sent: Thursday, February 7, 2008 10:27:47 AM
> > Subject: Breast IMRT
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De:	Ohm, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Breast IMRT
Fecha:	jueves, 07 de febrero de 2008 23:49:51
Archivos adjuntos:	

We have encountered this situation on a number of occasions where we would have liked to perform IMRT fields for a patient whose: insurance didn't cover IMRT, the site wasn't approved, or for other reasons. Our billing specialists indicated that it is just as fraudulent (unfortunately) to "down-bill" as it is to bill for something more complex than was actually done. Thus we settled for the best 3D plan we could come up with. Of course upon audit, I'm not so sure a reviewer / auditor could decipher a chart enough to know if fields were actually dynamic or not, if they were all labeled as 'regular' fields.....

Mike

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Joe Wong
Sent: Thursday, February 07, 2008 4:49 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Breast IMRT

Out of MY curiosity. Can you charge a (say) 3D conformal for an IMRT plan of the breast? If there is an audit, can you argue that IMRT cost more, but (out of the goodness of your heart) you charge less because it delivers better distribution? Has anyone been auditted this way by any (insurance) company? Of course, human nature is that we always grin when we get a bargain, so this could be construed as a bargain, hence will pass audit?

Just curious.

Joe Wong

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To: pinnacle-users@explode.unsw.edu.au
Sent: Thursday, February 7, 2008 12:38:48 PM
Subject: Re: Breast IMRT

Blake,

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This doesn't mean that you can bill for IMRT, it just means that you are delivering the best treatment that you can given the equipment that you have, within the constraints given by localization and movement.
The question then becomes "How can you justify giving an inferior treatment just because you don't bill or get paid for it?"
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De: Cameron Ditty
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: Re: Breast IMRT
Fecha: jueves, 07 de febrero de 2008 23:52:34
Archivos adjuntos:

Bill,

Tell me if I am wrong, but via the phantom you are verifying the fluence calculated by the planning system, and if the fluence is calculated correctly then the CT dataset should not matter. Of course there are other factors such as hetero corrections and the ilk, but that still goes back to beam modeling.

Ray,

A lot of people are treating prone to try to minimize the uncertainties that you are concerned about. I think that there are a few newer papers on treating in the prone, but can not remember the specifics. The thing to remember is that you are treating for a homogeneous distribution. This is quite different then the typical IMRT where you are looking for sharp dropoffs outside of the PTV. This type of plan should be a lot more forgiving to movement.

Joe, Blake,

I think that for Medicare reimbursement an IMRT plan requires 3 critical structures. If it does not have 3 critical structures then it should be billed as 3d conformal regards of forward or inverse planning, number of segments, etc... All states are different, so outside of Louisiana this may not be the case, but it is something to look into.

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On Feb 7, 2008 4:31 PM, Poteet, Leslie <Leslie.Poteet@usoncology.com> wrote:

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De: Joe Herrick

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: Breast IMRT

Fecha: viernes, 08 de febrero de 2008 0:58:22

Archivos adjuntos:

I would respectfully disagree that forward planning "is a stupid way to generate a modulation pattern if you have an optimizer". Because we were late to get into into the IMRT game, our dosimetrists became very proficient at forward planning and we still use it a lot...probably on at least half of our non-imrt patients. I think is has a bad rap because most dosimetrists and physicists have not taken the time to properly learn forward planning. Once you get good, it takes no more time than any other 3D type plan. And, the great thing is, no need to worry about any type of IMRT quality assurance and also it requires NO contouring at all. However, if you want to bill it as a 3D plan without contours, that may be a problem.

I think it is unfortunate that many centers have not develop good forward planning as another tool in the arsenal. We use it for almost all single field tx's (spines) and opposed fields (breasts, whole brains, etc.)

Regarding billing, if you can quickly produce a plan with an excellent isodose distribution (forward plan), who cares if you can't bill it as an IMRT or even a 3D?

Joe Herrick
Reno, NV

Date: Thu, 7 Feb 2008 13:48:59 -0800
From: joewongt@yahoo.com
Subject: Re: Breast IMRT
To: pinnacle-users@explode.unsw.edu.au

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Let me get this straight. If IMRT (forward or inverse) is done for breast cases because the distribution looks great compared to a standard plan, except on certain left breast where one can stretch that there is dose limitation for the cardiac, plus make up two other "critical structures", and no usual physics IMRT QA, etc. is done, then it can be charged as 3D (or whatever). Well, if it walks like a duck, swims like a duck, but does not really quacks like a duck, it should be interpretted that it is NOT a duck. Quite a concept.
From what I read off this forum, looks like quite a few centers are committing fraud base on CMS rules. Or am I the only one to be such a purist?

Joe Wong

Joe, Blake,

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> > to majordomo@explode.unsw.edu.au <mailto:majordomo@explode.unsw.edu.au>.
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> ##

De: Patrick Meek
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: Re: Breast IMRT
Fecha: viernes, 08 de febrero de 2008 4:48:15
Archivos adjuntos:

I think that was very well put joe.

Pat

Sent from my iPhone

On Feb 7, 2008, at 5:50 PM, Joe Herrick <herrick_js@hotmail.com> wrote:

> I would respectfully disagree that forward planning "is a stupid way to generate a modulation pattern if you have an optimizer". Because we were late to get into into the IMRT game, our dosimetrists became very proficient at forward planning and we still use it a lot...probably on at least half of our non-imrt patients. I think is has a bad rap because most dosimetrists and physicists have not taken the time to properly learn forward planning. Once you get good, it takes no more time than any other 3D type plan. And, the great thing is, no need to worry about any type of IMRT quality assurance and also it requires NO contouring at all. However, if you want to bill it as a 3D plan without contours, that may be a problem.
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> Reno, NV
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> From: "William Bice, PhD" <bice@prodigy.net>
> To: pinnacle-users@explode.unsw.edu.au
> Sent: Thursday, February 7, 2008 12:38:48 PM
> Subject: Re: Breast IMRT

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Bill Bice
IMPS
210-497-7124
bice@prodigy.net

----- Original Message ----
From: Blake Dirksen <mercyphysics@hotmail.com>
To: pinnacle-users@explode.unsw.edu.au
Sent: Thursday, February 7, 2008 12:26:11 PM
Subject: RE: Breast IMRT

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> > IMPS

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> > bice@prodigy.net
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> > From: Paule Charland <paule.charland@grhosp.on.ca>
> > To: pinnacle-users@explode.unsw.edu.au
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> >

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>

Climb to the top of the charts! Play the word scramble challenge with star power. Play now!

Never miss a thing.

De: drttp24@aol.com

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: Breast IMRT

Fecha: viernes, 08 de febrero de 2008 6:36:41

Archivos adjuntos:

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Anne Patterson

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From: Patrick Meek <patmeek@gmail.com>
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A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: Fwd: Breast IMRT
Fecha: viernes, 08 de febrero de 2008 6:49:56
Archivos adjuntos:

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De:	Stook,Karen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Breast IMRT
Fecha:	viernes, 08 de febrero de 2008 14:47:35
Archivos adjuntos:	Karen Stook CMD .vcf

NO Deliberate “down” or “up” billing is FRAUD

Karen

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Joe Wong
Sent: Thursday, February 07, 2008 4:49 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Breast IMRT

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A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Breast IMRT
Fecha:	viernes, 08 de febrero de 2008 15:32:52
Archivos adjuntos:	Karen Stook CMD .vcf

Anne
I believe the whole QA requirement was driven by the Physicist community in the first place. I might be in error, since it was some time ago, but I believe initial reports cited J.Hevezi (please forgive any spelling errors) working with CMS, ASTRO et al on this. Maybe the AAPM can help with background.

Karen

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** drttp24@aol.com
Sent: Friday, February 08, 2008 12:46 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Fwd: Breast IMRT

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How do you all justify billing the patient nearly double for a treatment with debatable marginal clincal improvement?

We get minimal hot-spots with field in field 3D and aren't over-billing our patients.

blake

> Date: Thu, 7 Feb 2008 12:38:40 -0500
> From: viol@cstone.net
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Re: Breast IMRT
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> > Bill Bice
> > IMPS
> > 210-497-7124
> > bice@prodigy.net
> >
> >
> >
> > ----- Original Message ----
> > From: Paule Charland <paule.charland@grhosp.on.ca>

> > To: pinnacle-users@explode.unsw.edu.au
> > Sent: Thursday, February 7, 2008 10:27:47 AM
> > Subject: Breast IMRT
> >
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> >
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>

Climb to the top of the charts! Play the word scramble challenge with star power. Play now!

Never miss a thing.

=

De: Blake Dirksen
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: Breast IMRT
Fecha: viernes, 08 de febrero de 2008 16:31:10
Archivos adjuntos:

I don't think the chamber requirement will go away anytime soon. And I am ok with that. I still get a warm fuzzy feeling when my chamber in phantom matches my planning computer! Remember, never trust a computer!

blake

To: pinnacle-users@explode.unsw.edu.au
Subject: Fwd: Breast IMRT
Date: Fri, 8 Feb 2008 00:46:24 -0500
From: drttp24@aol.com

Does anyone think that the requirement of chamber measurements and fluence maps will go away as a requirement for billing IMRT? Has not the physics' community proven that our tx planning systems can accurately predict and deliver an IMRT plan? Every time I do QA, I wish this would happen! How many millions of fields have been QA'd over the past 10+ years? Surely enough.

Anne Patterson

-----Original Message-----
From: Patrick Meek <patmeek@gmail.com>
To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
Sent: Thu, 7 Feb 2008 10:45 pm
Subject: Re: Breast IMRT

I think that was very well put joe.

Pat

Sent from my iPhone

On Feb 7, 2008, at 5:50 PM, Joe Herrick <herrick_js@hotmail.com> wrote:

> I would respectfully disagree that forward planning "is a stupid way to generate a modulation pattern if you have an optimizer". Because we were late to get into into the IMRT game, our dosimetrists became very proficient at forward planning and we still use it a lot...probably on at least half of our non-imrt patients. I think is has a bad rap because most dosimetrists and physicists have not taken the time to properly learn forward planning. Once you get good, it takes no more time than any other 3D type plan. And, the great thing is, no need to worry about any type of IMRT quality assurance and also it requires NO contouring at all. However, if you want to bill it as a 3D plan without contours, that may be a problem.
>
> I think it is unfortunate that many centers have not develop good forward planning as another tool in the arsenal. We use it for almost all single field tx's (spines) and opposed fields (breasts, whole brains, etc.)
>
> Regarding billing, if you can quickly produce a plan with an excellent isodose distribution (forward plan), who cares if you can't bill it as an IMRT or even a 3D?
>
> Joe Herrick
> Reno, NV

Date: Thu, 7 Feb 2008 13:48:59 -0800
From: joewongt@yahoo.com
Subject: Re: Breast IMRT
To: pinnacle-users@explode.unsw.edu.au

Out of MY curiosity. Can you charge a (say) 3D conformal for an IMRT plan of the breast? If there is an audit, can you argue that IMRT cost more, but (out of the goodness of your heart) you charge less because it delivers better distribution? Has anyone been auditted this way by any (insurance) company? Of course, human nature

is that we always grin when we get a bargain, so this could be construed as a bargain, hence will pass audit?
Just curious.

Joe Wong

----- Original Message ----
From: "William Bice, PhD" <bice@prodigy.net>
To: pinnacle-users@explode.unsw.edu.au
Sent: Thursday, February 7, 2008 12:38:48 PM
Subject: Re: Breast IMRT

Blake,

You cannot get a better distribution from two fields than to inverse plan the treatment. Contour the target, set the two fields, establish the dose criteria, and let the optimizer crank out a modulation pattern. Much better than those 2D modulators (wedges) that you are using. Better (sometimes even faster) than forward-planned IMRT (which is a stupid way to generate a modulation pattern if you have an optimizer--but that is another discussion...)

This doesn't mean that you can bill for IMRT, it just means that you are delivering the best treatment that you can given the equipment that you have, within
the constraints given by localization and movement.
The question then becomes "How can you justify giving an inferior treatment just because you don't bill or get paid for it?"
Bill Bice
IMPS
210-497-7124
bice@prodigy.net

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De:	Andrew Jones
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Breast IMRT
Fecha:	viernes, 08 de febrero de 2008 16:35:52
Archivos adjuntos:	

We have run into this issue before. It is considered Medicare fraud to treat with IMRT but only charge 3D conformal. Even though you are delivering a better treatment and charging less for it, it is illegal to misrepresent the charges. I'd like to see a lawsuit challenging that though (we're suing you because you didn't charge us enough! ;-)), but it is enough to keep us from treating IMRT if it is denied by insurance.

AJ

Andrew O. Jones, PhD
Director, Radiation Physics Group
Department of Radiation Oncology
Geisinger Medical Center
N. Academy Ave
Danville, PA 17822
570 271-6304

>>> Joe Wong <joewongt@yahoo.com> 2/7/2008 4:48 PM >>>
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De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Breast IMRT
Fecha:	viernes, 08 de febrero de 2008 17:35:54
Archivos adjuntos:	

That reminds me of a previous job of mine doing collections. One of my coworkers actually said to a customer, "I'm sorry I can't remove that late penalty: that would be going against our customer service policy where we really try to give the customer everything that they signed up for" :)

I suppose it is understandable in a way. If the insurance company has labelled the treatment as "experimental" or something to not cover it, but the patient was treated that way anyways they might get sued for funding something that they shouldn't have. The same old "I want my coffee hot, but if I spill it and I get burns I'm going to sue the pants off you" mentality.

Again kind of a nice thing with socialized healthcare if you have the time and the equipment you can do whatever treatment is best for the patient. My understanding though at least in Ontario radiation treatments are funded a fixed amount per course regardless of plan type. Unfortunately, you request capital for the equipment to do IMRT/gated or whatever but the operational funding doesn't increase. You end up with time being the criteria at some level in that you can't afford enough staff to do all IMRT so you go on a triage kind of scenario. There is talk of the funding model changing to account for different types of treatment but we aren't there yet.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Andrew Jones
Sent: February 8, 2008 8:16 AM
To: pinnacle-users@explode.unsw.edu.au

Subject: Re: Breast IMRT

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De:	Jennifer Buskerud
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Breast IMRT
Fecha:	viernes, 08 de febrero de 2008 18:10:08
Archivos adjuntos:	

NO! You have to charge for the work done. It is still looked at as fraud even if you are charging less. What if you do a 3D plan are you going to charge for a simple isodose? If you wish to take the chance in an audit you can but our clinic charges for the work done.
Jen

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Never miss a thing. Make Yahoo your homepage.

De: Jennifer Buskerud
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: Breast IMRT
Fecha: viernes, 08 de febrero de 2008 18:13:23
Archivos adjuntos:

Leslie,
Just curious as to why you do not complete the whole plan from the start? I know it has no bearing on charges I would think it is easier on you as to not have to remember who needs a boost. It is only a matter of a day or 2 more to complete a full composite plan.
Jen

"Poteet, Leslie" <Leslie.Poteet@USONCOLOGY.COM> wrote:

> At our clinic, it is for the reason of audits, internal or external, that we bill precisely for the work we do or we do not bill for it at all. For example, a pelvis IMRT with a Prostate IMRT boost….. initially we bill IMRT, basics doses, and complex Tx devices. But on the IMRT boost, since IMRT planning can only be billed once per course, we only bill for the basic doses and the complex Tx devices. We do not substitute a complex Isodose charge just because we can't charge IMRT again. We did not do a complex iso plan, we did an IMRT plan. Therefore, if IMRT is justified as being the best treatment for the patient, we do not charge for it all if it is not covered. Substituting a charge for a type of work not performed will not pass an audit.
>
> *Leslie K Poteet, CMD*
> *303-518-7205*
>
> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Joe Wong
> **Sent:** Thursday, February 07, 2008 2:49 PM
> **To:** pinnacle-users@explode.unsw.edu.au
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> Bill Bice
> IMPS
> 210-497-7124
> bice@prodigy.net
>
> ----- Original Message ----
> From: Blake Dirksen <mercyphysics@hotmail.com>
> To: pinnacle-users@explode.unsw.edu.au
> Sent: Thursday, February 7, 2008 12:26:11 PM
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> > Date: Thu, 7 Feb 2008 12:38:40 -0500
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> > To: pinnacle-users@explode.unsw.edu.au
> > Subject: Re: Breast IMRT
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De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Breast IMRT
Fecha:	viernes, 08 de febrero de 2008 18:14:17
Archivos adjuntos:	

Good discussion and I would like to ask a question of the group. An excerpt from our Medicare policy for Texas states:

"Delivery of IMRT requires either the use of a MLC with leaves that project to a nominal 1 cm or less at the treatment unit isocenter or the use of compensator-based beam modulation treatment using three or more high-resolution compensator convergent beam modulated fields. An MLC may use a dynamic (DMLC) or segmented mode (SMLC) to create the three-dimensional, intensity-modulated dose distribution. The average segments (or "steps") per gantry position required to meet IMRT delivery is five."

A couple of interesting points is the three or more beams (which would rule out tangent breast treatment even if they covered it), and that the average segments per gantry angle is 5 or greater. Is it wrong to treat something with say seven beams, limit the number of segments in DMPO to less than 35, and charge 3D conformal? This has advantages in that the therapists would not have to go in the room to flip a wedge, and the total number of monitor units could potentially be less than wedged fields. These advantages are aside from the fact that the DMPO plan would compensate across the entire beam rather than a wedge which just compensates uniformly in one direction.

Some might say that it is still IMRT. Would it have been different if I had come up with 3-4 segments myself? Is the question "inverse or forward"?

Should the method of treatment be left up to the patient in a billing consultation with regards to what their insurance will and will not cover? This is how it is when you go to the dentist or other medical specialties. It is a very complicated situation.

Bryan Murray, CMD

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Breast IMRT
Fecha:	viernes, 08 de febrero de 2008 18:14:52
Archivos adjuntos:	

Socialize Medicine would solve the charging issue.

Kim Knight, CMD

De:	Jennifer Buskerud
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Breast IMRT
Fecha:	viernes, 08 de febrero de 2008 18:19:32
Archivos adjuntos:	

I believe it has to do with whether it is inverse (IMRT) or forward planning (not IMRT).

Bryan Murray <bmurray@northpointcancercenter.com> wrote:

> Good discussion and I would like to ask a question of the group. An excerpt from our Medicare policy for Texas states:
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Cc:	
Asunto:	RE: Breast IMRT
Fecha:	viernes, 08 de febrero de 2008 18:19:52
Archivos adjuntos:	

Respectfully, I say yes! If it is not considered IMRT in the insurance company's eyes, then what is it? (See my earlier post on less than 3 beams and/or less that an average of 5 segments per field.) Is it fraud if they spell out to you what is IMRT but you do not meet those requirements? Is there anything in the definition of 3D conformal that says you cannot use segments? As long as you meet the requirements for 3D, I don't see why not. You are audited by the insurance company (Medicare) and they have their definition of IMRT. You are only liable by their definition in my opinion.

Bryan Murray, CMD

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Jennifer Buskerud
Sent: Friday, February 08, 2008 11:00 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Breast IMRT

NO! You have to charge for the work done. It is still looked at as fraud even if you are charging less. What if you do a 3D plan are you going to charge for a simple isodose? If you wish to take the chance in an audit you can but our clinic charges for the work done.
Jen

Joe Wong <joewongt@yahoo.com> wrote:

> Out of MY curiosity. Can you charge a (say) 3D conformal for an IMRT plan of the breast? If there is an audit, can you argue that IMRT cost more, but (out of the goodness of your heart) you charge less because it delivers better distribution? Has anyone been auditted this way by any (insurance) company? Of course, human nature is that we always grin when we get a bargain, so this could be construed as a bargain, hence will pass audit?
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Never miss a thing. Make Yahoo your homepage.

De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: MU Scripting / prmary cleaning up P3 obsolete dose data automatically, II
Fecha:	viernes, 08 de febrero de 2008 18:27:15
Archivos adjuntos:	

Hey Nicolas,

you will get the MU with
TrialList.Current.BeamList.Current.MonitorUnits;

On electra Machines:
MU open Field
TrialList .Current .BeamList .Current .ModifierList .CPManager .ControlPointList .#"#1" .MonitorUnits ;
MU Wedge Field
TrialList .Current .BeamList .Current .ModifierList .CPManager .ControlPointList .#"#0" .MonitorUnits

Bjørne

Charest, Nicolas schrieb:
> Greetings everyone,
> I am a beginner at understanding scripting.
> I would like to call up the monitor units of a beam.
> Can you help me with the syntax? Where would that information be located?
> Thanks in advance,
> Nicolas Charest
> Medical Physicist, Burlington, VT
>
>
>

> members, the list has been configured so that messages can only be
> sent from a subscribed account. Messages sent from a users secondary
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##
>

--

Gemeinschaftspraxis für Strahlentherapie und Radiologie
Bjørne Riis
Nebenhofstr. 7
23558 Lübeck

De:	Bryan Murray
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Breast IMRT
Fecha:	viernes, 08 de febrero de 2008 19:18:27
Archivos adjuntos:	

One final note, I encourage everyone to download the LCD on IMRT from their Medicare contractor. Trailblazer is one of the biggest (goes by state) and just typing in a search on “IMRT” will bring up their lcd.

http://www.trailblazerhealth.com/Tools/Search.aspx?DomainID=2

Remember, you are audited by the insurance carrier and the auditor will most likely have their definition of IMRT in their hand when they are looking through your charts. Not the ASTRO, ACRO, or the Pinnacle listserv definition! The lcd will also state what documentation needs to be present in the chart, what icd 9 codes are allowed for IMRT, what icd 9 codes have limited coverage (i.e. left sided breast ca), and what is allowed to be billed along with 77301.

Bryan Murray, CMD

De:	Tim Paul
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Question CT isocenter
Fecha:	viernes, 08 de febrero de 2008 19:24:27
Archivos adjuntos:	

Question...

Do you know how to get the coordinates of the CT isocenter (not the plan Iso) in Pinnacle?

Thanks for your help.

Tim Paul

De: drttp24@aol.com
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: Re: Breast IMRT
Fecha: viernes, 08 de febrero de 2008 19:32:18
Archivos adjuntos:

We trust them for non-IMRT, do we not?

-----Original Message-----
From: Blake Dirksen <mercyphysics@hotmail.com>
To: pinnacle-users@explode.unsw.edu.au
Sent: Fri, 8 Feb 2008 10:06 am
Subject: RE: Breast IMRT

I don't think the chamber requirement will go away anytime soon. And I am ok with that. I still get a warm fuzzy feeling when my chamber in phantom matches my planning computer! Remember, never trust a computer!

blake

To: pinnacle-users@explode.unsw.edu.au
Subject: Fwd: Breast IMRT
Date: Fri, 8 Feb 2008 00:46:24 -0500
From: drttp24@aol.com

Does anyone think that the requirement of chamber measurements and fluence maps will go away as a requirement for billing IMRT? Has not the physics' community proven that our tx planning systems can accurately predict and deliver an IMRT plan? Every time I do QA, I wish this would happen! How many millions of fields have been QA'd over the past 10 + years? Surely enough.

Anne Patterson

-----Original Message-----
From: Patrick Meek <patmeek@gmail.com>
To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
Sent: Thu, 7 Feb 2008 10:45 pm
Subject: Re: Breast IMRT

I think that was very well put joe.

Pat

Sent from my iPhone

On Feb 7, 2008, at 5:50 PM, Joe Herrick <herrick_js@hotmail.com> wrote:

I would respectfully disagree that forward planning "is a stupid way to generate a modulation pattern if you have an optimizer". Because we were late to get into into the IMRT game, our dosimetrists became very proficient at forward planning and we still use it a lot...probably on at least half of our non-imrt patients. I think is has a bad rap because most dosimetrists and physicists have not taken the time to properly learn forward planning. Once you get good, it takes no more time than any other 3D type plan. And, the great thing is, no need to worry about any type of IMRT quality assurance and also it requires NO contouring at all. However, if you want to bill it as a 3D plan without contours, that may be a problem.

I think it is unfortunate that many centers have not develop good forward planning as another tool in the arsenal. We use it for almost all single field tx's (spines) and opposed fields (breasts, whole brains, etc.)

Regarding billing, if you can quickly produce a plan with an excellent isodose distribution (forward plan), who cares if you can't bill it as an IMRT or even a 3D?

Joe Herrick

Reno, NV

Date: Thu, 7 Feb 2008 13:48:59 -0800
From: joewongt@yahoo.com
Subject: Re: Breast IMRT
To: pinnacle-users@explode.unsw.edu.au

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###

De:	Toh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Unable to start pinnacle plan
Fecha:	viernes, 08 de febrero de 2008 19:55:55
Archivos adjuntos:	

Hi

I've got this error message when trying to start a plan on a client's workstation:
unable to start /usr/local/adacnew/bin/StartPinnExec$PINN_STATIC/bin/$PINN_ARCH/Pinnacle.
Reboot didn't help. Network is ok. I can import images.
I can still plan on the server workstation.

Can anyone help?

Thanks

De:	Ingo Nickel
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Question CT isocenter
Fecha:	viernes, 08 de febrero de 2008 20:00:48
Archivos adjuntos:	

Hello!

is this what you are looking for
TrialList .Current .LaserLocalizer .LaserCenter .XCoord; (Y,Z)
?

Greetings
Ingo Nickel

> -----Ursprüngliche Nachricht-----
> Von: pinnacle-users@explode.unsw.edu.au
> Gesendet: 08.02.08 19:18:29
> An: <pinnacle-users@explode.unsw.edu.au>
> Betreff: Question CT isocenter

> Question...
>
>
>
> Do you know how to get the coordinates of the CT isocenter (not the plan Iso) in Pinnacle?
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> Thanks for your help.
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>
> Tim Paul

De: Paul King
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: Re: Breast IMRT
Fecha: viernes, 08 de febrero de 2008 20:04:28
Archivos adjuntos:

"Trust, but verify."
- Ronald Reagan

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** drttp24@aol.com
Sent: Friday, February 08, 2008 12:23 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: [Norton AntiSpam] Re: Breast IMRT

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I think it is unfortunate that many centers have not develop good forward planning as another tool in the arsenal. We use it for almost all single field tx's (spines) and opposed fields (breasts, whole brains, etc.)

Regarding billing, if you can quickly produce a plan with an excellent isodose distribution (forward plan), who cares if you can't bill it as an IMRT or even a 3D?

Joe Herrick
Reno, NV

Date: Thu, 7 Feb 2008 13:48:59 -0800
From: joewongt@yahoo.com
Subject: Re: Breast IMRT
To: pinnacle-users@explode.unsw.edu.au

Out of MY curiosity. Can you charge a (say) 3D conformal for an IMRT plan of the breast? If there is an audit, can you argue that IMRT cost more, but (out of the goodness of your heart) you charge less because it delivers better distribution? Has anyone been auditted this way by any (insurance) company? Of course, human nature is that we always grin when we get a bargain, so this could be construed as a bargain, hence will pass audit?
Just curious.

Joe Wong

----- Original Message ----
From: "William Bice, PhD" <bice@prodigy.net>
To: pinnacle-users@explode.unsw.edu.au
Sent: Thursday, February 7, 2008 12:38:48 PM
Subject: Re: Breast IMRT

Blake,

You cannot get a better distribution from two fields than to inverse plan the treatment. Contour the target, set the two fields, establish the dose criteria, and let the optimizer crank out a modulation pattern. Much better than those 2D modulators (wedges) that you are using. Better (sometimes even faster) than forward-planned IMRT (which is a stupid way to generate a modulation pattern if you have an optimizer--but that is another discussion...)

This doesn't mean that you can bill for IMRT, it just means that you are delivering the best treatment that you can given the equipment that you have, within
the constraints given by localization and movement.
The question then becomes "How can you justify giving an inferior treatment just because you don't bill or get paid for it?"
Bill Bice
IMPS
210-497-7124
bice@prodigy.net

----- Original Message ----
From: Blake Dirksen <mercyphysics@hotmail.com>
To: pinnacle-users@explode.unsw.edu.au
Sent: Thursday, February 7, 2008 12:26:11 PM
Subject: RE: Breast IMRT

How do you all justify billing the patient nearly double for a treatment with debatable marginal clincal improvement?

We get minimal hot-spots with field in field 3D and aren't over-billing our patients.

blake

> Date: Thu, 7 Feb 2008 12:38:40 -0500

> From: viol@cstone.net
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Re: Breast IMRT
>
> I understand that this will allow leaves to be opened in the flash
> region. How do you QA this so that it ensures that the actual patient
> gets the correct dose.
>
> Ray Van Ausdal, PhD
>
>
> William Bice, PhD wrote:
>
> > Yes. Expand the PTV outside the skin about 2 cm, create an
> > only-the-PTV-outside-the-skin (Expanded PTV - PTV) structure, target
> > this structure with half the prescribed dose and a very small
> > weighting (like 0.01) in your optimization criteria
> > spreadsheet. Because you are calculating to air, you may have to play
> > with these numbers a bit, but it opens the leaves and doesn't mess up
> > the optimization in the breast tissue.
> >
> >
> > Bill Bice
> > IMPS
> > 210-497-7124
> > bice@prodigy.net
> >
> >
> >
> > ----- Original Message ----
> > From: Paule Charland <paule.charland@grhosp.on.ca>
> > To: pinnacle-users@explode.unsw.edu.au
> > Sent: Thursday, February 7, 2008 10:27:47 AM
> > Subject: Breast IMRT
> >
> > Dear Listers
> >
> > We're looking into doing inverse planning for breast, presumably with
> > DMPO.
> >
> > Is there an efficient way of creating segments that would include an
> > 'open segment', highly weighted, to account for flash/breathing ? We
> > still have 7.4f.
> >
> > Thank you ahead of time
> >
> > Paule
> >
> >
> >

> >
>
>
>

>
>
###
> To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
> unsubscribe pinnacle-users <e-mail address>
> to majordomo@explode.unsw.edu.au.
>
> Note: To avoid non-delivery error messages being sent to all list
> members, the list has been configured so that messages can only be
> sent from a subscribed account. Messages sent from a users secondary
> account will not be distributed unless that account is also subscribed.
>
###

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Unable to start pinnacle plan
Fecha:	viernes, 08 de febrero de 2008 20:15:42
Archivos adjuntos:	

Call service

Kim P. Knight, R.T. (R)(T), A.R.R.T., CMD
Certified Medical Dosimetrist
Christus St. Frances Cabrini Cancer Center
3330 Masonic Drive
Alexandria, LA 71301
Office: 318.448.6937 Fax: 318.483.4097
Email: kim.knight@christushealth.org

De:	Angel Reaves
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Question CT isocenter
Fecha:	viernes, 08 de febrero de 2008 20:26:39
Archivos adjuntos:	

---

which Ct Sim are you using? Advantage?

Angela Reaves, CMD (T) (R)
Lead Medical Dosimetrist
DCH Cancer Treatment Center
801 University Blvd East
Tuscaloosa, Al 35401
205-759-7920
areaves@dchsystem.com

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Ingo Nickel
Sent: Fri 2/8/2008 12:28 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Question CT isocenter

Hello!

is this what you are looking for
TrialList .Current .LaserLocalizer .LaserCenter .XCoord; (Y,Z)
?

Greetings
Ingo Nickel

> -----Ursprüngliche Nachricht-----
> Von: pinnacle-users@explode.unsw.edu.au
> Gesendet: 08.02.08 19:18:29
> An: <pinnacle-users@explode.unsw.edu.au>
> Betreff: Question CT isocenter

> Question...
>

>
>
> Do you know how to get the coordinates of the CT isocenter (not the plan Iso) in Pinnacle?
>
>
>
> Thanks for your help.
>
>
>
> Tim Paul

De:	Shikuan
A:	Users ADAC;
Cc:	
Asunto:	Monitor for SunBlade
Fecha:	viernes, 08 de febrero de 2008 21:32:29
Archivos adjuntos:	

My monitor for SunBalde 2000 is getting fade-out. Anyone replaced it with LCD monitor? Any suggestions with what kind of replacement? Thank you in advance.

Shikuan She
Oncology Therapies of Vista
CyberKnife of Southern California at Vista

De:	Knight, Kim
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Question CT isocenter
Fecha:	viernes, 08 de febrero de 2008 22:00:59
Archivos adjuntos:	

Philips Big Bore and love it!!!!!

Kim

Kim P. Knight, R.T. (R)(T), A.R.R.T., CMD
Certified Medical Dosimetrist
Christus St. Frances Cabrini Cancer Center
3330 Masonic Drive
Alexandria, LA 71301
Office: 318.448.6937 Fax: 318.483.4097
Email: kim.knight@christushealth.org

De:	Michael Biddy
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Unable to start pinnacle plan
Fecha:	viernes, 08 de febrero de 2008 22:29:28
Archivos adjuntos:	

Hello,
You can try copying the plan without dose then recompute the dose if it opens.
Hope it helps

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Toh
Sent: Fri 2/8/2008 10:44 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Unable to start pinnacle plan

Hi

I've got this error message when trying to start a plan on a client's workstation:
unable to start /usr/local/adacnew/bin/StartPinnExec$PINN_STATIC/bin/$PINN_ARCH/Pinnacle.
Reboot didn't help. Network is ok. I can import images.
I can still plan on the server workstation.

Can anyone help?

Thanks

##

De:	Scott Dube
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Checking SSDs - Once or Weekly?
Fecha:	viernes, 08 de febrero de 2008 23:06:06
Archivos adjuntos:	

I've already posted this on the meddos and impac listservers and would like to hear from anyone I might have missed.

Here's a question for the clinical folks. What is your practice for checking SSDs?

I know some places check them weekly while others check the SSD only at the start of each new field.

If you check them weekly, what is the benefit?
Have you detected patients who have lost considerable weight?
Have you detected patients with set-up errors?
Are there other benefits?

If you check them weekly, do you check all treatment sites or just selected sites?
Head/Neck? Breast? Lung? Abdomen? Pelvis?

If you check them weekly, do you document the result in the chart (paper or electonic)?

If you check them weekly, is it part of the port film process or is it a separate procedure?

I'm all for checking SSDs weekly but only if there is a true benefit.

Thanks for your collective wisdom.

TGIF, Scott

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Breast IMRT
Fecha:	sábado, 09 de febrero de 2008 3:56:56
Archivos adjuntos:	

IMRT stands for "Intensity Modulation Radiation Therapy", not "Inverse Modulation Radiation Therapy". This is where the disagreement on billing based on the CMS code comes in, hence committing fraud without realizing it. Ignorance of the law is never a defense, whilst misinterpretation may have an argument in any court of law.

Joe Wong

--- Jennifer Buskerud <stillgruven@yahoo.com> wrote:

> I believe it has to do with whether it is inverse
> (IMRT) or forward planning (not IMRT).
>
> Bryan Murray <bmurray@northpointcancercenter.com>
> wrote: Good discussion and I would like to ask a
> question of the group. An excerpt
> from our Medicare policy for Texas states:
>
> "Delivery of IMRT requires either the use of a MLC
> with leaves that project
> to a nominal 1 cm or less at the treatment unit
> isocenter or the use of
> compensator-based beam modulation treatment using
> three or more
> high-resolution compensator convergent beam
> modulated fields. An MLC may
> use a dynamic (DMLC) or segmented mode (SMLC) to
> create the
> three-dimensional, intensity-modulated dose
> distribution. The average
> segments (or "steps") per gantry position required
> to meet IMRT delivery is
> five."
>
> A couple of interesting points is the three or more
> beams (which would rule
> out tangent breast treatment even if they covered
> it), and that the average
> segments per gantry angle is 5 or greater. Is it
> wrong to treat something

> with say seven beams, limit the number of segments
> in DMPO to less than 35,
> and charge 3D conformal? This has advantages in that
> the therapists would
> not have to go in the room to flip a wedge, and the
> total number of monitor
> units could potentially be less than wedged fields.
> These advantages are
> aside from the fact that the DMPO plan would
> compensate across the entire
> beam rather than a wedge which just compensates
> uniformly in one direction.
>
> Some might say that it is still IMRT. Would it have
> been different if I had
> come up with 3-4 segments myself? Is the question
> "inverse or forward"?
>
> Should the method of treatment be left up to the
> patient in a billing
> consultation with regards to what their insurance
> will and will not cover?
> This is how it is when you go to the dentist or
> other medical specialties.
> It is a very complicated situation.
>
> Bryan Murray, CMD
>
>
>
>
>
>

>
>
>
> ---

> Be a better friend, newshound, and know-it-all with
> Yahoo! Mobile. Try it now.

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Breast IMRT
Fecha:	sábado, 09 de febrero de 2008 7:28:16
Archivos adjuntos:	

Here we go again. With the implementation of IMRT, the demand for MPs became very high, such that there was a quantum leap in the MP's remuneration (thank you, IMRT) for MPs. Now that IMRT has matured, and there is one in very corner (like Starbuck), there is a move by those who found IMRT QA, etc. mundane and boring. If the IMRT QA, etc. work are delegated to dosimetrists or therapists (who become proxy MPs), what are the MPs going to do? Don't tell me that you check charts, etc. How many charts can you check? (Even the dosimetrists and therapists are doing that in some centers.) Get more grants? How many grants can you get? You can only make so many variations of a mouse trap. Write more papers? Yes, there will always be papers to write and get published as long as there are as many niches as there are snowflakes. So back to chamber maeasurements, etc. for IMRT treatments. As long as there is an iota of error in any human invention operated by humans, there will always be a chance of error. As for who checks that, that will be another forum for dicussion. And don't forget, all MPs (and all proxy MPs), you are generously paid to do all these "mundane" work.

Joe Wong

----- Original Message ----
From: "drttp24@aol.com" <drttp24@aol.com>
To: pinnacle-users@explode.unsw.edu.au
Sent: Thursday, February 7, 2008 9:30:52 PM
Subject: Re: Breast IMRT

Does anyone think that the requirement of chamber measurements and fluence maps will go away as a requirement for billing IMRT? Has not

the physics' community proven that our tx planning systems can accurately predict and deliver an IMRT plan? Every time I do QA, I wish this would happen! How many millions of fields have been QA'd over the past 10+ years? Surely enough.

Anne Patterson

De:	Gnanaprakasam (GP) Vadivelu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Checking SSDs - Once or Weekly?
Fecha:	sábado, 09 de febrero de 2008 18:45:03
Archivos adjuntos:	

We check the SSDs weekly regardless of treatment sites. This will be recorded in the patient chart and during weekly chart checks, this is checked and signed by physics. If there is any discrepancy before that, this will be brought to physics attention and sometimes the patient might have lost considerable amount of weight and needs recalc.
Hope this helps
Prakash

>>> <owner-pinnacle-users@explode.unsw.edu.au> 02/08/08 4:55 PM >>>
I've already posted this on the meddos and impac listservers and would like to hear from anyone I might have missed.

Here's a question for the clinical folks. What is your practice for checking SSDs?

I know some places check them weekly while others check the SSD only at the start of each new field.

If you check them weekly, what is the benefit?
Have you detected patients who have lost considerable weight?
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If you check them weekly, do you document the result in the chart (paper or electonic)?

If you check them weekly, is it part of the port film process or is it a separate procedure?

I'm all for checking SSDs weekly but only if there is a true benefit.

Thanks for your collective wisdom.

TGIF, Scott

De:	Israel Mendes
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Monitor for SunBlade
Fecha:	sábado, 09 de febrero de 2008 21:18:31
Archivos adjuntos:	

Philips 19" LCD

2008/2/8, Shikuan <sshe@onctherapies.com>:

> My monitor for SunBalde 2000 is getting fade-out.
> Anyone replaced it with LCD monitor? Any suggestions with
> what kind of replacement? Thank you in advance.
>
> Shikuan She
>
> Oncology Therapies of Vista
>
> CyberKnife of Southern California at Vista

--
Regards,

Dr. Israel Mendes
Físico Médico
Centro Diagmed de Radioterapia
Av. Brasil 961, Guanabara, Campinas, Brazil
Office: +55 19 3241 8327
Office: +55 19 3741 6509
Mobile: +55 19 9669 6855

De: Goshorn, Bruce
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: Checking SSDs - Once or Weekly?
Fecha: lunes, 11 de febrero de 2008 15:49:38
Archivos adjuntos:

Scott (not sure why this is a pinnacle list question, but as it started here, I'll continue),

We take all ssds during the initial Vsim, and these are all recorded in the Impac notes and checked by physics. Then, SSD's are taken each week on port day – recorded in the Impac note and checked by physics during weekly chart checks. If it is a breast treatment, using tangents, although we may only take a medial port, all ssds are recorded. (we also take orthogonal ssds at isocenter). These ssds, along with the weekly port film will offer good information on the direction of possible shifts required (since a shallow port could indicate the need for a Post shift AND/OR a Medial shift). For IMRT patients, we require Iso ssds and Iso ports weekly.

Our therapists enter the ssd in the note for each field, along with their initials and a comment "ok" or "not ok". This allows us to go directly to the individuals responsible for the recording if we have questions, or if there are problems.

The primary benefit (as we see it) is not only that it is a good indicator of the setup or patient changes, but it also forces the therapists to focus on the details. If they note ssds as being off, they can scrutinize the setup – for the most part, this is their world, and they're better at this than we are.

But, here's more questions:

What SSD's do you take/record on patients utilizing IGRT? And, what are those tolerances?

If you are shifting based on Ultrasound, seeds, or RC fiducials, you expect the SSDs to be on with your initial setup… but then you shift – is your SSD tolerance larger? How much larger? At what point would you consider a re-sim/ re-plan? And then – do you port or, what do you port?

Thanks in advance, Bruce

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Scott Dube
Sent: Friday, February 08, 2008 2:55 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Checking SSDs - Once or Weekly?

I've already posted this on the meddos and impac listservers and would like to hear from anyone I might have missed.

Here's a question for the clinical folks. What is your practice for checking SSDs?

I know some places check them weekly while others check the SSD only at the start of each new field.

If you check them weekly, what is the benefit?
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If you check them weekly, do you document the result in the chart (paper or electonic)?

If you check them weekly, is it part of the port film process or is it a separate procedure?

I'm all for checking SSDs weekly but only if there is a true benefit.

Thanks for your collective wisdom.

TGIF, Scott

De:	Scott Dube
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Why check SSDs?
Fecha:	lunes, 11 de febrero de 2008 17:29:05
Archivos adjuntos:	

Thanks to all for both the public and private replies. The reason I posted the question on the Pinnacle list (as well as impac and meddos) is that there are more clinical physicists and dosimetrists on these lists compared to medphys. I often wish the therapists had a list so I could directly communicate with them as well.

It seems there are two reasons to check SSDs:

1. Verify patient setup - I'm sure this began long before verify and record systems. Now we verify the couch parameters and have a setup photo displayed in the room. The head/neck patients are in a mask which is indexed to the couch. Then there is the growing use of IGRT as Bruce mentioned. I wonder how often a setup error is detected by the weekly SSD check if at all. Would not the weekly port films be more telling?

2. Check patient contour - A minority of patients do lose weight and sometimes it may be enough to warrant a recalculation. But at least in my experience, this is a rare event and those patients can be identified by clinical observation not to mention that most therapists have a daily conversation with their patients and know when they are losing weight, not eating, having GI problems, etc.

My concern is that if we ask the therapists to check all the SSDs on all the patients every week and a benefit is not demonstrated, they will smile and agree and make their notation in the chart but do so half heartedly if at all.

Maybe I am wrong, but I think we should ask the staff who do the work to be part of the decision to require the work. This dialogue has been very helpful (at least to me) to open that discussion.

P.S. The reason I ask at all is because I came from a center that did not check SSDs every week. So I am trying to learn more about it.

P.P.S. I suspect there are other centers out there who do not check SSDs weekly but don't want to admit it on the listserver.

On 2/11/08, **Goshorn, Bruce** <Bruce.Goshorn@usoncology.com> wrote:

> Scott (not sure why this is a pinnacle list question, but as it started here, I'll continue),
>
> We take all ssds during the initial Vsim, and these are all recorded in the Impac notes and checked by physics. Then, SSD's are taken each week on port day – recorded in the Impac note and checked by physics during weekly chart checks. If it is a breast treatment, using tangents, although we may only take a medial port, all ssds are recorded. (we also take orthogonal ssds at isocenter). These ssds, along with the weekly port film will offer good information on the direction of possible shifts required (since a shallow port could indicate the need for a Post shift AND/OR a Medial shift). For IMRT patients, we require Iso ssds and Iso ports weekly.
>
> Our therapists enter the ssd in the note for each field, along with their initials and a comment "ok" or "not ok". This allows us to go directly to the individuals responsible for the recording if we have questions, or if there are problems.
>
> The primary benefit (as we see it) is not only that it is a good indicator of the setup or patient changes, but it also forces the therapists to focus on the details. If they note ssds as being off, they can scrutinize the setup – for the most part, this is their world, and they're better at this than we are.
>
> But, here's more questions:
>
> What SSD's do you take/record on patients utilizing IGRT? And, what are those tolerances?
>
> If you are shifting based on Ultrasound, seeds, or RC fiducials, you expect the SSDs to be on with your initial setup… but then you shift – is your SSD tolerance larger? How much larger? At what point would you consider a re-sim/ re-plan? And then – do you port or, what do you port?

Thanks in advance, Bruce

De:	McAfee, Sandra
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Monitor for SunBlade
Fecha:	lunes, 11 de febrero de 2008 17:46:32
Archivos adjuntos:	

We switch to a Nec Multisync lcd 1980 FXI, it is plug and play.

Sandy

From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Shikuan
Sent: Fri 2/8/2008 3:28 PM
To: Users ADAC
Subject: Monitor for SunBlade

My monitor for SunBalde 2000 is getting fade-out. Anyone replaced it with LCD monitor? Any suggestions with what kind of replacement? Thank you in advance.

Shikuan She
Oncology Therapies of Vista
CyberKnife of Southern California at Vista

De:	Charest, Nicolas
A:	"pinnacle-users@explode.unsw.edu.au";
Cc:	
Asunto:	RE: MU Scripting / prmary cleaning up P3 obsolete dose data automatically, II
Fecha:	martes, 12 de febrero de 2008 0:14:29
Archivos adjuntos:	

Thanks/Merci!
Nicolas

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Bjørne
Sent: Friday, February 08, 2008 12:21 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: MU Scripting / prmary cleaning up P3 obsolete dose data automatically, II

Hey Nicolas,

you will get the MU with
TrialList.Current.BeamList.Current.MonitorUnits;

On electra Machines:
MU open Field
TrialList .Current .BeamList .Current .ModifierList .CPManager .ControlPointList .#"#1" .MonitorUnits ;
MU Wedge Field
TrialList .Current .BeamList .Current .ModifierList .CPManager .ControlPointList .#"#0" .MonitorUnits

Bjørne

Charest, Nicolas schrieb:
> Greetings everyone,
> I am a beginner at understanding scripting.
> I would like to call up the monitor units of a beam.
> Can you help me with the syntax? Where would that information be located?
> Thanks in advance,
> Nicolas Charest
> Medical Physicist, Burlington, VT
>

>
>
##
> To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
> unsubscribe pinnacle-users <e-mail address>
> to majordomo@explode.unsw.edu.au.
>
> Note: To avoid non-delivery error messages being sent to all list
> members, the list has been configured so that messages can only be
> sent from a subscribed account. Messages sent from a users secondary
> account will not be distributed unless that account is also subscribed.
>
##
>

--

Gemeinschaftspraxis für Strahlentherapie und Radiologie
Bjørne Riis
Nebenhofstr. 7
23558 Lübeck

##
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to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
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Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary

account will not be distributed unless that account is also subscribed.
##

De:	Lindsay Tremethick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Monitor for SunBlade
Fecha:	martes, 12 de febrero de 2008 10:54:23
Archivos adjuntos:	

Quoting Israel Mendes <israel.mendes@gmail.com>:

> Philips 19" LCD
>
> 2008/2/8, Shikuan <sshe@onctherapies.com>:

Basically any 19" LCD that has a good contrast ratio.
Now whilst a 20" would sound nice remember that 20" is native 1600x1200 and pinnacle is 1280x1024 what results is a slightly blurred picture.

Hey Philips time to get with the times and go beyond 1280x1024!

Radiation Oncology Victoria
http://www.radoncvic.com.au/

De:	bobstanton@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Varian EX: request for data for new installation comparison
Fecha:	miércoles, 13 de febrero de 2008 19:44:22
Archivos adjuntos:	

2/13/08
We are in the process of installing a used (about 4 years old) Varian 21EX, SN 0024S (a silhouette configuration). It has 6 and 10 MV x-rays and 6, 9, 12, 15, and 18 MeV electrons. I will be measuring the beam data for pinnacle in about 3-4 weeks and would love to have a Pinnacle machine file for a similar machine to compare it to.

We plan to do IMRT, so will be going down to small field sizes, hope to use the dynamic wedges (when I can get the apprriate measureing equipment), and eventually we will need the electron output factors (the ones that result of days of tedious measurements). If anyone has a Pinnacle machine file of a similar machine they would be willing to share, I would appreciate them for ever!

Regards,
Bob Stanton
Fitzgerald Mercy Hospital, Darby, PA
856-251-2458

De:	Toh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Unable to start pinnacle plan
Fecha:	miércoles, 13 de febrero de 2008 19:49:18
Archivos adjuntos:	

Hi

No. That was not the problem.
Now I realize that I cannot start plan using my latest version (v 7.6c) on the client but I can still plan with earlier versions, v6.2 or v7.4. No problem on the server workstation.

The error message is
Error: Unable to start /usr/local/adacnew/bin/StartPinnExec$PINN_STATIC/bin/$PINN_ARCH/Pinnacle.

Can anyone help?

Toh

At 05:16 AM 2/9/2008, you wrote:
>Hello,
>You can try copying the plan without dose then recompute the dose if it opens.
>Hope it helps
>
>
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Toh
>Sent: Fri 2/8/2008 10:44 AM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Unable to start pinnacle plan
>
>Hi
>
>I've got this error message when trying to start a plan on a client's
>workstation:
>unable to start
>/usr/local/adacnew/bin/StartPinnExec$PINN_STATIC/bin/$PINN_ARCH/Pinnacle.
>Reboot didn't help. Network is ok. I can import images.
>I can still plan on the server workstation.
>

>Can anyone help?
>
>Thanks
>
>
>
>##
>To unsubscribe (yourself or other account) from the pinnacle-users
>mailing list, send the message
>unsubscribe pinnacle-users <e-mail address>
>to majordomo@explode.unsw.edu.au.
>
>Note: To avoid non-delivery error messages being sent to all list
>members, the list has been configured so that messages can only be
>sent from a subscribed account. Messages sent from a users secondary
>account will not be distributed unless that account is also subscribed.
>##
>
>

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Forest, Gary
A:	tohhj@singnet.com.sg; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Unable to start pinnacle plan
Fecha:	jueves, 14 de febrero de 2008 17:23:53
Archivos adjuntos:	

All the message you are mentioning indicates is that the LaunchPad is getting an error back from when trying to run the Pinnacle executable.

Try the following to get more information about the error:
1. Close Pinnacle plan and LaunchPad from a given workspace
2. Start an xterm (typically little computer icon next to pinnacle icon)
3. When a prompt appears type the word StartPinnacle and press enter,
   note use upper/lower case in the word like shown above.
4. This should have the effect of starting a new LaunchPad
   (same as if you had clicked on Pinnacle icon)
5. Try opening the plan from this Launchpad to generate the error message
6. Exit this LaunchPad without opening any other plans.
7. There will probably be additional text that was output to the
   xterm window that describes your problem in greater detail.

Hope this helps

Gary Forest
Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

------Original Message------
From: "Toh" <tohhj@singnet.com.sg>
Date: Wed Feb 13, 2008 -- 12:52:05 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Unable to start pinnacle plan

Hi

No. That was not the problem.
Now I realize that I cannot start plan using my latest version (v
7.6c) on the client but I can still plan with earlier versions, v6.2
or v7.4. No problem on the server workstation.

The error message is
Error: Unable to start
/usr/local/adacnew/bin/StartPinnExec$PINN_STATIC/bin/$PINN_ARCH/Pinnacle.

Can anyone help?

Toh

At 05:16 AM 2/9/2008, you wrote:
>Hello,
>You can try copying the plan without dose then recompute the dose if it opens.
>Hope it helps
>
>
>-----Original Message-----
>From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Toh
>Sent: Fri 2/8/2008 10:44 AM
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Unable to start pinnacle plan
>
>Hi
>
>I've got this error message when trying to start a plan on a client's
>workstation:
>unable to start
>/usr/local/adacnew/bin/StartPinnExec$PINN_STATIC/bin/$PINN_ARCH/Pinnacle.
>Reboot didn't help. Network is ok. I can import images.
>I can still plan on the server workstation.
>
>Can anyone help?
>
>Thanks
>
>
>
>

>
>

De:	Prieto Martin, Carlos
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Export beams
Fecha:	viernes, 15 de febrero de 2008 10:44:36
Archivos adjuntos:	

Hi,

Do you know how can I export the beams of a plan to a new set of images (a new TC of the same patient).

Thank you

Carlos Prieto Martín
Facultativo Especialista de Area
Servicio de Física Médica
Hospital Clínico San Carlos

De:	Israel Mendes
A:	pinnacle-users@explode.unsw.edu.au; cprieto.hcsc@salud.madrid.org;
Cc:	
Asunto:	Re: Export beams
Fecha:	viernes, 15 de febrero de 2008 12:23:10
Archivos adjuntos:	

Hi Carlos,

Try use the new images like a phantom and coppy the beams like a QC.

2008/2/15, Prieto Martin, Carlos <cprieto.hcsc@salud.madrid.org>:

> Hi,
>
> Do you know how can I export the beams of a plan to a new set of images (a new TC of the same patient).
>
> Thank you
>
> **Carlos Prieto Martín**
> Facultativo Especialista de Area
> Servicio de Física Médica
> Hospital Clínico San Carlos

--
Regards,

Dr. Israel Mendes
Físico Médico
Centro Diagmed de Radioterapia
Av. Brasil 961, Guanabara, Campinas, Brazil
Office: +55 19 3241 8327

Office: +55 19 3741 6509
Mobile: +55 19 9669 6855

De:	Perera, Shashi
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Export beams
Fecha:	viernes, 15 de febrero de 2008 17:12:00
Archivos adjuntos:	

Hi Carlos,
If you have RadCalc, export the beams from the old CT plan to RadCalc and import back to the plan with the new CT.
This works very well. I can provide more details if you need.

Shashi Perera
Wendt Regional Cancer Center
Dubuque, IA 52001

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Israel Mendes
Sent: Friday, February 15, 2008 4:57 AM
To: pinnacle-users@explode.unsw.edu.au; cprieto.hcsc@salud.madrid.org
Subject: Re: Export beams

Hi Carlos,

Try use the new images like a phantom and coppy the beams like a QC.

2008/2/15, Prieto Martin, Carlos <cprieto.hcsc@salud.madrid.org>:
Hi,

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Thank you

Carlos Prieto Martín
Facultativo Especialista de Area
Servicio de Física Médica
Hospital Clínico San Carlos

--
Regards,

Dr. Israel Mendes
Físico Médico
Centro Diagmed de Radioterapia
Av. Brasil 961, Guanabara, Campinas, Brazil
Office: +55 19 3241 8327
Office: +55 19 3741 6509
Mobile: +55 19 9669 6855

De:	Gao, Jeff
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	plan copy
Fecha:	viernes, 15 de febrero de 2008 17:21:56
Archivos adjuntos:	

Dear Pinnaclers

Could you please share how can you transfer an IMRT plan from one machine to another without reoptimization? (for Siemens users, say from Oncor to primus) I want to see MU changes between two machines?

Thank you and have a good weekend

Jeff

De:	Chihray Liu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	cprieto.hcsc@salud.madrid.org;
Asunto:	Re: Export beams
Fecha:	viernes, 15 de febrero de 2008 20:55:59
Archivos adjuntos:	exportbeams.Script.p3rtp importbeams.Script.p3rtp

---

Carlos;

Here is the scripts for export plan and import plan with the requirement of making / home/p3rtp/inout directory.

Chihray Liu, Ph.D.
Associate Professor
Department of Radiation Oncology
University of Florida
Cell:(352)538-2923
Office:(352)2658217
On Fri, Feb 15, 2008 at 10:36 AM, Perera, Shashi <Shashi.Perera@finleyhospital.org> wrote:

> Hi Carlos,
>
> If you have RadCalc, export the beams from the old CT plan to RadCalc and import back to the plan with the new CT.
>
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>
> Shashi Perera
>
> Wendt Regional Cancer Center
>
> Dubuque, IA 52001
>
> ---
>
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-

pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Israel Mendes
Sent: Friday, February 15, 2008 4:57 AM
To: pinnacle-users@explode.unsw.edu.au; cprieto.hcsc@salud.madrid.org
Subject: Re: Export beams

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Carlos Prieto Martín

Facultativo Especialista de Area

Servicio de Física Médica

Hospital Clínico San Carlos

--
Regards,

Dr. Israel Mendes
Físico Médico
Centro Diagmed de Radioterapia
Av. Brasil 961, Guanabara, Campinas, Brazil
Office: +55 19 3241 8327
Office: +55 19 3741 6509
Mobile: +55 19 9669 6855

--
Chihray Liu, Ph.D.
Associate Professor
Department of Radiation Oncology
University of Florida
Cell:(352)538-2923
Office:(352)2658217

De:	Vitalis, Tom J.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Export beams
Fecha:	lunes, 18 de febrero de 2008 2:18:21
Archivos adjuntos:	

-----Original Message-----
From: Chihray Liu <liucr@ufl.edu>
Sent: Friday, February 15, 2008 2:55 PM
To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
Cc: cprieto.hcsc@salud.madrid.org <cprieto.hcsc@salud.madrid.org>
Subject: Re: Export beams

Carlos;

Here is the scripts for export plan and import plan with the requirement of making / home/p3rtp/inout directory.

Chihray Liu, Ph.D.
Associate Professor
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University of Florida
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Shashi Perera

Wendt Regional Cancer Center

Dubuque, IA 52001

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Israel Mendes
Sent: Friday, February 15, 2008 4:57 AM
To: pinnacle-users@explode.unsw.edu.au; cprieto.hcsc@salud.madrid.org
Subject: Re: Export beams

Hi Carlos,

Try use the new images like a phantom and coppy the beams like a QC.

2008/2/15, Prieto Martin, Carlos <cprieto.hcsc@salud.madrid.org>:

Hi,

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Thank you

Carlos Prieto Martín

Facultativo Especialista de Area

Servicio de Física Médica

Hospital Clínico San Carlos

_____

--
Regards,

Dr. Israel Mendes
Físico Médico
Centro Diagmed de Radioterapia
Av. Brasil 961, Guanabara, Campinas, Brazil
Office: +55 19 3241 8327
Office: +55 19 3741 6509
Mobile: +55 19 9669 6855

--
Chihray Liu, Ph.D.
Associate Professor
Department of Radiation Oncology
University of Florida
Cell:(352)538-2923
Office:(352)2658217

De:	Vitalis, Tom J.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: plan copy
Fecha:	lunes, 18 de febrero de 2008 2:32:20
Archivos adjuntos:	

-----Original Message-----
From: Gao, Jeff <Jeff.Gao@atlantichealth.org>
Sent: Friday, February 15, 2008 11:15 AM
To: pinnacle-users@explode.unsw.edu.au <pinnacle-users@explode.unsw.edu.au>
Subject: plan copy

Dear Pinnaclers

Could you please share how can you transfer an IMRT plan from one machine to another without reoptimization? (for Siemens users, say from Oncor to primus) I want to see MU changes between two machines?

Thank you and have a good weekend

Jeff

not an intended recipient or the employee or agent responsible to deliver this to the intended recipient, you have received this message in error and any review, distribution or copying of it by you is prohibited. If you have received this message in error, please notify the sender immediately, and delete the message. E-mail and communication system messages generated by members of the Atlantic Health workforce may not necessarily reflect the views of Atlantic Health, its officers, directors or management.

De:	e.vdieren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Elekta motorized wedge warning (in 8.0h?)
Fecha:	lunes, 18 de febrero de 2008 16:56:59
Archivos adjuntos:	fixedmotorwedge.gif wedgeproblem.gif motorwigprobleem.gif

---

Hi,

we've run into problem with our Elekta machine in Pinnacle. Elekta machines have a motorized wedge, in which the angle should be freely definable. We've used it for 4 years now. We've recently upgrades to Pinnacle 8.0h.

For 1 patient only, the beam parameters *suggested* that the wedge was taken into account, but MU and dose distribution showed otherwise. Sending by DicomRT was OK: two open segments were sent to the accelerator, although the paper printout stated that there was a open and wedge segment.

You can see it by checking the <beam/modifier sheet>. The wedge column says <motor wedge>, but the angle column says either <no wedge> or <fixed>, which is impossible. (see screendumps attached for field number 5 and 8).

Fortunately, the beam was a low dose (0.2Gy) prescription to improve dose distribution (a bit of forward IMRT)

To me, it shows that independant MU checking is important, and that you should never stop checking these complex systems.

sincerely
Erik

DISCLAIMER

De informatie in deze e-mail is vertrouwelijk en uitsluitend bestemd voor geadresseerde(n). Indien u niet de geadresseerde bent, wordt u er hierbij op gewezen, dat u geen recht heeft kennis te nemen van de inhoud van deze e-mail, deze te gebruiken, te kopiëren of te verstrekken aan andere personen dan de geadresseerde. Indien u deze e-mail abusievelijk heeft ontvangen, brengt u dan alstublieft de afzender op de hoogte, waarbij u bij deze gevraagd wordt het originele bericht te vernietigen.

Het HagaZiekenhuis is niet verantwoordelijk voor de inhoud van deze e-mail en wijst iedere aansprakelijkheid af voor en/of in verband met alle gevolgen en/of schade van een onjuiste of onvolledige verzending ervan. Tenzij uitdrukkelijk het tegendeel blijkt, kunnen aan dit bericht geen rechten worden ontleend. Het gebruik van Internet e-mail brengt zekere risico´s met zich mee. Daarom wordt iedere aansprakelijkheid voor het gebruik van dit medium door het HagaZiekenhuis van de hand gewezen.

De:	Tim Paul
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Rapid Arc/Vmat
Fecha:	lunes, 18 de febrero de 2008 18:23:10
Archivos adjuntos:	

Has anyone heard if and when Pinnacle will support Varian's Rapid Arc or Elekta's VMAT?

Thanks for any info you've got.

Tim Paul

De:	Liurico
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: plan copy
Fecha:	lunes, 18 de febrero de 2008 19:20:06
Archivos adjuntos:	

Hi Jeff

I don't know if there is a easy way to do this, however I can share you my way of transferring IMRT plan from one machine to another without reoptimization(you should recompute the final dose though). This way only works for the machines both have the same MLC and possibly same configurations.

You just need to find a file of that patient named plan.Trial and change the machine name associate with each beams.

1) In the Patient selection widow, highlight the patient that you concern,click "edit" button
2) In edit patient data window, click "revision History"button
3) In the patient revision History window, highlight the path on the right hand side under "Directory"
4) open a xterm, change your home directory to the directory that you highlighted
5) If you list that directory, you should see subdirectories named Plan_0,Plan_1...., change your directory to Plan_0 for example if that plan is the one that you want to change
6)Now you should be able to see there is a file named plan.Trial, Open it using "emacs", "Vi" or whatever you have to edit that file

Here is the place (red) that you need to change:

.....

BeamList ={
Beam ={
.....
.....
.....
MachineNameAndVersion = "ABCD : 2001-02-15 16:36:21";
.....
.....

I would like to copy this part from another pathient's plan in which another machine is used. Assume you have four beams, then you need to change this tag for each beams.

If you think you may mess up something , I will suggest you backup that patient first.

One more word, sometime it is not invalid the dose when you open the plan. So you have to invalid the dose and compute it again.

Good Luck

Rico Liu

RBOI FL

Subject: plan copy
Date: Fri, 15 Feb 2008 11:09:59 -0500
From: Jeff.Gao@atlantichealth.org
To: pinnacle-users@explode.unsw.edu.au

Dear Pinnaclers

Could you please share how can you transfer an IMRT plan from one machine to another without reoptimization? (for Siemens users, say from Oncor to primus) I want to see MU changes between two machines?

Thank you and have a good weekend

Jeff

De:	Maria Trinitat García Hernández
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	copy a contour
Fecha:	martes, 19 de febrero de 2008 14:37:56
Archivos adjuntos:	

How can I copy a roi contour from the last slice to the next slice and from the fist slice to the previous slice using a script?

Mensaje enviado desde IMP. Sistema interno de correo de Eresa.

De:	Jonathan Howe
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Rapid Arc/Vmat
Fecha:	martes, 19 de febrero de 2008 14:57:26
Archivos adjuntos:	

Tim,

Philips have published a customer letter outlining their plans for adding these developments to Pinnacle. You can view the letter at the InCenter site http://incenter.medical.philips.com/ under Pinnacle | R8.0 | Reports. The short answer is yes... eventually.

Jonathan Howe

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Tim Paul
Sent: Monday, February 18, 2008 12:13 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Rapid Arc/Vmat

Has anyone heard if and when Pinnacle will support Varian's Rapid Arc or Elekta's VMAT?

Thanks for any info you've got.

Tim Paul

De:	Dott.ssa Angelini Anna Lisa
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Script Elekta Body frame
Fecha:	martes, 19 de febrero de 2008 17:49:20
Archivos adjuntos:	

Dear Users,
does anybody know if it is available a script to automatically individuate the isocentre in the stereotactic coordinates of Elekta Body Frame?

Best Reguards.

Anna Lisa

De:	Cynthia Seier
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Billing for Breast IMRT
Fecha:	miércoles, 20 de febrero de 2008 17:21:25
Archivos adjuntos:	

Hi to all fellow dosimetrists & physicists,
Just wondering how others are billing with the following procedure for treating breast: 4 tangent fields, both medial fields are at same angle & same with lateral tangents. One set of M-L & L-M tangents are treated open or with very little leaf blocking with about 80% of the prescribed daily dose. These fields are set to beam weight. The other two fields are done with DMPO/ optimization with max no. of 10 control points. These two beams make up the other 20% of the prescribed daily dose. Can you bill for an IMRT plan since two of the beams have control points even though they comprise about 20% of the daily dose? We always print DVH & dose clouds with our plans. I would appreciated any feedback as this seems to be somewhat of a "gray" area.

Thank You!
Cindy Seier, CMD
(605)668-8856

De:	William Bice, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Billing for Breast IMRT
Fecha:	miércoles, 20 de febrero de 2008 18:11:10
Archivos adjuntos:	

Cynthia,

Good and timely question. Excellent, indeed!

From the discussion that has taken place on this list previously, the conclusion is that you must offer these services for free.

You cannot bill IMRT because it is a breast treatment and the payors will not reimburse you unless the physician justifies this as a special circumstance.

You cannot bill 3D because you had the temerity to use the optimizer and the resultant delivery would constitute FRAUD (the capital letters are not mine, but another list contributor's emphasis).

You cannot bill 2D for the same reason.

Therefore you must be satisfied that you have given the patient the optimal treatment, and at the best price!

(Hint: maybe this list is not the best place to ask this question. All billing is local and left to the discretion, mercy and sanity of the interpreting entity--the payor.)

Bill Bice
IMPS
210-497-7124
bice@prodigy.net

----- Original Message ----

From: Cynthia Seier <CSeier@shhservices.com>
To: pinnacle-users@explode.unsw.edu.au
Sent: Wednesday, February 20, 2008 10:00:39 AM
Subject: RE: Billing for Breast IMRT

Hi to all fellow dosimetrists & physicists,
Just wondering how others are billing with the following procedure for treating breast: 4 tangent fields, both medial fields are at same angle & same with lateral tangents. One set of M-L & L-M tangents are treated open or with very little leaf blocking with about 80% of the prescribed daily dose. These fields are set to beam weight. The other two fields are done with DMPO/ optimization with max no. of 10 control points. These two beams make up the other 20% of the prescribed daily dose. Can you bill for an IMRT plan since two of the beams have control points even though they comprise about 20% of the daily dose? We always print DVH & dose clouds with our plans. I would appreciated any feedback as this seems to be somewhat of a "gray" area.

Thank You!
Cindy Seier, CMD
(605)668-8856

De:	Yao.J.Qian@kp.org
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Generate .dpf file for plan
Fecha:	miércoles, 20 de febrero de 2008 18:48:50
Archivos adjuntos:	

Dear All:

I know this question has been asked before. I can not find my old email about that. So if anyone has answer, your help is appreciated

QUESTION:

How can I generate a pdf file including:
Plan Summary
Isodose images for Transverse, Coronal and Sagittal Views
All the DRRs

I can generate pdfs for each individual item, but not in one button click kind of way

Thanks

YJ Qian
Dept of Radiation Oncology
Kasier Permanente, Los Angeles
4950 Sunset Blvd., Los Angeles
California, CA 90027
(323) -783-7695

De:	Anton Eagle
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	version 8.0m ?
Fecha:	miércoles, 20 de febrero de 2008 19:26:35
Archivos adjuntos:	

Does anybody have this up and running yet? If so, can we get some feedback on whether there are any unexpected issues with this version?

Thanks,

Anton Eagle

De:	Cynthia Seier
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Billing for Breast IMRT
Fecha:	miércoles, 20 de febrero de 2008 21:31:44
Archivos adjuntos:	

Hi to all fellow dosimetrists & physicists,
Just wondering how others are billing with the following procedure for treating breast: 4 tangent fields, both medial fields are at same angle & same with lateral tangents. One set of M-L & L-M tangents are treated open or with very little leaf blocking with about 80% of the prescribed daily dose. These fields are set to beam weight. The other two fields are done with DMPO/ optimization with max no. of 10 control points. These two beams make up the other 20% of the prescribed daily dose. Can you bill for an IMRT plan since two of the beams have control points even though they comprise about 20% of the daily dose? We always print DVH & dose clouds with our plans. I would appreciated any feedback as this seems to be somewhat of a "gray" area.

Thank You!
Cindy Seier, CMD
(605)668-8856

De:	Richards, Paul
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: version 8.0m ?
Fecha:	miércoles, 20 de febrero de 2008 21:33:35
Archivos adjuntos:	

Is this version (8.0m) available and could be downloaded from the WEB site?

Paul
prichards@stfranciscare.org
860.714.1519 direct
860.714.4763 common area

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Ohm, Mike
Sent: Wednesday, February 20, 2008 2:13 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: version 8.0m ?

Installed Monday. Fixes the image sync issue (and a couple other things). No physics re-commissioning required (from 8.0k at least).

Release notes have all the details.

So far, nothing 'unexpected', but it's only been a couple days. Using a mixed environment of 810's and SB2000.

Mike Ohm
Fairview Hospital
Cleveland Clinic

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Anton Eagle
Sent: Wednesday, February 20, 2008 1:10 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: version 8.0m ?

Does anybody have this up and running yet? If so, can we get some feedback on whether there are any unexpected issues with this version?

Thanks,

Anton Eagle

De:	William Bice, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Billing for Breast IMRT
Fecha:	miércoles, 20 de febrero de 2008 21:38:20
Archivos adjuntos:	

Cynthia,

Good and timely question. Excellent, indeed!

From the discussion that has taken place on this list previously, the conclusion is that you must offer these services for free.

You cannot bill IMRT because it is a breast treatment and the payors will not reimburse you unless the physician justifies this as a special circumstance.

You cannot bill 3D because you had the temerity to use the optimizer and the resultant delivery would constitute FRAUD (the capital letters are not mine, but another list contributor's emphasis).

You cannot bill 2D for the same reason.

Therefore you must be satisfied that you have given the patient the optimal treatment, and at the best price!

(Hint: maybe this list is not the best place to ask this question. All billing is local and left to the discretion, mercy and sanity of the interpreting entity--the payor.)

Bill Bice
IMPS
210-497-7124
bice@prodigy.net

----- Original Message ----

From: Cynthia Seier <CSeier@shhservices.com>
To: pinnacle-users@explode.unsw.edu.au
Sent: Wednesday, February 20, 2008 10:00:39 AM
Subject: RE: Billing for Breast IMRT

Hi to all fellow dosimetrists & physicists,
Just wondering how others are billing with the following procedure for treating breast: 4 tangent fields, both medial fields are at same angle & same with lateral tangents. One set of M-L & L-M tangents are treated open or with very little leaf blocking with about 80% of the prescribed daily dose. These fields are set to beam weight. The other two fields are done with DMPO/ optimization with max no. of 10 control points. These two beams make up the other 20% of the prescribed daily dose. Can you bill for an IMRT plan since two of the beams have control points even though they comprise about 20% of the daily dose? We always print DVH & dose clouds with our plans. I would appreciated any feedback as this seems to be somewhat of a "gray" area.

Thank You!
Cindy Seier, CMD
(605)668-8856

De:	George W. Sherouse, Ph.D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Billing for Breast IMRT
Fecha:	miércoles, 20 de febrero de 2008 22:14:25
Archivos adjuntos:	

There are some misconceptions afloat here. Perhaps I am the one harboring them.

First let me remind you that I'm just a Medical Physicist who tries to keep up, not at all a billing compliance guru or professional coder.

That said, I think there is some unfortunate confusion both here and in the broader community about breast IMRT. Let me list what I think is true:

1. The use of some sort of custom beam modulation is a Good Thing for breast irradiation. We used to use one-size-fits-all hard wedges. Now we can develop custom modulations that fit the actual breast. And we can also perhaps improve lung and heart toxicity as a bonus. These things are all good.

2. In a fairly large number of cases (all policy is local) insurers are not willing to pay the higher cost associated with IMRT for the use of modulation in breast irradiation. There are a variety of criteria that are applied, and it's good for your coders to know what those criteria are when they submitted charges. In many cases the criteria even make some sense.

3. In my opinion the way the work gets coded should not dictate the technology. I am aware that many people go out of their way to "forward plan" breasts to avoid using the optimizer (indeed, this technique is taught in Pinnacle school), when using the optimizer would yield a better result faster and easier. This is wasteful of both resources and precious dosimetrist time.

4. I am personally not aware of any insurer who refuses to pay for custom-modulated breast irradiation charged as 3D Conformal regardless of how the modulation is designed. If anyone has documented incidents to the contrary please forward me details. I certainly do not see a basis for anyone being accused of fraudulent "downcoding" simply because they used their optimizer to plan a 3D conformal case. It is not the optimizer that makes it IMRT from a billing perspective.

In summary, my recommendation is that you do the best plan you can using the most appropriate and efficient tools you have in hand and let your coding people bill it as the most appropriate service according to the rules established by the patient's insurer.

Again, only a fool would take my advice over that of a local expert.

- GWS

On Feb 20, 2008, at 11:51 AM, William Bice, PhD wrote:

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Cindy Seier, CMD
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De:	Ohm, Mike
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: version 8.0m ?
Fecha:	jueves, 21 de febrero de 2008 3:33:35
Archivos adjuntos:	

Installed Monday. Fixes the image sync issue (and a couple other things). No physics re-commissioning required (from 8.0k at least).

Release notes have all the details.

So far, nothing 'unexpected', but it's only been a couple days. Using a mixed environment of 810's and SB2000.

Mike Ohm
Fairview Hospital
Cleveland Clinic

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Anton Eagle
Sent: Wednesday, February 20, 2008 1:10 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: version 8.0m ?

Does anybody have this up and running yet? If so, can we get some feedback on whether there are any unexpected issues with this version?

Thanks,

Anton Eagle

Visit us online at http://www.clevelandclinic.org for a complete listing of our services, staff and locations.

De:	Hobie Shackford
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: version 8.0m ?
Fecha:	jueves, 21 de febrero de 2008 4:13:36
Archivos adjuntos:	

It is listed on the in-center web site but when I tried to download it today the download control software could not make a network connection. I emailed support to see if there is a problem on their end.

I did look over the release notes and it looks like the only thing that is fixed is the image synchronization issue disscussed here last month.

Hobie Shackford
Providence, RI

--- "Richards, Paul" <PDrichar@stfranciscare.org> wrote:

> Is this version (8.0m) available and could be
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> site?
>
>
> Paul
> prichards@stfranciscare.org
> 860.714.1519 direct
> 860.714.4763 common area
>
>
>
> _____
>
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On
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> Sent: Wednesday, February 20, 2008 2:13 PM
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>
>
>
> Anton Eagle
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>
>
>
>
> P Please consider the environment before printing
> this e-mail
>
>
>
> Cleveland Clinic is ranked one of the top hospitals
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> Visit us online at http://www.clevelandclinic.org
> for

> a complete listing of our services, staff and
> locations.
>
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> material in
> its entirety, whether electronic or hard copy.
> Thank you.
>
>

De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Generate .dpf file for plan
Fecha:	jueves, 21 de febrero de 2008 6:26:36
Archivos adjuntos:	

Hello
i have build a couple of scripts to generate the PDF output with a minimum of clicks. I will send them to the medphysfiles page as soon as the Documentation is done.

Bjørne

Yao.J.Qian@kp.org schrieb:
> Dear All:
>
> I know this question has been asked before. I can not find my old email
> about that. So if anyone has answer, your help is appreciated
>
>
> QUESTION:
>
> How can I generate a pdf file including:
> Plan Summary
> Isodose images for Transverse, Coronal and Sagittal Views
> All the DRRs
>
> I can generate pdfs for each individual item, but not in one button click
> kind of way
>
> Thanks
>
> YJ Qian
> Dept of Radiation Oncology
> Kasier Permanente, Los Angeles
> 4950 Sunset Blvd., Los Angeles
> California, CA 90027
> (323) -783-7695
>
>

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> saving them. Thank you.
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--

Gemeinschaftspraxis für Strahlentherapie und Radiologie
Bjørne Riis
Nebenhofstr. 7
23558 Lübeck

De:	drttp24@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Rapid Arc/Vmat
Fecha:	jueves, 21 de febrero de 2008 15:46:11
Archivos adjuntos:	

I heard directly this week from a Varian sales rep that Varian will not sell Rapid Arc to customers unless you are an all-Varian department, meaning Eclipse and Aria. They do not want to go through the OBI fiasco again. Her words, not mine. They will consider selling it to other sites in a few years!?!

Anne Patterson

-----Original Message-----
From: Jonathan Howe <jhowe@mrccnet.com>
To: pinnacle-users@explode.unsw.edu.au
Sent: Tue, 19 Feb 2008 8:49 am
Subject: RE: Rapid Arc/Vmat

```
Tim,

Philips have published a customer letter outlining their plans for
adding these developments to Pinnacle. You can view the letter at the
InCenter site http://incenter.medical.philips.com/ under Pinnacle | R8.0
| Reports. The short answer is yes... eventually.

Jonathan Howe

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Tim Paul
Sent: Monday, February 18, 2008 12:13 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Rapid Arc/Vmat

Has anyone heard if and when Pinnacle will support Varian's Rapid Arc or
Elekta's VMAT?

Thanks for any info you've got.

Tim Paul


################################################################
To unsubscribe (yourself or other account) from the pinnacle-users
mailing list, send the message unsubscribe pinnacle-users <e-mail
address> to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be sent
```

from a subscribed account. Messages sent from a users secondary account
will not be distributed unless that account is also subscribed.
##

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##

De:	Damian Speakman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Rapid Arc/Vmat
Fecha:	jueves, 21 de febrero de 2008 16:09:34
Archivos adjuntos:	

Anne,

Will you tell me more about the OBI fiasco?

Thanks

Damian

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
On Behalf Of drttp24@aol.com
Sent: Thursday, February 21, 2008 8:28 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Rapid Arc/Vmat

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De:	mwfraser@comcast.net
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Billing for Breast IMRT
Fecha:	jueves, 21 de febrero de 2008 16:38:08
Archivos adjuntos:	

George,
Good Points all.
I'd particularly echo #4 - Having heard this 'fact' echoed so many times and always wondered which billing consultant thought it up first.
Since any IMRT plan meets the criteria for 77295 We have a service which meets the criteria for one level of service but not* the 'next' level (77301) so where is the 'downcoding'? AND where is the evidence that this practive is inappropriate, let alone illegal? (again, consutlant's learned views aside)

Regards
Martin

* not meeting because it, for example, doesn't meet the standard of documented medical necessity (which Breast generally do not, IMO)

> ---------- Original message ----------
> From: "George W. Sherouse, Ph.D." <GWS@GWSherouse.com>
> There are some misconceptions afloat here. Perhaps I am the one harboring them.
>
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- GWS

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Thank You!
Cindy Seier, CMD
(605)668-8856

De:	Barrett Marc
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Rapid Arc/Vmat
Fecha:	jueves, 21 de febrero de 2008 16:42:05
Archivos adjuntos:	

Bogus...If you fork over 400K-500K for Rapid Arc, they'll sell it to you....
It's like a sales rep saying that Rapid Arc will only work with Aria and not IMPAC, true as of today, but with the next Mosaiq upgrade from IMPAC in 3-4 months, Rapid arc will be supported. Sales Speak...

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** drttp24@aol.com
Sent: Thursday, February 21, 2008 8:28 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Rapid Arc/Vmat

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Anne Patterson

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Thanks for any info you've got.

Tim Paul

De:	Paul King
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Rapid Arc/Vmat
Fecha:	jueves, 21 de febrero de 2008 17:11:30
Archivos adjuntos:	

Was this explained as a marketing decision or a technical decision? Having bought, but not yet received an OBI, I'm not excited at hearing "OBI" and "fiasco" used together in the same sentence by the manufactuer.

Are many sites which are hoping to adopt (rapid) modulated arc already using conformal arc?

- Paul King

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** drttp24@aol.com
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Elekta's VMAT?

Thanks for any info you've got.

Tim Paul

De: Phoebe Shulman-Edelson

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: Rapid Arc/Vmat

Fecha: jueves, 21 de febrero de 2008 17:27:32

Archivos adjuntos:

----- Original Message -----
From: drttp24@aol.com
To: pinnacle-users@explode.unsw.edu.au
Sent: Thursday, February 21, 2008 6:28 AM
Subject: Re: Rapid Arc/Vmat

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Subject: RE: Rapid Arc/Vmat

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InCenter site http://incenter.medical.philips.com/ under Pinnacle | R8.0
| Reports. The short answer is yes... eventually.

Jonathan Howe

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Tim Paul
Sent: Monday, February 18, 2008 12:13 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Rapid Arc/Vmat

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De:	Bob Smith
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Rapid Arc/Vmat
Fecha:	jueves, 21 de febrero de 2008 17:55:05
Archivos adjuntos:	

Our department is an Pinnacle/IMPAC/Varian department. We were the first to implement OBI and CBCT with an IMPAC interface. We just got a quotation for a new linac with RapidArc. Seems like Varian is willing to sell it to a non all-Varian department. I would also like to hear about the OBI fiasco. We had some problems as first adaptors but no "fiasco".

Bob

~~~~~~

Robert M. Smith, MS
Director of Physics
ROCNJ & ROCPA
bsmith@prapa.com
www.rocnj.com
732-303-5292

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]
On Behalf Of drttp24@aol.com
Sent: Thursday, February 21, 2008 9:28 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Rapid Arc/Vmat

I heard directly this week from a Varian sales rep that Varian will not sell Rapid Arc to customers unless you are an all-Varian department, meaning Eclipse and Aria. They do not want to go through the OBI fiasco again. Her words, not mine. They will consider selling it to other sites in a few years!?!

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Thanks for any info you've got.

Tim Paul

De: drttp24@aol.com

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: Re: Rapid Arc/Vmat

Fecha: jueves, 21 de febrero de 2008 18:11:30

Archivos adjuntos:

"Fiasco" was the Varian sales reps' word, not mine.

Anne Patterson

-----Original Message-----
From: Bob Smith <bsmith@prapa.com>
To: pinnacle-users@explode.unsw.edu.au
Sent: Thu, 21 Feb 2008 11:47 am
Subject: RE: Rapid Arc/Vmat

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Thanks for any info you've got.

Tim Paul

More new features than ever. Check out the new AOL Mail!

De:	Joe Wong
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Rapid Arc/Vmat
Fecha:	jueves, 21 de febrero de 2008 20:20:57
Archivos adjuntos:	

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> Mike Gallamore, Bsc (physics)
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> Programmer Analyst
>
> Grand River Regional Cancer Center
>

> phn: 519-749-4300 X5792
>
> mobile: 519-503-5044
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> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On
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> To: pinnacle-users@explode.unsw.edu.au
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> size=2 width="100%" align=center>
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> More new features than ever. Check out the new AOL
> Mail
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<http://o.aolcdn.com/cdn.webmail.aol.com/mailtour/aol/en-us/text.htm?nci
> d=aolcmp00050000000003> !
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De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Rapid Arc/Vmat
Fecha:	jueves, 21 de febrero de 2008 20:57:12
Archivos adjuntos:	

Same boat here, we were sold full dicom transfer, biological modelling, etc as part of Pinnacle ~4 years ago, but dicom DRR transfer was a long time coming. The original ROQ actually said that that functionality would "be available by time of installation" :)

According to our current sales guy that practice is now illegal in the US. You can no longer have a purchase of a medical product that doesn't actually exist yet. Our centre's not in the US but still sounds like a reasonable practice if not a law.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Joe Wong
Sent: February 21, 2008 2:07 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Rapid Arc/Vmat

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> Sent: Tue, 19 Feb 2008 8:49 am
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> More new features than ever. Check out the new AOL
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<http://o.aolcdn.com/cdn.webmail.aol.com/mailtour/aol/en-us/text.htm?nci
> d=aolcmp00050000000003> !
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Never miss a thing. Make Yahoo your home page.
http://www.yahoo.com/r/hs

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De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Rapid Arc/Vmat
Fecha:	viernes, 22 de febrero de 2008 1:25:16
Archivos adjuntos:	

Our issue (might vary with site) with OBI we are a Pinnacle/Aria/ Varian machine site.

Aria will not store CT sets to the database unless you have:

a) Aria 8.2 or greater
b) A dose calc engine (read at least one Eclipse)

Without both these you can not compare your pre treat CT to your OBIs offline, greatly reducing the usefulness of the OBI. I'm not sure what the scenario would be for an IMPAC or other R&V site. Also when we got our first OBI ~1.5 years ago Varian had to give us (after twisting their arm) a SomaVision workstation so we had a way of viewing the CTs to create the matching images to use on machine during OBI. We are still a 7.4f site so don't have full dicom for images yet.

Supposedly the dose calc is needed to populate some of the mandatory fields in the plan info in Aria so that the CT info can be loaded and coregistered with each other. When you import a plan into Aria from a third party TPS you don't populate everything that would get populated with data from Eclipse. Varian explained that a 3rd party TPS sends a "snapshot" at a field by field level, where as Eclipse will have the data in more of a plan-object level or abstraction.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Paul King
Sent: February 21, 2008 11:03 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Rapid Arc/Vmat

Was this explained as a marketing decision or a technical decision? Having bought, but not yet received an OBI, I'm not excited at hearing "OBI" and "fiasco" used together in the same sentence by the manufactuer.

Are many sites which are hoping to adopt (rapid) modulated arc already using conformal arc?

- Paul King

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** drttp24@aol.com
> **Sent:** Thursday, February 21, 2008 8:28 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Re: Rapid Arc/Vmat
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Thanks for any info you've got.

Tim Paul

De:	Forest, Gary
A:	bsmith@prapa.com; pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Rapid Arc/Vmat
Fecha:	viernes, 22 de febrero de 2008 16:06:21
Archivos adjuntos:	

From my perspective the whole OBI "fiasco" seemed to be entirely Varian's doing, and if they think it was a "fiasco" maybe they will learn from what happened.

Regarding this only working on Varian machines with Eclipse, that is the Varian sales person's pathetic attempt at FUD because I think they are starting to realize their market share is shrinking.
(for a definition of FUD http://en.wikipedia.org/wiki/Fear,_uncertainty_and_doubt)

Elekta has a VMAT product similar to the Varian Rapid Arc product, I was told it is in limited use in Europe and is pending approval in the US.

Gary Forest
Radiation Oncology
Marshfield Clinic
forest.gary@marshfieldclinic.org

------Original Message------
From: "Bob Smith" <bsmith@prapa.com>
Date: Thu Feb 21, 2008 -- 11:16:33 AM
To: pinnacle-users@explode.unsw.edu.au
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Robert M. Smith, MS
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Director of Physics
ROCNJ & ROCPA
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Asunto:	Re: Rapid Arc/Vmat
Fecha:	viernes, 22 de febrero de 2008 16:53:29
Archivos adjuntos:	

On Feb 21, 2008, at 11:47 AM, Bob Smith wrote:

> Our department is an Pinnacle/IMPAC/Varian department. We were the first to implement OBI and CBCT with an IMPAC interface. We just got a quotation for a new linac with RapidArc. Seems like Varian is willing to sell it to a non all-Varian department. I would also like to hear about the OBI fiasco. We had some problems as first adaptors but no "fiasco".

We have just in the last month brought up a Varian/MOSAIQ/Pinnacle department using OBI routinely. We have seen no fiasco with OBI.

Interestingly, our chief therapist came back from OBI training expecting not to be able to see OBI images in the MOSAIQ database because, she was told, Aria does not capture them. Surprise! Works fine in MOSAIQ. CBCT is not yet captured by MOSAIQ (nor is it exported by Varian) but that is promised soon, once Varian learns to share. Perhaps "works in MOSAIQ but not in Aria" is what was meant by "fiasco."

One other comment, Varian is quite clearly unwilling to allow their trainers to gain and share any expertise in the mixed vendor environment. Both of our staff who went to Las Vegas for training reported a large percentage of mixed-vendor classmates whose questions went largely unanswered in lieu of over-determined Varian product hawking.

- GWS

==========
Sherouse Systems, Inc., Chapel Hill, NC, <http://www.gwsherouse.com/>
Medical Physics and Computing services for Radiation Oncology
(919) 382-8102 voice or FAX, <mailto:gws@gwsherouse.com>

"Popularity? It's glory's small change."
- Victor Hugo
==========

De:	Ozard, Siobhan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	PTW Mephysto software
Fecha:	viernes, 22 de febrero de 2008 17:38:01
Archivos adjuntos:	

Interested in pros/cons of the PTW Mephysto software as part of beam data acquisition for commissioning Pinnacle.

Of particular interest is the data transfer from Mephysto to Pinnacle & ease of measurement of data at the linac. Comparison to Omni-Pro Accept software would be most useful if someone has worked with both.

Cheers,
Siobhan

Siobhan Ozard, Ph.D., MCCPM
Medical Physics
Windsor Regional Cancer Centre
Windsor, ON
N8W 2X3

Tel (519) 253-3191 x 58718
Fax (519) 255-8679
Pager (519) 251-6401

De:	George W. Sherouse, Ph.D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: PTW Mephysto software
Fecha:	viernes, 22 de febrero de 2008 18:34:28
Archivos adjuntos:	

Funny you should ask...

One of our clients, at our recommendation, has just purchased a PTW scanner so we have had the chance to bond quite recently. We are long-term Wellhofer users but made this recommendation based primarily on the differences in the electrometers for the two systems. One must take the software for what it is.

You asked specifically about the software, Mephysto vs. OmniPro. There are pros and cons, as you'd expect.

Big pros for PTW include:

- The data files are stored in a simple, open ASCII format. You don't have to pay the vendor extra or jump through hoops to get your data back out of their encrypted vault. So you can import directly to Excel without any intermediate fooling around and if you had to you could write your own translator very easily, but you don't need to because...
- The Pinnacle data export is included at no additional cost as well.
- The PTW software lets you define the motion part of your scanning protocols (sample spacing, step speed, delay time before sample) in a very intuitive and very flexible template that allows one, I'm thrilled to report, to easily take very fine samples in the penumbra region, moderate spacing in the center of the beam, and sparse spacing outside the beam. At least that's how we've used it. This makes it practical to overscan all beams by 10 cm like Pinnacle likes without having to triple your scan time.
- We try to not use smoothing but the PTW smoothing algorithm does seem to do a much more appropriate job than any that we've investigated on OmniPro.

The biggest con is that the PTW to Pinnacle translator is a little cumbersome to use. In OmniPro you just throw all the scans in one big dataset and then the translator parses those out into one file per field as Pinnacle demands. In PTW you have to load the scans one field at a time, translate, then load another. It refuses to proceed if you try to load scans from different fields, as would

happen if you had stored your whole depth dose series in one file for instance. Tedious. But, we learned, if you set up your scan protocols to do all 9 scans on a field size at once, those wind up automatically in one file and so the tedium of loading the set for translation is diminished.

- GWS

On 22 Feb 2008, at 11:28 AM, Ozard, Siobhan wrote:

> Interested in pros/cons of the PTW Mephysto software as part of beam data acquisition for commissioning Pinnacle.
>
> Of particular interest is the data transfer from Mephysto to Pinnacle & ease of measurement of data at the linac. Comparison to Omni-Pro Accept software would be most useful if someone has worked with both.

==========
Sherouse Systems, Inc., Chapel Hill, NC, <http://www.gwsherouse.com/>
Medical Physics and Computing services for Radiation Oncology
(919) 382-8102 voice or FAX, <mailto:gws@gwsherouse.com>

One who speaks does not know. One who knows does not speak.
- Lao Tzu
==========

De:	Patrick Meek
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Billing for Breast IMRT
Fecha:	viernes, 22 de febrero de 2008 20:48:15
Archivos adjuntos:	

We bill 3-d for breast but I do not run our plan through the optimiser. I just weight the control points and beams manually. Not sure if that is the right way or not, but that is how our center does it.

Pat

On 2/21/08, **mwfraser@comcast.net** <mwfraser@comcast.net> wrote:

> George,
> Good Points all.
> I'd particularly echo #4 - Having heard this 'fact' echoed so many times and always wondered which billing consultant thought it up first.
> Since any IMRT plan meets the criteria for 77295 We have a service which meets the criteria for one level of service but not* the 'next' level (77301) so where is the 'downcoding'? AND where is the evidence that this practive is inappropriate, let alone illegal? (again, consutlant's learned views aside)
>
> Regards
> Martin
>
> * not meeting because it, for example, doesn't meet the standard of documented medical necessity (which Breast generally do not, IMO)
>
> > ---------- Original message ----------
> > From: "George W. Sherouse, Ph.D."
> > <GWS@GWSherouse.com>
> > There are some misconceptions afloat here. Perhaps I
> > am the one harboring them.

First let me remind you that I'm just a Medical Physicist who tries to keep up, not at all a billing compliance guru or professional coder.

That said, I think there is some unfortunate confusion both here and in the broader community about breast IMRT. Let me list what I think is true:

1. The use of some sort of custom beam modulation is a Good Thing for breast irradiation. We used to use one-size-fits-all hard wedges. Now we can develop custom modulations that fit the actual breast. And we can also perhaps improve lung and heart toxicity as a bonus. These things are all good.

2. In a fairly large number of cases (all policy is local) insurers are not willing to pay the higher cost associated with IMRT for the use of modulation in breast irradiation. There are a variety of criteria that are applied, and it's good for your coders to know what those criteria are when they submitted charges. In many cases the criteria even make some sense.

3. In my opinion the way the work gets coded should not dictate the technology. I am aware that many people go out of their way to "forward plan" breasts to avoid using the optimizer (indeed, this technique is taught in Pinnacle school), when using the optimizer would yield a better result faster and easier. This is wasteful of both resources and precious dosimetrist time.

4. I am personally not aware of any insurer who refuses to pay for custom-modulated breast irradiation charged as 3D Conformal regardless of how the modulation is designed. If anyone has documented incidents to the

contrary please forward me details. I certainly do not see a basis for anyone being accused of fraudulent "downcoding" simply because they used their optimizer to plan a 3D conformal case. It is not the optimizer that makes it IMRT from a billing perspective.

In summary, my recommendation is that you do the best plan you can using the most appropriate and efficient tools you have in hand and let your coding people bill it as the most appropriate service according to the rules established by the patient's insurer.

Again, only a fool would take my advice over that of a local expert.

- GWS

On Feb 20, 2008, at 11:51 AM, William Bice, PhD wrote:

> Cynthia,
> Good and timely question. Excellent, indeed!
> From the discussion that has taken place on this list previously, the conclusion is that you must offer these services for free.
> You cannot bill IMRT because it is a breast treatment and the payors will not reimburse you unless the physician justifies this as a special circumstance.
> You cannot bill 3D because you had the temerity to use the optimizer and the resultant delivery would constitute FRAUD (the capital letters are not mine, but another list contributor's emphasis).
> You cannot bill 2D for the same reason.
> Therefore you must be satisfied that you have given the patient the optimal treatment, and at the best price!
> (Hint: maybe this list is not the best place to ask this question. All billing is local and left

to the discretion, mercy and sanity of the interpreting entity--the payor.)

Bill Bice
IMPS
210-497-7124
bice@prodigy.net

----- Original Message ----
From: Cynthia Seier <CSeier@shhservices.com>
To: pinnacle-users@explode.unsw.edu.au
Sent: Wednesday, February 20, 2008 10:00:39 AM
Subject: RE: Billing for Breast IMRT

Hi to all fellow dosimetrists & physicists, Just wondering how others are billing with the following procedure for treating breast: 4 tangent fields, both medial fields are at same angle & same with lateral tangents. One set of M-L & L-M tangents are treated open or with very little leaf blocking with about 80% of the prescribed daily dose. These fields are set to beam weight. The other two fields are done with DMPO/optimization with max no. of 10 control points. These two beams make up the other 20% of the prescribed daily dose. Can you bill for an IMRT plan since two of the beams have control points even though they comprise about 20% of the daily dose? We always print DVH & dose clouds with our plans. I would appreciated any feedback as this seems to be somewhat of a "gray" area.

Thank You!
Cindy Seier, CMD
(605)668-8856

De:	Cameron Ditty
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: PTW Mephysto software
Fecha:	viernes, 22 de febrero de 2008 21:48:17
Archivos adjuntos:	

Hey Siobhan,

I can comment on the Omni-pro and the older Mephysto. Night and day Omni-pro is faster and easier to use and set up. It allows queues that optimize for speed, pauses the scanning and prompts you to make the necessary field size or energy changes, then restarts etc... it was a huge step up from the Welhoffer 7.2 software and as I said it is night and day with the older (2 years ago) Mephysto.

The newer Myphsto software is supposed to be very similar to the Omni-pro, and I want to say (if memory servers) that they wrote it with some newer programming mods (.net or something) So it may even be better. I wish I could comment more on it, but it was a paid upgrade from their older software. The sales people were talking very highly of it (of course they were...) but the features that they were quoting were very similar to the Omni-pro.

My experience with the Welhoffer software is from ~ 3 years ago so I am not sure of the changes that have been made, and the Mephysto upgrade is about 2 years old, so there may have been some major changes there as well. But assuming nothing changed I will summarize that I was pleased with the Omni-Pro, and if every that PTW claimed is true then the Myphysto software should be very comparable.

As far as the tank, I have always been partial to Welhoffer, I find that the quality seems to be a bit better (the price was also a bit higher). I do have some buddies that only do commissioning work, and they seem to like the PTW 2D tank. They tell me that it is faster overall for commissioning.

Well, I have written a lot of words to say very little, but hopefully you can pull some helpful tidbits out of it somewhere.

Cameron Ditty

On Fri, Feb 22, 2008 at 10:28 AM, Ozard, Siobhan <Siobhan_Ozard@wrh.on.

ca> wrote:

> Interested in pros/cons of the PTW Mephysto software as part of beam data acquisition for commissioning Pinnacle.
>
> Of particular interest is the data transfer from Mephysto to Pinnacle & ease of measurement of data at the linac. Comparison to Omni-Pro Accept software would be most useful if someone has worked with both.
>
> Cheers,
> Siobhan
>
> *Siobhan Ozard, Ph.D., MCCPM*
> *Medical Physics*
> *Windsor Regional Cancer Centre*
> *Windsor, ON*
> *N8W 2X3*
>
> Tel (519) 253-3191 x 58718
> Fax (519) 255-8679
> Pager (519) 251-6401
>
>

De:	Joe Grant
A:	Pinnacle users;
Cc:	
Asunto:	MapCheck v Film
Fecha:	lunes, 25 de febrero de 2008 23:19:14
Archivos adjuntos:	

I'm interested in hearing the pros and cons of Sun Nuclear MapCheck versus film for IMRT QA.
We have done EDR film and chamber measurements since starting IMRT and are looking
at other options.

As to MapCheck, specifically,
1) What about the loss of resolution (7mm spacing of diodes in MapCheck) compared to film.
Is this a critical issue?
2) Can you shoot composite field QA (all gantry angles as we currently do with film); or individual fields
only, with beam incidence normal to the MapCheck device? Can you irradiate the MapCheck device from
different gantry angles and get reliable results?
3) For Pinnacle users specifically, are you able to use the feature in MapCheck that allows you to overlay
structures (cord, e.g.) onto the QA isodose distribution?

If you have used both and have strong feelings one way or the other about these or any other issues I would be interested in hearing your thoughts.

We are also interested in the EpidDose component of MapCheck for portal imaging QA. Any comments about that would also be appreciated.

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

De:	Ian Reineck
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: MapCheck v Film
Fecha:	martes, 26 de febrero de 2008 2:14:57
Archivos adjuntos:	

I have been using mapcheck for a couple years now and absolutely love it compared to film and chamber measurements. You do lose some resolution, but 7mm isn't much and its unlikely anything clinically relevant will occur within a 7mm space. All of my plans are done with composite fields. If a Mapcheck session fails then I will go back and do a beam by beam QA to find out where the problem lies. There is a device that will allow you to attach the mapcheck to the gantry head. I have never used it as I am a little frightened about dropping the mapcheck. I am content to take all measurements from one angle since we perform gantry rotation output checks that show that we only have about a 1% variance in output regardless of the angle. I have not used the structure overlay so i can't really say anything about that. You will never want to do QA with film and RIT again once you try mapcheck. It is so quick and easy that I can measure and analyze 4-5 plans over the course of a lunch hour if I'm prepared.

Ian

----- Original Message -----

> **From:** Joe Grant
> **To:** Pinnacle users
> **Sent:** Monday, February 25, 2008 5:09 PM
> **Subject:** MapCheck v Film
>
> I'm interested in hearing the pros and cons of Sun Nuclear MapCheck versus film for IMRT QA.
> We have done EDR film and chamber measurements since starting IMRT and are looking
> at other options.
>
> As to MapCheck, specifically,
> 1) What about the loss of resolution (7mm spacing of diodes in MapCheck) compared to film.
> Is this a critical issue?

2) Can you shoot composite field QA (all gantry angles as we currently do with film); or individual fields
only, with beam incidence normal to the MapCheck device? Can you irradiate the MapCheck device from
different gantry angles and get reliable results?
3) For Pinnacle users specifically, are you able to use the feature in MapCheck that allows you to overlay
structures (cord, e.g.) onto the QA isodose distribution?

If you have used both and have strong feelings one way or the other about these or any other issues I would be interested in hearing your thoughts.

We are also interested in the EpidDose component of MapCheck for portal imaging QA. Any comments about that would also be appreciated.

E. Joseph (Joe) Grant, M.S., D.A.B.R
Medical Physicist
C.A.R.T.I., Inc.
Little Rock, AR
(501) 296-3269

De:	Bjørne
A:	Pinnacle Mailing Liste;
Cc:	
Asunto:	PDF Export
Fecha:	martes, 26 de febrero de 2008 7:01:26
Archivos adjuntos:	

Hello,
i send couple of scripts to the MedPhysFiles Server.
http://www.medphysfiles.com

The scripts are tested with Pinnacle 7.6c.

The Documentation is quite basic, but i hope you enjoy it. Feel free to ask if there a questions or problems.

Bjørne
--

Gemeinschaftspraxis für Strahlentherapie und Radiologie
Bjørne Riis
Nebenhofstr. 7
23558 Lübeck

De:	Maria Trinitat García Hernández
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	lpdb error
Fecha:	martes, 26 de febrero de 2008 19:51:57
Archivos adjuntos:	

Do you know the meaning of this error message:

> Unable to save file,
> can`t restore original:
> unable to rename /usr/local/adacnew/Patients/LPDBLockFile.pinbackup
> to /usr/local/adacnew/Patients/LPDBLockFile

Thanks.

Mensaje enviado desde IMP. Sistema interno de correo de Eresa.

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: lpdb error
Fecha:	martes, 26 de febrero de 2008 20:30:39
Archivos adjuntos:	

It looks to me like the files that Pinnacle generates when you have a plan open. Did you get a "plan changed load previous version" or something like that dialog prior to this error?

Anyways, check the rights on the files/directories in question. My guess is the file might have been opened while someone was logged in as a non-standard Pinnacle user (say root) which isn't a member of the pinnacle user group, or the files where copied from another location by a member of a different group. This would mean that when the lock was made the owner/group of the file doesn't match what other users would try to load it as, and they wouldn't be able to do any changes.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Maria Trinitat García Hernández
Sent: February 26, 2008 1:37 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: lpdb error

Do you know the meaning of this error message:

> Unable to save file,
> can`t restore original:
> unable to rename /usr/local/adacnew/Patients/LPDBLockFile.pinbackup
> to /usr/local/adacnew/Patients/LPDBLockFile

Thanks.

Mensaje enviado desde IMP. Sistema interno de correo de Eresa.

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	guishan fu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	25MV Pinnacle Machine
Fecha:	miércoles, 27 de febrero de 2008 8:11:06
Archivos adjuntos:	

Hello listers:

We are in need of a 25MV(or 23MV, 21MV) machine in one of our research project. Is there anyone who are using such kind of machine and would like to help us? And other suggestion will be higly appreciated.

Regards.

Guishan.

••••••••••••••••••

De:	Geoghegan, James
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	mounting an NFS share
Fecha:	miércoles, 27 de febrero de 2008 17:43:42
Archivos adjuntos:	

I am trying to backup my /PrimaryPatientData folder to a windows server, but I am not sure how to mount it and the guys in my IT department are not that familiar with UNIX. The IT guys gave me the path to the windows server as well as the user name and password. Could someone give me the UNIX commands to mount the windows server and copy a folder to it? The path I have been given is of the form \\hospitalname\data\xx\xxx

Thanks

James K. Geoghegan
Medical Physicist
St. Vincent's East
44 Medical Park East Drive
Birmingham, AL 35235
james.geoghegan@stvhs.com

De:	Hendee, Eric
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Changing color of plan eval DRRs
Fecha:	miércoles, 27 de febrero de 2008 18:02:51
Archivos adjuntos:	

I'm curious if anyone has been able to change the color of the plan eval DRRs. When we send them to impac, the red turns black so they are very difficult to see (and therefore useless).

Thanks,
Eric

De:	Coughlan Simon (Maidstone and Tunbridge WellsNHS Trust)
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Changing color of plan eval DRRs
Fecha:	miércoles, 27 de febrero de 2008 18:13:22
Archivos adjuntos:	DRRexport.Script.p3rtp

I wrote the little script attached to do just that. You would have to rename the DRR table to that which you currently use, but otherwise it should work.

Simon

---- Original message ----
>Date: Wed, 27 Feb 2008 10:55:10 -0600
>From: "Hendee, Eric" <eric.hendee@phci.org>
>Subject: Changing color of plan eval DRRs
>To: <pinnacle-users@explode.unsw.edu.au>
>
> I'm curious if anyone has been able to change the
> color of the plan eval DRRs. When we send them to
> impac, the red turns black so they are very
> difficult to see (and therefore useless).
>
> Thanks,
> Eric
>
> This information is confidential and intended solely
> for the use of the individual or entity to whom it
> is addressed. If you have received this email in
> error please notify the sender or our Customer
> Support Center at (262) 928-2777. We have scanned
> this e-mail and its attachments for malicious
> content. However, the recipient should check this
> email and any attachments for the presence of
> viruses. ProHealth Care accepts no liability for any
> damage caused by any virus transmitted by this
> email.

De:	Coughlan Simon (Maidstone and Tunbridge WellsNHS Trust)
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Changing color of plan eval DRRs
Fecha:	miércoles, 27 de febrero de 2008 18:13:56
Archivos adjuntos:	

As a postscript to my earlier message, I should say that I don't normally export DRR's via the plan eval window - so the script may not work in that instance. You would have to see. I normally put an 'isocheck' field on the plan and export from there.

Simon

---- Original message ----
>Date: Wed, 27 Feb 2008 10:55:10 -0600
>From: "Hendee, Eric" <eric.hendee@phci.org>
>Subject: Changing color of plan eval DRRs
>To: <pinnacle-users@explode.unsw.edu.au>
>
> I'm curious if anyone has been able to change the
> color of the plan eval DRRs. When we send them to
> impac, the red turns black so they are very
> difficult to see (and therefore useless).
>
> Thanks,
> Eric
>

De:	Charles A. Pelizzari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: mounting an NFS share
Fecha:	miércoles, 27 de febrero de 2008 18:18:43
Archivos adjuntos:	

James

In order to do what you describe, you would need to install Samba on the Pinnacle machine. This can be downloaded from sunfreeware.com. If you only use it in client mode, i.e. only want the Solaris machine to have access to the Windows disk and not vice versa, the configuration is pretty easy and the security risk is minimal (as far as I know). We use the ftp-like connection tool called "smbclient" routinely to copy files to a Windows server for access by RadCalc, called via a Pinnacle script.

-cp

> I am trying to backup my /PrimaryPatientData folder to a windows server, but I am not sure how to mount it and the guys in my IT department are not that familiar with UNIX. The IT guys gave me the path to the windows server as well as the user name and password. Could someone give me the UNIX commands to mount the windows server and copy a folder to it? The path I have been given is of the form \\hospitalname\data\xx\xxx
>
> Thanks

James K. Geoghegan
Medical Physicist
St. Vincent's East
44 Medical Park East Drive

Birmingham, AL 35235
james.geoghegan@stvhs.com

- -

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: mounting an NFS share
Fecha:	miércoles, 27 de febrero de 2008 18:20:31
Archivos adjuntos:	

I haven't heard of a way to do it without using either Samba (usually used by Linux/UNIX servers to share a directory to Windows but can go both ways I think), or a utility for Windows called SFU (Services For Unix). The beauty with the SFU option is that it makes the windows server look like another UNIX system so you can use all the UNIX commandline stuff on the windows box, it can also use UNIX type security mechanisms and NFS mounting of the drives. I'm just in the playing around stage with it so far so I can't be much help setting it up unfortunately but both are free J.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Geoghegan, James
Sent: February 27, 2008 11:37 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: mounting an NFS share

I am trying to backup my /PrimaryPatientData folder to a windows server, but I am not sure how to mount it and the guys in my IT department are not that familiar with UNIX. The IT guys gave me the path to the windows server as well as the user name and password. Could someone give me the UNIX commands to mount the windows server and copy a folder to it? The path I have been given is of the form \\hospitalname\data\xx\xxx

Thanks

James K. Geoghegan
Medical Physicist
St. Vincent's East

44 Medical Park East Drive
Birmingham, AL 35235
james.geoghegan@stvhs.com

De:	George W. Sherouse, Ph.D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: mounting an NFS share
Fecha:	miércoles, 27 de febrero de 2008 18:29:39
Archivos adjuntos:	

It is my understanding that Philips frowns on this practice (use of Samba). I'm not saying don't do it, just be sure you understand the ramifications of adding freeware to your hospital's Pinnacle systems in a use that touches patient data.

- GWS

On 27 Feb 2008, at 12:14 PM, Charles A. Pelizzari wrote:

> James
>
> In order to do what you describe, you would need to install Samba on the Pinnacle machine. This can be downloaded from sunfreeware.com. If you only use it in client mode, i.e. only want the Solaris machine to have access to the Windows disk and not vice versa, the configuration is pretty easy and the security risk is minimal (as far as I know). We use the ftp-like connection tool called "smbclient" routinely to copy files to a Windows server for access by RadCalc, called via a Pinnacle script.
>
> -cp
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> > I am trying to backup my /PrimaryPatientData folder to a windows server, but I am not sure how to mount it and the guys in my IT department are not that familiar with UNIX. The IT guys gave me the path to the windows server as well as the user name and password. Could someone give me the UNIX commands to mount the windows server and copy a folder to it? The path I have been given is of the form \\hospitalname\data\xx\xxx

Thanks

James K. Geoghegan
Medical Physicist
St. Vincent's East
44 Medical Park East Drive

Birmingham, AL 35235
james.geoghegan@stvhs.com

- -

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Cosby, Scott
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: mounting an NFS share
Fecha:	miércoles, 27 de febrero de 2008 18:55:38
Archivos adjuntos:	

Have you considered FTP instead of NFS?

Scott Cosby MSc.
Systems Analyst, Medical Physics, Regional Cancer Program
Hôpital régional de Sudbury Regional Hospital
41 Ramsey Lake Road, Sudbury Ontario Canada P3E 5J1
e: scosby@hrsrh.on.ca
ph: (705) 522-6237x2143
fax: (705) 523-7329
page: (705) 669-8853

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Mike Gallamore
Sent: February 27, 2008 12:18 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: mounting an NFS share

I haven't heard of a way to do it without using either Samba (usually used by Linux/UNIX servers to share a directory to Windows but can go both ways I think), or a utility for Windows called SFU (Services For Unix). The beauty with the SFU option is that it makes the windows server look like another UNIX system so you can use all the UNIX commandline stuff on the windows box, it can also use UNIX type security mechanisms and NFS mounting of the drives. I'm just in the playing around stage with it so far so I can't be much help setting it up unfortunately but both are free J.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Geoghegan, James
Sent: February 27, 2008 11:37 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: mounting an NFS share

I am trying to backup my /PrimaryPatientData folder to a windows server, but I am not sure how to mount it and the guys in my IT department are not that familiar with UNIX. The IT guys gave me the path to the windows server as well as the user name and password. Could someone give me the UNIX commands to mount the windows server and copy a folder to it? The path I have been given is of the form \\hospitalname\data\xx\xxx

Thanks

James K. Geoghegan
Medical Physicist
St. Vincent's East
44 Medical Park East Drive
Birmingham, AL 35235
james.geoghegan@stvhs.com

De:	Mike Gallamore
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: mounting an NFS share
Fecha:	miércoles, 27 de febrero de 2008 18:55:38
Archivos adjuntos:	

A little bit of a hack but if you had a spare Solaris or Linux system (Solaris 10 is a free download for Intel chips I have a dual boot system for this), you can install Samba on that non-Philips workstation, NFS mount a directory on that box to your pinnacle server then have your backups write to that folder. Voila data is transparently written to a non Pinnacle workstation. Of course that workstation is free to run Samba/web services etc J.

We have a little utility my predecessor setup on a PC in my office (I'm not sure if Philips supplies this or not) but it is a web based search tool that searches the html files that the backup generates for the patient's name. This way I go to that webpage fire up a search and I get all the backups that had that patient included in it. We use DVD's for backup and have 200GB of live data on Pinnacle (backups ~35 disks) so finding the right one quickly is nice.

Mike Gallamore, Bsc (physics)
Programmer Analyst
Grand River Regional Cancer Center
phn: 519-749-4300 X5792
mobile: 519-503-5044

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** George W. Sherouse, Ph.D.
Sent: February 27, 2008 12:26 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: mounting an NFS share

It is my understanding that Philips frowns on this practice (use of Samba). I'm not saying don't do it, just be sure you understand the ramifications of adding freeware to your hospital's Pinnacle systems in a use that touches patient data.

- GWS

On 27 Feb 2008, at 12:14 PM, Charles A. Pelizzari wrote:

James

In order to do what you describe, you would need to install Samba on the Pinnacle machine. This can be downloaded from sunfreeware.com. If you only use it in client mode, i.e. only want the Solaris machine to have access to the Windows disk and not vice versa, the configuration is pretty easy and the security risk is minimal (as far as I know). We use the ftp-like connection tool called "smbclient" routinely to copy files to a Windows server for access by RadCalc, called via a Pinnacle script.

-cp

> I am trying to backup my /PrimaryPatientData folder to a windows server, but I am not sure how to mount it and the guys in my IT department are not that familiar with UNIX. The IT guys gave me the path to the windows server as well as the user name and password. Could someone give me the UNIX commands to mount the windows server and copy a folder to it? The path I have been given is of the form \\hospitalname\data\xx\xxx
>
> Thanks
>
> James K. Geoghegan
> *Medical Physicist*
> St. Vincent's East
> 44 Medical Park East Drive
> Birmingham, AL 35235
> james.geoghegan@stvhs.com

- -

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Charles A. Pelizzari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Fwd: Re: mounting an NFS share
Fecha:	miércoles, 27 de febrero de 2008 19:01:56
Archivos adjuntos:	

---

boy - they just frown at you all the time. what did you ever do to
deserve that? Do you need some character witnesses or anything?

the point you make concerning modificaton of an FDA-approved system
with freeware is a vaiid one, of course.

-cp

>From: "George W. Sherouse, Ph.D." <GWS@GWSherouse.com>
>To: pinnacle-users@explode.unsw.edu.au
>Subject: Re: mounting an NFS share
>Date: Wed, 27 Feb 2008 12:26:03 -0500
>
>It is my understanding that Philips frowns on this practice (use of
>Samba). I'm not saying don't do it, just be sure you understand the
>ramifications of adding freeware to your hospital's Pinnacle systems
>in a use that touches patient data.
>
>- GWS
>

--

Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Qiuwen Wu, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Changing color of plan eval DRRs
Fecha:	miércoles, 27 de febrero de 2008 19:17:12
Archivos adjuntos:	

I thought DicomRT did not support color in exporting DRRs. They are derived images. You can export the DRRs to Impac in Pin 8.0 and they can be superimposed to the BEV.

Qiuwen Wu, Ph.D.
Department of Radiation Oncology
William Beaumont Hospital
Royal Oak, MI 48073
qwu@beaumont.edu

>>> "Coughlan Simon (Maidstone and Tunbridge WellsNHS Trust)" <scoughlan@nhs.net> 2/27/2008 12:05 PM >>>
I wrote the little script attached to do just that. You would have to rename the DRR table to that which you currently use, but otherwise it should work.

Simon

---- Original message ----
>Date: Wed, 27 Feb 2008 10:55:10 -0600
>From: "Hendee, Eric" <eric.hendee@phci.org>
>Subject: Changing color of plan eval DRRs
>To: <pinnacle-users@explode.unsw.edu.au>
>
> I'm curious if anyone has been able to change the
> color of the plan eval DRRs. When we send them to
> impac, the red turns black so they are very
> difficult to see (and therefore useless).
>
> Thanks,
> Eric
>
> This information is confidential and intended solely
> for the use of the individual or entity to whom it

> is addressed. If you have received this email in
> error please notify the sender or our Customer
> Support Center at (262) 928-2777. We have scanned
> this e-mail and its attachments for malicious
> content. However, the recipient should check this
> email and any attachments for the presence of
> viruses. ProHealth Care accepts no liability for any
> damage caused by any virus transmitted by this
> email.

De:	Cameron Ditty
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Re: mounting an NFS share
Fecha:	miércoles, 27 de febrero de 2008 19:22:57
Archivos adjuntos:	

Check out "Sharity", http://www.obdev.at/products/sharity/index.html It has a nice interface, and allows you to do backups to the windows server that you want. There is a free version that allows for 1 connection.

Hope that this helps,

Cameron

On Wed, Feb 27, 2008 at 11:55 AM, Charles A. Pelizzari <c-pelizzari@uchicago.edu> wrote:

> boy - they just frown at you all the time. what did you ever do to
> deserve that? Do you need some character witnesses or anything?
>
> the point you make concerning modificaton of an FDA-approved system
> with freeware is a vaiid one, of course.
>
> -cp
>
> >From: "George W. Sherouse, Ph.D." <GWS@GWSherouse.com>
> >To: pinnacle-users@explode.unsw.edu.au
> >Subject: Re: mounting an NFS share
> >Date: Wed, 27 Feb 2008 12:26:03 -0500
> >
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> >- GWS
> >
>
> --
> ----------
> Charles A. Pelizzari, Ph.D.
> The University of Chicago
> Radiation Oncology, MC 9006
> 5758 S. Maryland Avenue, Room 1358
> Chicago, IL 60637
>
> ##########
> To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send
> the message

unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Israel Mendes
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Modeling Electrons
Fecha:	miércoles, 27 de febrero de 2008 20:13:40
Archivos adjuntos:	

Hello all,

I am trying modeling my electron beam data and I don't remember what's means Cone Ratios screen. Anybody help me please!!?!?!?

Thanks a lot

--
Regards,

Dr. Israel Mendes
Físico Médico
Centro Diagmed de Radioterapia
Av. Brasil 961, Guanabara, Campinas, Brazil
Office: +55 19 3241 8327
Office: +55 19 3741 6509
Mobile: +55 19 9669 6855

De:	Liurico
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: mounting an NFS share
Fecha:	miércoles, 27 de febrero de 2008 20:57:26
Archivos adjuntos:	

Hi James

Here was what I did as I remembered

1) Download SFU (server for Unix) from microsoft website and install it into you window PC
There is a good article in that website that tells you how to configure SFU and how to
share NFS drive.
2) On the unix (Pinnacle workstation), go to superuser and issue command something like:

mount -F nfs xx.xx.xx.xx:name /home/p3rtp/directoryname

where xx.xx.xx.xx is the PC's IP address, name is the name of the NFS drive that you shared (
PC will ask you to give a name when you try to share that NFS drive), and directoryname is an any
empty directory (or you can creat one if you want by using "mkdir" command).
3) If you configure your SFU server correctly, the mount will be successful, simply exit from superuser
and go back to regular user. You are ready to copy anything to that drive by issuing command:

cp -r /pinnacle_patient_expansion/NewPatients /home/p3rtp/directoryname

4) When you finish copying, make sure you unmount that drive

So far I did not install anything in Pinnacle and the NFS drive is just only a network drive.
I don't know if this still violate FDA regulation.

Another way of backing up the whole patient dada base is to use FTP software in the windows system. There are tons
of FTP software available under window platform. You can grab a whole directory from Pinnacle to any PC. however
you should test it by yourself and make sure you can get everything back because now you are transferring Unix file
to a window system, even in the binary mode, files might be corrupted. I am still testing it and can not tell if

there is problem or not.

Rico

RBOI FL

Subject: mounting an NFS share
Date: Wed, 27 Feb 2008 10:37:09 -0600
From: James.Geoghegan@stvhs.com
To: pinnacle-users@explode.unsw.edu.au

I am trying to backup my /PrimaryPatientData folder to a windows server, but I am not sure how to mount it and the guys in my IT department are not that familiar with UNIX. The IT guys gave me the path to the windows server as well as the user name and password. Could someone give me the UNIX commands to mount the windows server and copy a folder to it? The path I have been given is of the form \\hospitalname \data\xx\xxx

Thanks

James K. Geoghegan
Medical Physicist
St. Vincent's East
44 Medical Park East Drive
Birmingham, AL 35235
james.geoghegan@stvhs.com

De: Liurico

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: mounting an NFS share

Fecha: miércoles, 27 de febrero de 2008 21:10:43

Archivos adjuntos:

Hi James

Here was what I did as I remembered

1) Download SFU (server for Unix) from microsoft website and install it into you window PC
There is a good article in that website that tells you how to configure SFU and how to
share NFS drive.
2) On the unix (Pinnacle workstation), go to superuser and issue command something like:

mount -F nfs xx.xx.xx.xx:name /home/p3rtp/directoryname

&nb! sp; where xx.xx.xx.xx is the PC's IP address, name is the name of the NFS drive that you shared (
PC will ask you to give a name when you try to share that NFS drive), and directoryname is an any
empty directory (or you can creat one if you want by using "mkdir" command).
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So far I did not install anything in Pinnacle and the NFS drive is just only a network drive.
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Another way of backing up the whole patient dada base is to use FTP software in the windows system. There are tons of FTP software available under window platform. You can grab a whole directory from Pinnacle to any PC. however you should test it by yourself and make sure you can get everything back because now you are transferring Unix file &n! bsp; to a window system, even in the binary mode, files might be corrupted. I am still testing it and can not tell if there is problem or not.

Rico

RBOI FL

De:	Stepaniak, Christopher
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Very long IMRT field problem
Fecha:	miércoles, 27 de febrero de 2008 23:54:23
Archivos adjuntos:	

Hi Listers,

We have a very long gyne/para-aortic volume that we are trying to plan with DMPO. We have a Varian 120-leaf MLC, and are running Pinnacle version 8.0h. Our volume is about 38 cm long, so the y-jaws are set to the maximum +-20 cm.

The problem arises when DMPO generates MLC segments. Pinnacle is refusing to open the most superior and inferior leaf pairs (pairs 1 and 60); every MLC segment in the plan has these leaves closed. This makes the very ends of the PTV cold, and puts hot spots just inside these ends, as the optimizer tries to cover the ends of the PTV with scatter dose. We have tried both extending the PTV and adding “caps” to the PTV with the same objectives as the PTV. Nothing in our machine settings seems out of place; the only potential problem is that the biggest profiles in our commissioning data are 36x36 cm.

Has anyone else run up against this problem? Did you get a better solution than “make your PTV smaller?”

Thanks,
Chris

Christopher Stepaniak, PhD
Department of Radiation and Cellular Oncology
The University of Chicago
5758 S. Maryland Ave, MC9006, Chicago, IL 60637
(773) 834-3340

De:	George W. Sherouse, Ph.D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: mounting an NFS share
Fecha:	jueves, 28 de febrero de 2008 1:13:20
Archivos adjuntos:	

No worries, Chuck. Being frowned at is a vital sign as far as I can tell. When The Man stops frowning at me you can just carry me on down.

Still, there is a certain degree of prudence with regard to the vendor-hospital relationship to which even I am not immune.

As you and I have discussed privately I am at this moment working on a backup strategy to dump both UFS and ZFS Pinnacle data partitions to available disk space on other hospital systems. That's probably the "right thing" to do as it does not fluff Philips and it gets the job done. That approach would be my recommendation to others as well.

- GWS

On Feb 27, 2008, at 12:55 PM, Charles A. Pelizzari wrote:

>
> boy - they just frown at you all the time. what did you ever do to
> deserve that? Do you need some character witnesses or anything?
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> the point you make concerning modificaton of an FDA-approved system
> with freeware is a vaiid one, of course.
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>> From: "George W. Sherouse, Ph.D." <GWS@GWSherouse.com>
>> To: pinnacle-users@explode.unsw.edu.au
>> Subject: Re: mounting an NFS share
>> Date: Wed, 27 Feb 2008 12:26:03 -0500
>>
>> It is my understanding that Philips frowns on this practice (use of
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>> the ramifications of adding freeware to your hospital's Pinnacle
>> systems in a use that touches patient data.

>>
>> - GWS
>>
>
> --
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> Charles A. Pelizzari, Ph.D.
> The University of Chicago
> Radiation Oncology, MC 9006
> 5758 S. Maryland Avenue, Room 1358
> Chicago, IL 60637
>
>
>

##
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##

De:	Metzger
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: mounting an NFS share
Fecha:	jueves, 28 de febrero de 2008 10:37:53
Archivos adjuntos:	metzger.vcf

We ftp our backup's since 9 years to windows and often restore them. I can't remember if we ever couldn't restore patientdata.

Martin

Liurico schrieb:
> ...
> Another way of backing up the whole patient dada base is to use FTP
> software in the windows system. There are tons
> of FTP software available under window platform. You can grab a whole
> directory from Pinnacle to any PC. however
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> back because now you are transferring Unix file
> to a window system, even in the binary mode, files might be corrupted.
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> there is problem or not.
>
> Rico
>
> RBOI FL
>
>
>
>
> ----------
> Subject: mounting an NFS share
> Date: Wed, 27 Feb 2008 10:37:09 -0600
> From: James.Geoghegan@stvhs.com
> To: pinnacle-users@explode.unsw.edu.au
>
> I am trying to backup my /PrimaryPatientData folder to a windows
> server, but I am not sure how to mount it and the guys in my IT
> department are not that familiar with UNIX. The IT guys gave me

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> password. Could someone give me the UNIX commands to mount the
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> Thanks
> James K. Geoghegan
> /Medical Physicist
> /St. Vincent’s East
> 44 Medical Park East Drive
> Birmingham, AL 35235
> _james.geoghegan@stvhs.com_
>
>
> ----------
> Windows Live Writer•••••••••••••••••••• •••
> •• <http://get.live.cn/product/writer.html>

--

De:	Marc Mlyn
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Modeling Electrons
Fecha:	jueves, 28 de febrero de 2008 14:12:47
Archivos adjuntos:	

Hello Israel,

The cone ratios screen is where you can improve the computed vs. measured fit of the electrons.

There is a really good section in the physics guide which describes how to do this. When you look at the details of the fit, the column on the far right will show you the % error.

I use this as a guideline to determine what the "ratio" should be.

Enter and adjust the sigma theta x FIRST, since this will affect the penumbra-high dose region of the profiles.

1) Compute all of the profiles.

2) Check the details and select the point where the error goes from negative to positive on the left side of the profile at d=R/90. (It "typically" goes from negative to positive, but this is not always true). The point is that you should NOT try to correct in the penumbra, but rather a bit closer to the high dose region.

3) Starting from the left (-x) calculate the ratio. If the error is 1.03, then make your ratio .97.... Select a couple of points between that extreme point and the central axis. Remember that corrections in-between will be linearly interpolated. The corrections can also be greater than 1.0 of course.

4) Calculate the ratios for the +x side as well. I usually ended up with 3-4 points on either side of the c/a.

5) Do the same for the y profiles, if you feel that you need to, or enter the same values if you are symmetric between x and y.

You will need to do this for EACH field size, but only use the R/90 depth to guide your decisions.

Hope this helps,
Marc Mlyn

> ----- Original Message -----
> **From:** Israel Mendes
> **To:** pinnacle-users@explode.unsw.edu.au
> **Sent:** Wednesday, February 27, 2008 2:04 PM
> **Subject:** Modeling Electrons
>
> Hello all,
>
> I am trying modeling my electron beam data and I don't remember what's means Cone Ratios screen. Anybody help me please!!?!?!?
>
> Thanks a lot
>
> --
> Regards,
>
> Dr. Israel Mendes
> Físico Médico
> Centro Diagmed de Radioterapia
> Av. Brasil 961, Guanabara, Campinas, Brazil
> Office: +55 19 3241 8327
> Office: +55 19 3741 6509
> Mobile: +55 19 9669 6855

De:	Francesco Meucci
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	philips CT coordinate
Fecha:	jueves, 28 de febrero de 2008 14:22:28
Archivos adjuntos:	

We use a Philips Gemini CT-PET for patient simulation and we use Pinnacle for planning: we've noticed that the foot-head direction coordinate in the CT images has a different value if read in Pinnacle o in the CT consolle: how can we match the two systems in such a way we can read the same distance? The same happens in CMS-XiO TPS.
At the moment from Philips we'got no answer to this problem.

thanks

f.meucci

De:	Wang, Xiaofang
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Very long IMRT field problem
Fecha:	jueves, 28 de febrero de 2008 14:43:35
Archivos adjuntos:	

Yes, we had the same problem with Siemens linac. Besides, sometimes, Pinnacle can automatically copy your beams and generate new beams for a large field, especially when you try to use MLC parallel to a long target to get little larger coverage (after 1st optimization 7 beams becomes 14 beams, 2nd optimization, 21 beams.....).
X.Wang,
Sudbury, Canada

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Stepaniak, Christopher
Sent: dimecres, 27 / febrer / 2008 17:45
To: pinnacle-users@explode.unsw.edu.au
Subject: Very long IMRT field problem

Hi Listers,

We have a very long gyne/para-aortic volume that we are trying to plan with DMPO. We have a Varian 120-leaf MLC, and are running Pinnacle version 8.0h. Our volume is about 38 cm long, so the y-jaws are set to the maximum +-20 cm.

The problem arises when DMPO generates MLC segments. Pinnacle is refusing to open the most superior and inferior leaf pairs (pairs 1 and 60); every MLC segment in the plan has these leaves closed. This makes the very ends of the PTV cold, and puts hot spots just inside these ends, as the optimizer tries to cover the ends of the PTV with scatter dose. We have tried both extending the PTV and adding “caps” to the PTV with the same objectives as the PTV. Nothing in our machine settings seems out of place; the only potential problem is that the biggest profiles in our commissioning data are 36x36 cm.

Has anyone else run up against this problem? Did you get a better solution than “make your PTV smaller?”

Thanks,
Chris

Christopher Stepaniak, PhD
Department of Radiation and Cellular Oncology
The University of Chicago
5758 S. Maryland Ave, MC9006, Chicago, IL 60637
(773) 834-3340

De:	Gao, Jeff
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Very long IMRT field problem
Fecha:	jueves, 28 de febrero de 2008 14:55:37
Archivos adjuntos:	

Hi Chris,

You could use extended iso (say 110cm) for each beam if you don't mind shift patient during treatment.
Hope it can help

Jeff

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Stepaniak, Christopher
Sent: Wednesday, February 27, 2008 5:45 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Very long IMRT field problem

Hi Listers,

We have a very long gyne/para-aortic volume that we are trying to plan with DMPO. We have a Varian 120-leaf MLC, and are running Pinnacle version 8.0h. Our volume is about 38 cm long, so the y-jaws are set to the maximum +-20 cm.

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Christopher Stepaniak, PhD
Department of Radiation and Cellular Oncology
The University of Chicago
5758 S. Maryland Ave, MC9006, Chicago, IL 60637
(773) 834-3340

De:	Parminder S. Basran
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Very long IMRT field problem
Fecha:	jueves, 28 de febrero de 2008 15:06:19
Archivos adjuntos:	

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Parminder S. Basran, PhD, MCCPM
Odette Cancer Centre
Toronto ON Canada
pbasran@yahoo.com

----- Original Message ----
From: "Gao, Jeff" <Jeff.Gao@atlantichealth.org>
To: pinnacle-users@explode.unsw.edu.au
Sent: Thursday, February 28, 2008 8:50:09 AM
Subject: RE: Very long IMRT field problem

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5758 S. Maryland Ave, MC9006, Chicago , IL 60637
(773) 834-3340

De:	Kao, Mark
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Very long IMRT field problem
Fecha:	jueves, 28 de febrero de 2008 15:08:54
Archivos adjuntos:	

Will there any problems of field clipping at the corners of large field?
Use extended dist sounds good. Can you try to abut two treatment fields then.

Mark Kao, Ph.D., DABR
St. Barnabas Medical Center
Livingston, NJ 07039
Tel: 973-322-5698
Fax: 973-322-5648

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Gao, Jeff
> **Sent:** Thursday, February 28, 2008 8:50 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: Very long IMRT field problem
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> Hi Chris,
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>
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> **Sent:** Wednesday, February 27, 2008 5:45 PM

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Subject: Very long IMRT field problem

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Important news about our email communications

Saint Barnabas Health Care System has implemented secure messaging services.

To learn more about SBHCS Secure Messaging, go to: http://userawareness.zixcorp.com/sbhcs/

If you need assistance with retrieving a secure email, please email sbhcsaccounts@sbhcs.com or visit http://userawareness.zixcorp.com/sbhcs/partners/receiving.php

De:	Needham, Michael
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Very long IMRT field problem
Fecha:	jueves, 28 de febrero de 2008 16:17:09
Archivos adjuntos:	image001.jpg

Try using 45 deg collimator angles.

Michael F. Needham, C.M.D.
Chief Dosimetrist
Department of Radiation Oncology
St. Barnabas Medical Center

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De:	Li Ding
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Very long IMRT field problem
Fecha:	jueves, 28 de febrero de 2008 16:23:58
Archivos adjuntos:	

You can probably try this: delete a coupe of PTV slices before optimization. Then open the last leaf-pairs manually to cover the whole volume.

Li Ding
RBOI Ocala FL

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Stepaniak, Christopher
Sent: Thursday, February 28, 2008 9:40 AM
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-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au on behalf of Parminder S. Basran
Sent: Thu 2/28/2008 8:02 AM
To: pinnacle-users@explode.unsw.edu.au

Subject: Re: Very long IMRT field problem

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	{color:blue;text-decoration:underline;}
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Ave, MC9006,
Chicago , IL
60637

(773) 834-3340

De:	Naresh
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: copy a contour
Fecha:	jueves, 28 de febrero de 2008 16:29:28
Archivos adjuntos:	

Hi Maria,

in the copy contout tab, enter from -99 to 99 for slices. This should do it.

or as you scroll through the images, look at the index coordinate value for first and last image. The first trick works very well.

Have a great day. Naresh.

Maria Trinitat García Hernández <mtrinitat@eresa.com> wrote:

> I know I have that option under the contour spreadsheet but I need to
> do it automatically using a script. How could I localice which is the
> first and the last slice for a given contour automatically?
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> Naresh ha escrito:
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> >
>
> ----------
> Mensaje enviado desde IMP. Sistema interno de correo de Eresa.
>
>
>

> to majordomo@explode.unsw.edu.au.
>
> Note: To avoid non-delivery error messages being sent to all list
> members, the list has been configured so that messages can only be
> sent from a subscribed account. Messages sent from a users secondary
> account will not be distributed unless that account is also subscribed.
> ##

De:	Gao, Jeff
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Very long IMRT field problem
Fecha:	jueves, 28 de febrero de 2008 17:15:51
Archivos adjuntos:	

I don't know if your plan is pure IMRT plan or IMRT/AP-PA composite plan. We should not encourage Physicians to use of IMRT to treat such a big volume, this is because the target and ROI motions from day to day may not be well addressed by applied treatment margin, and the structure DVHs shown in paper become meaningless.

Tomotherapy or Rapidarc/Varian may be easier for this kind of treatment.

Jeff

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Stepaniak, Christopher
Sent: Thursday, February 28, 2008 9:40 AM
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De:	Maria Trinitat García Hernández
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: copy a contour
Fecha:	jueves, 28 de febrero de 2008 22:23:55
Archivos adjuntos:	

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Mensaje enviado desde IMP. Sistema interno de correo de Eresa.

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De:	Stepaniak, Christopher
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Very long IMRT field problem
Fecha:	viernes, 29 de febrero de 2008 3:05:14
Archivos adjuntos:	

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Ave, MC9006,
Chicago , IL
60637

(773) 834-3340

De:	William Bice, PhD
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Very long IMRT field problem
Fecha:	viernes, 29 de febrero de 2008 4:21:12
Archivos adjuntos:	

I have several clients that routinely treat fields this large with compensator-based IMRT.

No problem, mon.

Bill Bice
p.s. Sorry, but I just couldn't resist.

----- Original Message ----
From: "Wang, Xiaofang" <XWang@hrsrh.on.ca>
To: pinnacle-users@explode.unsw.edu.au
Sent: Thursday, February 28, 2008 7:38:49 AM
Subject: RE: Very long IMRT field problem

Yes, we had the same problem with Siemens linac. Besides, sometimes, Pinnacle can automatically copy your beams and generate new beams for a large field, especially when you try to use MLC parallel to a long target to get little larger coverage (after 1st optimization 7 beams becomes 14 beams, 2nd optimization, 21 beams.....).
X.Wang,
Sudbury, Canada

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Stepaniak, Christopher
> **Sent:** dimecres, 27 / febrer / 2008 17:45
> **To:** pinnacle-users@explode.unsw.edu.au
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De:	Jonathan Howe
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	BrainLAB Novalis commissioning
Fecha:	viernes, 29 de febrero de 2008 18:55:11
Archivos adjuntos:	

Hello Pinnacle users,

I am in the process of building our BrainLAB Novalis stereotactic machine in Pinnacle (8.0m) and wondered if anyone is willing to share their experience?

Jonathan Howe

De:	Paul King
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 25MV Pinnacle Machine
Fecha:	viernes, 29 de febrero de 2008 19:05:18
Archivos adjuntos:	

Guishan,

Contact me offline and I'll see if I can be of help.

Paul King

pking@jarmc.org

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto: owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** guishan fu
> **Sent:** Wednesday, February 27, 2008 1:01 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** 25MV Pinnacle Machine
>
> Hello listers:
>
> We are in need of a 25MV(or 23MV, 21MV) machine in one of our research project. Is there anyone who are using such kind of machine and would like to help us? And other suggestion will be higly appreciated.
>
> Regards.
>
> Guishan.

De:	Stepaniak, Christopher
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Very long IMRT field problem
Fecha:	viernes, 29 de febrero de 2008 19:33:57
Archivos adjuntos:	image001.jpg

You know, sometimes the simplest, most obvious answer is the one that doesn't even occur to you. We were able to generate a good plan (granted, the beams split twice) by using 45 deg collimators. We still did not figure out why Pinnacle wasn't using those leaves, but at least now we have a plan.

Thanks Michael.

Chris

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Needham, Michael
Sent: Thursday, February 28, 2008 9:12 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Very long IMRT field problem

Try using 45 deg collimator angles.

Michael F. Needham, C.M.D.
Chief Dosimetrist
Department of Radiation Oncology
St. Barnabas Medical Center

Hi Listers,

We have a very long gyne/para-aortic volume that we are trying to plan with DMPO. We have a Varian 120-leaf MLC, and are running Pinnacle version 8.0h. Our volume is about 38 cm long, so the y-jaws are set to the maximum +-20 cm.

The problem arises when DMPO generates MLC segments. Pinnacle is refusing to open the most superior and inferior leaf pairs (pairs 1 and 60); every MLC segment in the plan has these leaves closed. This makes the very ends of the PTV cold, and puts hot spots just inside these ends, as the optimizer tries to cover the ends of the PTV with scatter dose. We have tried both extending the PTV and adding “caps” to the PTV with the same objectives as the PTV. Nothing in our machine settings seems out of place; the only potential problem is that the biggest profiles in our commissioning data are 36x36 cm.

Has anyone else run up against this problem? Did you get a better solution than “make your PTV smaller?”

Thanks,
Chris

Christopher Stepaniak, PhD
Department of Radiation and Cellular Oncology
The University of Chicago
5758 S. Maryland Ave, MC9006, Chicago, IL 60637
(773) 834-3340

---

services.

To learn more about SBHCS Secure Messaging, go to: http://userawareness.zixcorp.com/sbhcs/

If you need assistance with retrieving a secure email, please email sbhcsaccounts@sbhcs.com or visit http://userawareness.zixcorp.com/sbhcs/partners/receiving.php

De:	Tim Paul
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: BrainLAB Novalis commissioning
Fecha:	viernes, 29 de febrero de 2008 20:39:10
Archivos adjuntos:	

Jonathan,

I don’t have any experience doing it, but I’ll bet many folks will be interested to hear how it works for you.

Just out of curiosity, how did you come to this combination?

Tim Paul

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Jonathan Howe
Sent: Friday, February 29, 2008 10:44 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: BrainLAB Novalis commissioning

Hello Pinnacle users,

I am in the process of building our BrainLAB Novalis stereotactic machine in Pinnacle (8.0m) and wondered if anyone is willing to share their experience?

Jonathan Howe

De:	Warry, Alison
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Locking fusion in v7.4f
Fecha:	lunes, 03 de marzo de 2008 11:36:43
Archivos adjuntos:	

Dear All,

When we fuse MR and CT images in v7.4f, close the patient and subsequently reopen, we find that the fusion has been lost despite having depressed the “lock” button. Our Philips representative tells us that this is a known bug which is solved in v8. One work around that we have found is adding a point to the dataset although one still has to take care on reopening the dataset as the lock button is no longer depressed.

Does any one have a more robust workaround?

Thank you,

Alison

Alison Warry
Lead Clinical Scientist, Radiotherapy Physics
Royal Free Hospital, Pond Street,
London, NW3 2QG

De:	Shikuan
A:	Users ADAC;
Cc:	
Asunto:	pd-103 g(r)
Fecha:	lunes, 03 de marzo de 2008 22:44:35
Archivos adjuntos:	

I try to update NAS MED3633 Pd-103 physics data in Pinnacle. But I could not get the 5th order of polynomial parameters to fit with updated TG-43 Table III, MedPhys 31(3), 2004. If anyone will share the data it will be great appreciated. Thanks.

Shikuan She
Vista, CA

De:	t.minderhoud@nki.nl
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Terminating a script
Fecha:	miércoles, 05 de marzo de 2008 14:41:35
Archivos adjuntos:	

Hello all,

Does anyone know of a Pinnacle scripting command to gracefully exit a script before the end is reached, e.g. if some condition is (or is not) met? I don't want to use Quit or QuitWithSave as these will terminate the core planning software.

Any hints will be appreciated.
Regards, Tom

Ing. Tom J. Minderhoud

The Netherlands Cancer Institute
Antoni van Leeuwenhoek Hospital
Radiotherapy dept.
Plesmanlaan 121
1066 CX AMSTERDAM
The Netherlands

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Terminating a script
Fecha:	miércoles, 05 de marzo de 2008 15:55:26
Archivos adjuntos:	

One I've used a lot is to simply branch the script on some condition.
If condition is true, execute Continue.Script. If not, execute
Empty.Script, e.g.

```
Store.FreeAt.Form_clPTV = "";
Store.At.Form_clPTV = SimpleString{ String="DoNothing.Script"; };
IF.Store.At.ART_File_Found.Value.THEN.
      Store.At.Form_clPTV.String = "Complete-cl-PTV.Script";
ExecuteNow = Store.At.Form_clPTV.String;
Store.FreeAt.Form_clPTV = "";
```

If these commands are the last in your Script, you have your graceful
exit.

Dave

David Lockman, DSc, DABR
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> t.minderhoud@nki.nl 3/5/2008 8:17 AM >>>
Hello all,

Does anyone know of a Pinnacle scripting command to gracefully exit a
script before the end is reached, e.g. if some condition is (or is not)
met? I don't want to use Quit or QuitWithSave as these will terminate
the core planning software.

Any hints will be appreciated.
Regards, Tom

Ing. Tom J. Minderhoud

The Netherlands Cancer Institute
Antoni van Leeuwenhoek Hospital
Radiotherapy dept.
Plesmanlaan 121
1066 CX AMSTERDAM
The Netherlands

De:	t.minderhoud@nki.nl
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	To exit or not, that"s the question (free after W. Shakespeare)
Fecha:	miércoles, 05 de marzo de 2008 16:07:08
Archivos adjuntos:	

Dave,

That’s exactly the way that I have solved this in the past. But it would be nice to be able to test a condition at the beginning of a script and then exit or continue, without having to use a “preamble” script which tests the condition and then executes (or does not) my actual script.
Thanks anyway, regards,
Tom

De:	George W. Sherouse, Ph.D.
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DRR transfer (DICOM?) to stand-alone Portal Image?
Fecha:	miércoles, 05 de marzo de 2008 22:00:50
Archivos adjuntos:	

Has anyone figured out how to send DRRs from Pinnacle to stand-alone (as in NOT 4D) Portal image for use as reference images for matching? Please share...

- GWS

==========
Sherouse Systems, Inc., Chapel Hill, NC, <http://www.gwsherouse.com/>
Medical Physics and Computing services for Radiation Oncology
(919) 382-8102 voice or FAX, <mailto:gws@gwsherouse.com>

One who speaks does not know. One who knows does not speak.
- Lao Tzu
==========

De:	Ozard, Siobhan
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	EDW commissioning in Pinnacle
Fecha:	jueves, 06 de marzo de 2008 19:41:01
Archivos adjuntos:	

Hi Everyone -

I'm interested in finding out what procedures people have been using for efficient & accurate EDW commissioning in Pinnacle. Any issues?

Thanks,
Siobhan

Siobhan Ozard, Ph.D., MCCPM
Medical Physics
Windsor Regional Cancer Centre
Windsor, ON
N8W 2X3

Tel (519) 253-3191 x 58718
Fax (519) 255-8679
Pager (519) 251-6401

De:	Coughlan Simon (Maidstone and Tunbridge WellsNHS Trust)
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	DRR tables
Fecha:	jueves, 06 de marzo de 2008 22:32:58
Archivos adjuntos:	

I know it's an oft-made request, but has anybody got some good Pinnacle DRR tables they are willing to share please?

Many thanks to anyone who is willing to help.

Simon Coughlan

De:	Jonathan Howe
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: EDW commissioning in Pinnacle
Fecha:	jueves, 06 de marzo de 2008 22:44:49
Archivos adjuntos:	

Siobhan,

We used Sun Nuclear Profiler to measure the profiles for Pinnacle. For deeper depths and larger field combinations I didn't have sufficient out of field data for Pinnacle. These fields I remeasured by shifting the Profiler, making two measurements and concatenating the profiles. Profiles can be converted to Pinnacle ASCII using the application ProfileToPinnacle.

In Pinnacle Physics Wedge Editor we have one wedge we call EDW:

Label	Manufacturer code
EDW-Y2	ED%-Y2
EDW-Y1	ED%-Y1

In planning the wildcard '%' will be replaced by the wedge angle on export to R&V (available wedge angles are also defined in Wedge Editor). This offers the advantage that you need only define one wedge with two orientations. You may wish to try changing transmission factor in Wedge Editor when modeling your data.

For theory look at: J Gibbons "Calculation of enhanced dynamic wedge factors for symmetric and asymmetric photon fields" Med Phys 25, 1411-1418 (1998)

For measurement data look at: H Shao et al "The accuracy of dynamic wedge dose computation in the ADAC Pinnacle RTP system" J App Clin Med Phys 5, 4 (2004).

I have an EDW factor Excel spreadsheet I'd be happy to share, but I doubt if I can send this directly to the listserver.

Good luck!

Jonathan

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Ozard, Siobhan
Sent: Thursday, March 06, 2008 1:23 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: EDW commissioning in Pinnacle

Hi Everyone -

I'm interested in finding out what procedures people have been using for efficient & accurate EDW commissioning in Pinnacle. Any issues?

Thanks,
Siobhan

Siobhan Ozard, Ph.D., MCCPM
Medical Physics
Windsor Regional Cancer Centre
Windsor, ON
N8W 2X3

Tel (519) 253-3191 x 58718
Fax (519) 255-8679
Pager (519) 251-6401

De:	Jason M. Lindgren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	ADAC Backups
Fecha:	viernes, 07 de marzo de 2008 17:14:15
Archivos adjuntos:	

Is there anyone who has successfully implemented a backup solution for ADAC which is not sponsored by Phillips?

I have installed a Windows-based NAS device which is currently backing up the /PrimaryPatientData folder on each ADAC. The problem I'm having is that we have no index of any kind to enable us to restore a single patient. Just looking for a little guidance...

Also, the working directory on the ADAC boxes appears to be root's home directory? If this is the case, what is the use in backing up PrimaryPatientData?

Regards,

Jason Lindgren MCSE, MCSA, CNA, A+
IT Manager
Austin Cancer Centers

De:	Kevin Stead
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DRR tables
Fecha:	viernes, 07 de marzo de 2008 17:17:44
Archivos adjuntos:	

What we are currently doing is:

We have an AIX System mount the /PrimaryPatientExpansion folder, onto its system, then run IBM's Tivoli TSM Client on the entire directory. We then drop the mount so that the /PrimaryPatientExpansion folder is only mounted to the AIX System during the backup process.

Twice a month I do the "recommended" backup by Philips of our system from within Pinnacle to a LINUX Server that is setup and then archive that to our IBM Tivoli TSM system. We have our retention of these records set at 7 years currently, even though we are not a complete paperless department.

Kevin Stead
Project Development Analyst
Information & Communication Services
Application Programming & Project Management Group
UC Davis Health System

2450 48th Street Room 2800
Sacramento, CA 95817
916-734-7765
916-703-5069 - FAX
kevin.stead@ucdmc.ucdavis.edu

Radiation Oncology IS On-Call Pager - 916-762-2979

|---------->
| From: |
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>----------|
|"Jason M. Lindgren" <jlindgren@austincancercenters.com> |

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|---------->
| To: |
|---------->

>----------|
|<pinnacle-users@explode.unsw.edu.au> |

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|---------->
| Date: |

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>----------|
|03/07/2008 07:50 AM |

>----------|
|---------->
| Subject: |
|---------->

>----------|
|RE: DRR tables |

>----------|

Is there anyone who has successfully implemented a backup solution for ADAC which is not sponsored by Phillips?

I have installed a Windows-based NAS device which is currently backing up the /PrimaryPatientData folder on each ADAC. The problem I'm having is that we have no index of any kind to enable us to restore a single patient. Just looking for a little guidance...

Also, the working directory on the ADAC boxes appears to be root's home directory? If this is the case, what is the use in backing up PrimaryPatientData?

Regards,

Jason Lindgren MCSE, MCSA, CNA, A+
IT Manager
Austin Cancer Centers

##
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Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Thompson, Stephen K
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DRR tables
Fecha:	viernes, 07 de marzo de 2008 17:31:07
Archivos adjuntos:	

I like this one for just about anything that has bone in it.

CT# / Density
0 0.0
1000 0.5
1100 0.6
1300 1.8
2000 2.0

Steve Thompson, M.S., DABR
Medical Physicist
Department of Radiation Therapy
Memorial Medical Center
1700 Coffee Road
Modesto, CA 95355
ph 209-572-7237
fax 209-526-5280
thompssk@sutterhealth.org

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Coughlan Simon (Maidstone and Tunbridge WellsNHS Trust)
Sent: Thursday, March 06, 2008 1:15 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: DRR tables

I know it's an oft-made request, but has anybody got some good Pinnacle DRR tables they are willing to share please?

Many thanks to anyone who is willing to help.

Simon Coughlan

De:	Jason M. Lindgren
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DRR tables
Fecha:	viernes, 07 de marzo de 2008 17:46:02
Archivos adjuntos:	

Is there anyone who has successfully implemented a backup solution for ADAC which is not sponsored by Phillips?

I have installed a Windows-based NAS device which is currently backing up the /PrimaryPatientData folder on each ADAC. The problem I'm having is that we have no index of any kind to enable us to restore a single patient. Just looking for a little guidance...

Also, the working directory on the ADAC boxes appears to be root's home directory? If this is the case, what is the use in backing up PrimaryPatientData?

Regards,

Jason Lindgren MCSE, MCSA, CNA, A+
IT Manager
Austin Cancer Centers

De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: DRR tables
Fecha:	viernes, 07 de marzo de 2008 18:01:28
Archivos adjuntos:	

This one is pretty if you wont almost see the bones

CT	Density
0	0
1000	0,3
1200	1,6
1500	1,8
2200	1,8
2700	1,6
7000	1,5

Coughlan Simon (Maidstone and Tunbridge Wells NHS Trust) schrieb:
> I know it's an oft-made request, but has anybody got some good Pinnacle DRR tables they are willing to share please?
>
> Many thanks to anyone who is willing to help.
>
> Simon Coughlan
>
>

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>
##########
>

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Gemeinschaftspraxis für Strahlentherapie und Radiologie
Bjørne Riis
Nebenhofstr. 7
23558 Lübeck

##########
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members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##########

De:	Groess, Greg J
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: DRR tables
Fecha:	viernes, 07 de marzo de 2008 19:30:51
Archivos adjuntos:	

We back up \PrimaryPatientData nightly to SDLT tape and can restore from the tape using the TAR command.
All you need know is the patient number to restore a specific patient.

tar xvf /dev/rmt/"drivename" Institution_XX/Mount_0/Patient_XXX, XX is the correct number of the Patient and Institution.

After you have the files re-written to the drive\folder you just need to re-index the DB to be able to see the records.

Greg

_____

Gregory Groess
Information Systems Support
Radiation Oncology
Abbott Northwestern Hospital
800 28th St.
Minneapolis, MN 55407
612.863.5544
612.654.3827 <Pager>
greg.groess@allina.com

No trees were killed in the creation of this message.
However, Billions of electrons were terribly inconvenienced.

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Jason M. Lindgren
Sent: Friday, March 07, 2008 9:35 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: DRR tables

Is there anyone who has successfully implemented a backup solution for ADAC which is not sponsored by Phillips?

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Regards,

Jason Lindgren MCSE, MCSA, CNA, A+
IT Manager
Austin Cancer Centers

account will not be distributed unless that account is also subscribed.
##

De:	Bjørne
A:	Pinnacle Mailing Liste;
Cc:	
Asunto:	Dose Profile ASCII and JPEG
Fecha:	viernes, 07 de marzo de 2008 20:40:36
Archivos adjuntos:	

Hello

I uploaded some scripts to generate a DoseProfile in Pinnacle, and export them
as ASCII and JPEG files to www.medphysfiles.com.
Not really new but handier.

The JPEG Part is able to Export every ViewingWindow to a JPEG File.

Bjørne

--

Gemeinschaftspraxis für Strahlentherapie und Radiologie
Bjørne Riis
Nebenhofstr. 7
23558 Lübeck

De:	guishan fu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	••• ADAC Backups
Fecha:	lunes, 10 de marzo de 2008 1:46:42
Archivos adjuntos:	

---

hello all:

The following backup strategy has been used in our department for 2 years. Hope it helps.

As ADAC is a file based TPS system. To backup the system, all we need to do is to copy the patient data out of the server to another workstation. As we have 1 data(and application) server and 12 ADAC client in our department, we copy the patient data in the server to the clients using an unix script. At the same time, an index file(which maps the patients' MRNs to corresponding directories) was generated and stored with patient files such that patient can be restored seperately when needed. As the patients in our dept were classified into 3 dividions(Head, thorax and abdomen), each hard disk(~100GB) mounted on the client can store patients in one division.

When doing backup, we first copy all the data to a "basic" directory, and then copy the files modified each day to a set of "increntmental" backup directories. By doing this, we can not only restore patient but roll-back the patient data when something is wrong(the days that can be rolled-back depend on the total disk space of the client workstation). To roll-back, first copy the "basic" files, and then incorporate the "increntmental" backuped daily modified files into the corresponding diredtory. Again, everything is done by unix scripts.

Using unix scripts, we also realize a patient ct-image backup. In doing so, the patient information is extracted from the ct files by a unix command provided by Pinnacle(mentioned in early discussion).

Regards

Guishan Fu

Medical Physicist
Cancer Hospital,Chinese Academy of Medical Sciences.
17 Panjiayuan Nanli,
100021 Chaoyang dist,
Beijing, P.R.China

T: 86 10 8778 8291

"Jason M. Lindgren" <jlindgren@austincancercenters.com> •••

Is there anyone who has successfully implemented a backup solution for ADAC which is not sponsored by Phillips?

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Regards,

Jason Lindgren MCSE, MCSA, CNA, A+
IT Manager
Austin Cancer Centers

••••••••••••••••••

De:	drttp24@aol.com
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Cone Beam Image Storage
Fecha:	martes, 11 de marzo de 2008 16:08:19
Archivos adjuntos:	

How long is anyone keeping their cone beam CT images? Is it for medical necessity or billing? I know billing has gone away for this year, but it may be back.

Thanks,

Anne Patterson

De:	Dave Lockman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Cone Beam Image Storage
Fecha:	martes, 11 de marzo de 2008 16:21:12
Archivos adjuntos:	

Anne -

We send one CBCT per week back to Mosaiq for physician review against the ref data / contours. Other patients in our Elekta XVI database are deleted a couple weeks after Tx - we don't have an onco PACS (yet), and I'm not going to ask the therapists to kill a ton of time backing them up to something as unreliable as a DVD.

I'm comfortable that these once-per-week samples would give us enough info if we ever needed retrospective info per "medical necessity". Billing ... do you mean retain CBCTs to document an image guidance charge? I admit a high level of naivete on the billing front, but our R&V (Mosaiq w/ Synergistiq) does initiate and record the XVI image acquisition / registration, so I suppose we'd have a record that way if we were audited.

Dave

David Lockman, DSc, DABR
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> drttp24@aol.com 3/11/2008 10:45 AM >>>
How long is anyone keeping their cone beam CT images? Is it for medical necessity or billing??I know billing has gone away for this year, but it may be back.

Thanks,

Anne Patterson

De:	Kevin Stead
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Cone Beam Image Storage
Fecha:	martes, 11 de marzo de 2008 16:27:57
Archivos adjuntos:	

At this time we are keeping all of them. All are going into our R&V and our Radiation Therapy PACS System for future review and use for research. The nice thing is with them going to our RTPACS system we can send them back to any of our modalities, TPS systems including PINNACLE and all at any time.

Kevin Stead
Project Development Analyst
Information & Communication Services
Application Programming & Project Management Group
UC Davis Health System

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916-703-5069 - FAX
kevin.stead@ucdmc.ucdavis.edu

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| From: |
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|drttp24@aol.com |

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| To: |
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|pinnacle-users@explode.unsw.edu.au |

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| Date: |
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|03/11/2008 08:09 AM |

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| Subject: |
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|Cone Beam Image Storage |

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How long is anyone keeping their cone beam CT images? Is it for medical necessity or billing? I know billing has gone away for this year, but it may be back.

Thanks,

Anne Patterson

De:	Kevin Stead
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Cone Beam Image Storage
Fecha:	martes, 11 de marzo de 2008 16:42:39
Archivos adjuntos:	

We also are backing up all the RAW CBCT data from both our XVI's and storing those for a minimum of 7 years at this time. This way the data can be restored back onto the XVI machine if needed.

Kevin Stead
Project Development Analyst
Information & Communication Services
Application Programming & Project Management Group
UC Davis Health System

2450 48th Street Room 2800
Sacramento, CA 95817
916-734-7765
916-703-5069 - FAX
kevin.stead@ucdmc.ucdavis.edu

Radiation Oncology IS On-Call Pager - 916-762-2979

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| From: |
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|drttp24@aol.com |

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| To: |
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|pinnacle-users@explode.unsw.edu.au |

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| Date: |
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| Subject: |
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|Cone Beam Image Storage |

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may be back.

Thanks,

Anne Patterson
Supercharge your AIM. Get the AIM toolbar for your browser.

De:	Tim Paul
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Cone Beam Image Storage
Fecha:	martes, 11 de marzo de 2008 18:09:02
Archivos adjuntos:	

Presently, we back up all of our CBCT data onto large network drives (a poor man's PACs). We have at least 2 years of online storage space that can be brought back to the XVI as needed.

On a few occasions we have had a medical need to retrieve these images. Additionally, we have been audited more than once, and we recovered the images for billing documentation.

From this experience and discussions with our "so-called" billing experts,
It would be my recommendation that you should have documentation for all of your IGRT treatments including image and the shift information.

If disk space is an issue, daily screen captures would probably suffice. Our docs do a daily review of screen captures showing 3 representative planes and shift info, rather than entire CBCT data set.

If you have Synergistic, the daily shifts are recorded, and reviewing the shifts on a weekly basis is a good way to identify changing set up trends. Then, you can go back to your images and see what is causing the change.

Timothy Paul, MS, DABR, CHP
Ironwood Cancer & Research Centers, PC
6111 E. Arbor Ave.
Mesa, AZ 85206
Tel:(480) 981-1326
Fax:(480) 981-1445

695 S. Dobson Rd.
Chandler, AZ 85224
Tel:(480) 821-2838
Fax: (480) 821-9444
-----Original Message-----

From: owner-pinnacle-users@explode.unsw.edu.au
[mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Dave Lockman
Sent: Tuesday, March 11, 2008 8:09 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: Cone Beam Image Storage

Anne -

We send one CBCT per week back to Mosaiq for physician review against the ref data / contours. Other patients in our Elekta XVI database are deleted a couple weeks after Tx - we don't have an onco PACS (yet), and I'm not going to ask the therapists to kill a ton of time backing them up to something as unreliable as a DVD.

I'm comfortable that these once-per-week samples would give us enough info if we ever needed retrospective info per "medical necessity". Billing ... do you mean retain CBCTs to document an image guidance charge? I admit a high level of naivete on the billing front, but our R&V (Mosaiq w/ Synergistiq) does initiate and record the XVI image acquisition / registration, so I suppose we'd have a record that way if we were audited.

Dave

David Lockman, DSc, DABR
Medical Physicist
Sparrow Hospital
1215 E Michigan Ave
Lansing, MI 48912
517-364-2163
dave.lockman@sparrow.org

>>> drttp24@aol.com 3/11/2008 10:45 AM >>>
How long is anyone keeping their cone beam CT images? Is it for medical necessity or billing??I know billing has gone away for this year, but it may be back.

Thanks,

Anne Patterson

to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send
the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

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De:	Mark Phillips
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	pinnacle to IMPAC
Fecha:	jueves, 13 de marzo de 2008 22:56:54
Archivos adjuntos:	

I have heard of many different solutions of getting Pinnacle plans input into IMPAC as some type of electronic record. Many of these solutions involve converting Pinnacle postscript files to MS Word documents which are then inserted into IMPAC.

The latest version of Adobe Acrobat Professional will do the conversion of postscript to Word while giving you the ability to do some editing in the process. Has anyone tried that or see any obstacle to that? I haven't worked with IMPAC yet so I am not at all clear if there are problems at that end.

Any feedback is appreciated. Thanks,

Mark Phillips

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Mark H. Phillips, Ph.D.
Professor, Department of Radiation Oncology
Box 356043
University of Washington
Seattle, WA 98195-6043

(office) 206.598.6219
(fax) 206.598.6218

www.radonc.washington.edu/faculty/mark/

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De:	Poteet, Leslie
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: pinnacle to IMPAC
Fecha:	viernes, 14 de marzo de 2008 8:55:47
Archivos adjuntos:	

Mark,

We use the newest version of Adobe to convert our post script files to pdf files which import into Impac via EScan. Prior to import, as a pdf, editing is allowed including scaling and measuring distances. I've not encountered any problems and I maintain the pdf files on my PC. If an outside office requests copies of the patients plan, I can send it in an email attachment within minutes.

Leslie K Poteet, CMD
Rocky Mountain Cancer Centers
Aurora, Colorado

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mark Phillips
Sent: Thursday, March 13, 2008 3:47 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: pinnacle to IMPAC

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De:	Mark Phillips
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: pinnacle to IMPAC
Fecha:	viernes, 14 de marzo de 2008 15:09:26
Archivos adjuntos:	

Leslie,
Thank you for your reply. Looks like my scheme can work. It seems that you are using some of the Adobe editting tools too. Do you make changes that are then saved to IMPAC?

I am trying to prepare us for IMPAC so haven't worked with it yet. Is escan the IMPAC facility for importing documents? On their website, they only mention Word documents. If you can import via escan, can you work with them or are they just images?

Thanks again,
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www.radonc.washington.edu/faculty/mark/

De:	Blake Dirksen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: pinnacle to IMPAC
Fecha:	viernes, 14 de marzo de 2008 17:38:37
Archivos adjuntos:	

We just use a freeware program called PDFCreator to convert *.ps documents to PDF. It is free and very easy to use.. and did I mention it is free. We use this to create special physics reports, etc. We are yet to get plans into IMPAC.

Our big hurdle is the time required to generate all the required images/*.ps files. I know Bjorne sent out a script to create the windows for you and I am playing with that but that is the bigger hurdle then converting file types.

blake

> Date: Thu, 13 Mar 2008 15:19:49 -0700
> From: markp@u.washington.edu
> To: pinnacle-users@explode.unsw.edu.au
> Subject: Re: pinnacle to IMPAC
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> Leslie,
> Thank you for your reply. Looks like my scheme can work. It seems that
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> www.radonc.washington.edu/faculty/mark/
>
>
>

De: Poteet, Leslie
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: RE: pinnacle to IMPAC
Fecha: viernes, 14 de marzo de 2008 17:53:04
Archivos adjuntos:

We played around with a few freeware downloads but found that for reports that were mainly text imported fine into IMPAC but large files with colors like Isodose lines and such did not maintain their integrity at all. I've heard from other users that have had success with freeware. Our problem may be that we have yet to upgrade to Mosaic, which supports pdf. Our current version converts our pdf files to huge tiff files.

The only time difference I've experienced from printing to paper is the added time edit the file names for each print and the actual conversion to pdf. Maybe added 15 minutes to the "print" process.

Leslie K Poteet, CMD

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Blake Dirksen
Sent: Friday, March 14, 2008 10:29 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: pinnacle to IMPAC

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De:	Charles A. Pelizzari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: pinnacle to IMPAC
Fecha:	viernes, 14 de marzo de 2008 18:03:10
Archivos adjuntos:	

---

ghostscript can also convert postscript to pdf right on the pinnacle system, if you don't have to do any editing.

-cp

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>> To: pinnacle-users@explode.unsw.edu.au
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--

Charles A. Pelizzari, Ph.D.

The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De: Sun, Mei

A: pinnacle-users@explode.unsw.edu.au;

Cc:

Asunto: RE: pinnacle to IMPAC

Fecha: viernes, 14 de marzo de 2008 22:57:12

Archivos adjuntos:

Hi, All:

Is there any freeware download, similar to PDRCreator, that can work with Unix to convert the print-out into a PDF file?
Thanks in advance for any information.

Mei Sun, Ph.D.
Medical Physicist
Banner Good Samaritan Medical Center
1111 E. McDowell Rd
Phoenix, AZ 85006
Office: 602-239-2226
Fax: 602-239-6000

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Poteet, Leslie
Sent: Friday, March 14, 2008 9:48 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: pinnacle to IMPAC

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> > From: owner-pinnacle-users@explode.unsw.edu.au

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> ##

De: Lars Ewell
A: pinnacle-users@explode.unsw.edu.au;
Cc:
Asunto: Re: pinnacle to IMPAC
Fecha: viernes, 14 de marzo de 2008 23:39:30
Archivos adjuntos:

Mei Sun,

Greetings.

You may want to check out 'ps2pdf'. See

http://www.ps2pdf.com/

Hope that this may help.

regards,

Lars Ewell

Lars Ewell
Assistant Professor
Department of Radiation Oncology
University of Arizona School of Medicine
PO Box 245081
Tucson, AZ 85724-5081

Phone: (520)626-5769
Fax: (520)626-9328
email: lewell@email.arizona.edu
www: http://www.u.arizona.edu/~lewell/

> ----- Original Message -----
> **From:** Sun, Mei
> **To:** pinnacle-users@explode.unsw.edu.au
> **Sent:** Friday, March 14, 2008 2:46 PM
> **Subject:** RE: pinnacle to IMPAC
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> Is there any freeware download, similar to PDRCreator, that can work with Unix to convert the print-out into a PDF file?
> Thanks in advance for any information.
>
> Mei Sun, Ph.D.
> Medical Physicist
> Banner Good Samaritan Medical Center
> 1111 E. McDowell Rd
> Phoenix, AZ 85006
> Office: 602-239-2226
> Fax: 602-239-6000
>
> ---
>
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Poteet, Leslie
> **Sent:** Friday, March 14, 2008 9:48 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** RE: pinnacle to IMPAC
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> *Leslie K Poteet, CMD*
>
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> > **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Blake Dirksen
> > **Sent:** Friday, March 14, 2008 10:29 AM
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blake

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> ----------
>
> Mark H. Phillips, Ph.D.
> Professor, Department of Radiation Oncology
> Box 356043
> University of Washington
> Seattle, WA 98195-6043
>
> (office) 206.598.6219
> (fax) 206.598.6218
>
> www.radonc.washington.edu/faculty/mark/
>
>
> ###
> To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
> unsubscribe pinnacle-users <e-mail address>
> to majordomo@explode.unsw.edu.au.
>
> Note: To avoid non-delivery error messages being sent to all list
> members, the list has been configured so that messages can only be
> sent from a subscribed account. Messages sent from a users secondary
> account will not be distributed unless that account is also subscribed.
> ###

De:	Charles A. Pelizzari
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: pinnacle to IMPAC
Fecha:	sábado, 15 de marzo de 2008 16:40:59
Archivos adjuntos:	

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Charles A. Pelizzari, Ph.D.
The University of Chicago
Radiation Oncology, MC 9006
5758 S. Maryland Avenue, Room 1358
Chicago, IL 60637

De:	Vadim Kuperman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: pinnacle to IMPAC
Fecha:	sábado, 15 de marzo de 2008 22:10:23
Archivos adjuntos:	

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Vadim Kuperman

----- Original Message ----
From: Charles A. Pelizzari <c-pelizzari@uchicago.edu>
To: pinnacle-users@explode.unsw.edu.au
Sent: Saturday, March 15, 2008 11:12:47 AM
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De:	Nick Collett
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: pinnacle to IMPAC
Fecha:	domingo, 16 de marzo de 2008 23:00:28
Archivos adjuntos:	

This software seems to have most things covered, however it is not free.

http://www.roresources.com/EMRLink.htm

Cheers,

Nick.

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Vadim Kuperman
Sent: Sunday, 16 March 2008 7:53 AM
To: pinnacle-users@explode.unsw.edu.au
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A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	pinnacle to IMPAC
Fecha:	martes, 18 de marzo de 2008 0:01:09
Archivos adjuntos:	

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Since we are waiting to receive our software, I am assuming we will have the functionality listed below. In summary, our plan is (a) print Pinnacle plan to postscript files, (b) use a linux script (involving ps2pdf) to convert ps to pdf files (this is possible since our Pinnacle file system is mounted to our linux system), (c) use the Mosaiq 1.3 facility to import the pdf files.

From IMPAC:
"As of Mosaiq version 1.3 and above Mosaiq can import pdf's. Prior to this version you can still import pdf's but they would get converted to a .tiff.
Also new to the latest version in 1.3, you can now import PDF documents and JPG images that were generated during treatment planning into the Diagnoses and Interventions window using eSCAN. Once you have imported the treatment plan or image file(s), you can copy, view, edit, add notes, apply approval status, print, and associate courses and/or prescriptions with the treatment plan document or image. You can also require approval of treatment plans prior to treatment. If you set this requirement, you cannot treat any of the treatment fields in the course/prescription associated with the unapproved treatment plan(s)."

Thanks again for your help,
Mark

--

Mark H. Phillips, Ph.D.
Professor, Department of Radiation Oncology

Box 356043
University of Washington
Seattle, WA 98195-6043

(office) 206.598.6219
(fax) 206.598.6218

www.radonc.washington.edu/faculty/mark/

De:	Qamar Zaman
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	poor visibility of prostate markers on Pinnacle setup filed DRR"s
Fecha:	martes, 18 de marzo de 2008 0:16:50
Archivos adjuntos:	

Hi

We are just starting KV-KV and KV-MV OBI on our IMRT patients. 2D-2D match seems to work ok but when we tried to do marker match, it is almost impossible to see markers on the DRR's generated from Pinnacle. Does any one has any suggestions about how to improve our DRR's for this purpose.

We are running 8.0h on Pinnacle 8/10 hardware.

Thanks in advance

Qamar Zaman, MS, DABR
Chief Medical Physicist
Associates in Radiation Oncology
13184 N 103rd Drive
Sun City, Arizona 85351
Ph: 602-790-5112
fax: 602-972-2539

De:	Kristin Futter
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: poor visibility of prostate markers on Pinnacle setup filed DRR"s
Fecha:	martes, 18 de marzo de 2008 0:42:55
Archivos adjuntos:	

You may want to go to 1-2mm slices for planning, at least through the seed area. Remember Pinnacle interpolates data for DRRs. If you do not have enough data, the reconstructed images may be of poor quality. KMFutte----- Original Message -----

> **From:** Qamar Zaman
> **To:** pinnacle-users@explodeunsw.edu.au
> **Sent:** Monday, March 17, 2008 4:06 PM
> **Subject:** poor visibility of prostate markers on Pinnacle setup filed DRR's
>
> Hi
>
> We are just starting KV-KV and KV-MV OBI on our IMRT patients. 2D-2D match seems to work ok but when we tried to do marker match, it is almost impossible to see markers on the DRR's generated from Pinnacle. Does any one has any suggestions about how to improve our DRR's for this purpose.
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> Chief Medical Physicist
> Associates in Radiation Oncology
> 13184 N 103rd Drive
> Sun City, Arizona 85351
> Ph: 602-790-5112
> fax: 602-972-2539
>
> ---
>
>

De:	Christopher Thompson
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: poor visibility of prostate markers on Pinnacle setup filed DRR"s
Fecha:	martes, 18 de marzo de 2008 1:05:16
Archivos adjuntos:	

Hi
we have had good success contouring the seeds with an appropriate window level on the CT slices. The outline of the seeds can then be turned on in the DRR view.

Regards

Christopher Thompson
Radiotherapy Physicist
Regional Cancer and Blood Services
Auckland City Hospital

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Qamar Zaman
> **Sent:** Tuesday, 18 March 2008 12:06 p.m.
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** poor visibility of prostate markers on Pinnacle setup filed DRR's
>
> Hi
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> We are just starting KV-KV and KV-MV OBI on our IMRT patients. 2D-2D match seems to work ok but when we tried to do marker match, it is almost impossible to see markers on the DRR's generated from Pinnacle. Does any one has any suggestions about how to improve our DRR's for this purpose.
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> Chief Medical Physicist
> Associates in Radiation Oncology
> 13184 N 103rd Drive

Sun City, Arizona 85351
Ph: 602-790-5112
fax: 602-972-2539

De:	Hobie Shackford
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	qamarz9@hotmail.com;
Asunto:	Re: poor visibility of prostate markers on Pinnacle setup filed DRR"s
Fecha:	martes, 18 de marzo de 2008 2:31:38
Archivos adjuntos:	

Qamar:

We use 6 mm points centered on each seed. We select the wireframe 3D type so they are semi transparrent in the DRR. The color of dark blue seems to give the best visiblility in the DRR.

On the treatment machine the therapists use IsoLoc fusion and shift the portal images until the seeds are within the points (or at least 1/2 way in). They can blend the DRR in and out to check the positions of the seeds relative to the points. When they get the seeds positioned as described they are within our planned position +/ 3mm tollerance.

Works well until the gas bubble comes through; but that's another story ;-)

Hobie Shackford
Medical Physicist
Vantage/NorthMain Radiation Oncology
Providence, RI

--- Qamar Zaman <qamarz9@hotmail.com> wrote:

> Hi
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> Ph: 602-790-5112
> fax: 602-972-2539
>

> Climb to the top of the charts! Play the word
> scramble challenge with star power.
>
http://club.live.com/star_shuffle.aspx?icid=starshuffle_wlmailtextlink_jan

---

De:	Laura Gandon
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Scripting Query
Fecha:	martes, 18 de marzo de 2008 10:29:54
Archivos adjuntos:	

Hello,

I need to write a script for Pinnacle which opens up a multi-paned viewing window and then puts a different DRR in each new window corresponding to the different beams in a trial. I can bring up the viewing window well enough, and put a DRR in one of them (namely the “Last” or the “Current” window). However I am having trouble with selecting the other windows in turn. I am unable to pick out the windows by index number because the indices could be anything depending on how many other windows have been opened whilst creating the plan. I wonder if there is any phrase which will allow me to “MakeCurrent” the “Last” window, put a DRR in it, and then move to something like the “Previous Current” window, or the “Last window minus 1”. Any help will be much appreciated.

Thank you,

Laura Gandon
Radiotherapy Physicist
Kent Oncology Centre
Maidstone Hospital, UK.

De:	Hendee, Eric
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Scripting Query
Fecha:	martes, 18 de marzo de 2008 14:41:54
Archivos adjuntos:	

Hi Laura,
One easy solution is to run a script when you start Pinnacle that creates your multi-paned window and then minimize it. This way, you know the number of each window, just be sure not to close it.
Eric

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Laura Gandon
> **Sent:** Tuesday, March 18, 2008 4:17 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Scripting Query
>
> Hello,
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> Thank you,
>
> Laura Gandon
> Radiotherapy Physicist
> Kent Oncology Centre
> Maidstone Hospital, UK.
> **********
> This message may contain confidential and privileged information. If you are not the intended recipient please accept our apologies. Please do not disclose, copy or distribute information in this e-mail or take any action in reliance on its contents: to do so is strictly prohibited and may be unlawful. Please inform us that this message has gone astray before deleting it. Thank you for your co-operation.
>
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> **********

De:	Tim Paul
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: pinnacle to IMPAC
Fecha:	martes, 18 de marzo de 2008 16:18:05
Archivos adjuntos:	

Mark,

We do/did about what you are suggesting.

Before we had Mosaiq 1.3, we imported the .pdf files by ESCAN. They were automatically converted to .tiff files. That worked fine, although the files took up a lot of disk space.

When we upgraded to 1.3, the files were imported as .pdf.

You may have already done this, but you should generate some scripts that'll make this easier for your dosimetrists to print to file. It's a real pain if they just use the ADAC provided print utility.

There are some commercial packages available, but they are riduculously and unneccessarily expensive.

We wrote a few simple scripts to speed up the process. They are not very elegant, but they work.

It took about a week of fooling around with scripting between other jobs to get them working. I wouldn't call it trivial, but if you have any programming skills, it's not a big job to generate some useful scripts.

Tim Paul

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mark Phillips
Sent: Monday, March 17, 2008 3:47 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: pinnacle to IMPAC

I wish to thank the many people who provided a range of solutions to the

problem of importing Pinnacle plans into IMPAC. Below I have copied a response from the IMPAC support group. The answer is geared to Mosaiq version 1.3 which does import .pdf files.

Since we are waiting to receive our software, I am assuming we will have the functionality listed below. In summary, our plan is (a) print Pinnacle plan to postscript files, (b) use a linux script (involving ps2pdf) to convert ps to pdf files (this is possible since our Pinnacle file system is mounted to our linux system), (c) use the Mosaiq 1.3 facility to import the pdf files.

From IMPAC:
"As of Mosaiq version 1.3 and above Mosaiq can import pdf's. Prior to this version you can still import pdf's but they would get converted to a .tiff.
Also new to the latest version in 1.3, you can now import PDF documents and JPG images that were generated during treatment planning into the Diagnoses and Interventions window using eSCAN. Once you have imported the treatment plan or image file(s), you can copy, view, edit, add notes, apply approval status, print, and associate courses and/or prescriptions with the treatment plan document or image. You can also require approval of treatment plans prior to treatment. If you set this requirement, you cannot treat any of the treatment fields in the course/prescription associated with the unapproved treatment plan(s)."

Thanks again for your help,
Mark

--

Mark H. Phillips, Ph.D.
Professor, Department of Radiation Oncology Box 356043 University of Washington Seattle, WA 98195-6043

(office) 206.598.6219
(fax) 206.598.6218

www.radonc.washington.edu/faculty/mark/

address> to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be sent
from a subscribed account. Messages sent from a users secondary account
will not be distributed unless that account is also subscribed.
##

##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send
the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list
members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Mark Phillips
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: pinnacle to IMPAC
Fecha:	martes, 18 de marzo de 2008 17:02:25
Archivos adjuntos:	

Tim,
Thanks for the encouraging words. You are undoubtedly right about using some scripts. Right now we have more dosimetrists than physicists, so I am more concerned about the physics load than the dosimetrist load! I agree that the commercial packages are rather a waste. Too bad Pinnacle needs the Sun OS--not nearly as much software written for that.

Mark

Tim Paul wrote:
> Mark,
>
> We do/did about what you are suggesting.
>
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> automatically converted to .tiff files. That worked fine, although the
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> Tim Paul
>
>
>
> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Mark
> Phillips
> Sent: Monday, March 17, 2008 3:47 PM
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> and JPG images that were generated during treatment planning into the
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> the treatment plan or image file(s), you can copy, view, edit, add
> notes, apply approval status, print, and associate courses and/or
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> Thanks again for your help,
> Mark
>
> --
> ----------
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Seattle, WA 98195-6043

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(fax) 206.598.6218

www.radonc.washington.edu/faculty/mark/

De:	Hendee, Eric
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Scripting Query
Fecha:	martes, 18 de marzo de 2008 21:01:55
Archivos adjuntos:	

Hi Laura,
One easy solution is to run a script when you start Pinnacle that creates your multi-paned window and then minimize it. This way, you know the number of each window, just be sure not to close it.
Eric

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Laura Gandon
> **Sent:** Tuesday, March 18, 2008 4:17 AM
> **To:** pinnacle-users@explode.unsw.edu.au
> **Subject:** Scripting Query
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> Laura Gandon
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> **********
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> **********

De:	Kao, Mark
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 8.0m version Bolus display
Fecha:	martes, 18 de marzo de 2008 21:49:35
Archivos adjuntos:	

Recently we installed Pinnacle 8.0m version software. We have no problem of the conversion and in general it is doing well. We are especially interested in the bolus application to chest-wall/breast treatment plan. This new version makes bolus application much better than previous. The mu calculated is closer to it should be (it tightly surrounds the patient skin). However, we found there is a problem of **bolus display**. This bolus is also showed up on without/bolus plan, as trail 2. How to avoid this or correct this display error?

Mark

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Kao, Mark
Sent: Thursday, January 10, 2008 8:20 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: 8.0k install experiences

Any one has experience of upgrading from 7.6d direct to 8.0k? Any remodeling required?

Mark Kao, Ph.D., DABR
St. Barnabas Medical Center
Livingston, NJ 07039
Tel: 973-322-5698
Fax: 973-322-5648

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of Hobie Shackford
Sent: Wednesday, January 09, 2008 10:12 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: 8.0k install experiences

I just upgraded from 8.0d p1 to 8.0k this past weekend. I used the download route and all went well once I figured out how to get my CD burning software to burn the image files.

I have some good news and some not so good news.

The good news is that the commisioned machines in 8.0k performed essentially identical to the 8.0d machines in our water phantom benchmark. In two of our machines there were very slight differences in randomly sampled IMRT plans that were simply recalculated. One machine had a couple of beams with a small change in monitor units (0.04 max) and ROI dose summary values (0.2 cGy max). A second machine had identical beam monitor units with the same small dose differences. Our Varian 600CD plans were identical execpt for one dose value that differed by 0.1 cGy (in a H&N IMRT with a page full of ROIs!).

No modeling was required for this upgrade; only the recalculating of the output factors (even though the table is complete when loaded). From 7.4f the models should be tweeked as recommended by Philips.

For the not so good news; on the first clinical day on Monday our dosimetrists discovered that the trial comparison windows do not synchronize. When you advance one window to the next slice the other window does not follow. Then we found out that this is also true in the Syntegra program. The two data sets are not synchronized; a real pain. Then today one of the dosimetrists found out that the nine window display has suffered the same fate.

We are trying to decide if we want to stay clinical with 8.0k or go back to 8.0d. There are new features and fixes that make 8.0k attractive but his image sync problem is significant. Perhaps we can get along with mannually advancing each window in the trial comparison but I think our fusion patients will have to go into an 8.0d Institution.

Hobie Shackford
Vantage/ NorthMain Radiation Oncology
Providence, RI

> -----Original Message-----
> From: owner-pinnacle-users@explode.unsw.edu.au
> [mailto:owner-pinnacle-users@explode.unsw.edu.au] On
> Behalf Of Sean Frigo
> Sent: Tuesday, December 18, 2007 1:45 PM
> To: pinnacle-users@explode.unsw.edu.au
> Subject: 8.0k install experiences
>
> Listers,
>
> I would be interested to hear about success (or lack
> thereof) in installing 8.0k. Please post if you
> would. In particular, I am interested in going from
> 7.4f to 8.0k.
>
> Thanks,

>
> Sean
>
>

Looking for last minute shopping deals?
Find them fast with Yahoo! Search.
http://tools.search.yahoo.com/newsearch/category.php?category=shopping

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Important news about our email communications

Saint Barnabas Health Care System has implemented secure messaging
services.

To learn more about SBHCS Secure Messaging, go to:
http://userawareness.zixcorp.com/sbhcs/

If you need assistance with retrieving a secure email, please email
sbhcsaccounts@sbhcs.com or visit http://userawareness.zixcorp.com/sbhcs/
partners/receiving.php

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De:	Paul Melnyk
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: Scripting Query
Fecha:	martes, 18 de marzo de 2008 22:35:59
Archivos adjuntos:	

Hi,

Have you tried using your default / “initial” viewing windows, as these are always numbered starting from 1? This is a very basic way to do what you want, but you will always be limited to the same number of panes in the window (i.e. you cannot customise the number of panes to suit the plan, eg. to create one BEV per beam). In the script, I think you refer to window number 1 as “.#0”, number 2 becomes “.#1”, etc.

Alternatively you could try scripting a view change before the custom viewing window is created. That way (hopefully, most of the time) you will have the same number of windows open every time and the new windows will be numbered starting from there. But this assumes you’ve only changed the view in SmartSim and not left any new custom viewing windows open at the time.

Paul

From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] **On Behalf Of** Hendee, Eric
Sent: Wednesday, 19 March 2008 12:27 AM
To: pinnacle-users@explode.unsw.edu.au
Subject: RE: Scripting Query

Hi Laura,
One easy solution is to run a script when you start Pinnacle that creates your multi-paned window and then minimize it. This way, you know the number of each window, just be sure not to close it.
Eric

> -----Original Message-----
> **From:** owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au]**On Behalf Of** Laura Gandon
> **Sent:** Tuesday, March 18, 2008 4:17 AM
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> Thank you,

Laura Gandon
Radiotherapy Physicist
Kent Oncology Centre
Maidstone Hospital, UK.

De:	Tom Ogunleye
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Pinnacle/ IMPAC/Cone Beam CT
Fecha:	martes, 18 de marzo de 2008 22:59:56
Archivos adjuntos:	

We are preparing for our eventual migration to Mosaic. We would like to hear from any Pinnacle user who is currently on this platform and handling Cone Beam CT on any issues or concerns.

Tom Ogunleye
Austin Cancer Centers
2600 E. MLK Blvd
Austin, TX 78702
Phone (512) 505-5500

De:	Blake Dirksen
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	For the non-programmer
Fecha:	martes, 18 de marzo de 2008 23:26:12
Archivos adjuntos:	

Hello,

I am a physicist working in a community clinic without much programming experience. Through trial and error I can get basic scripts to work but don't have enough knowledge to really have some fun with the scripting.

For example, I just want the script to pause and wait for me to set up the next window. I have no idea how to do this. Or another example, I want to enter a string and save it. Once again, I have no idea how to do this.

Is there a resource out there that can help me? A book? CD? Website? I've tried using the internet to find some stuff and am coming up empty handed. I would REALLY appreciate any help and I will buy a beer at AAPM for anyone who helps.

blake

De:	Nathan Childress
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: For the non-programmer
Fecha:	miércoles, 19 de marzo de 2008 1:06:50
Archivos adjuntos:	

Here is an amazing collection of simple and advanced scripts:

http://www.medphysfiles.com/index.php?name=Downloads&file=details&id=37

http://www.medphysfiles.com/index.php?name=Downloads&file=details&id=36

Nathan

De:	John Archer
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: 8.0m version Bolus display
Fecha:	miércoles, 19 de marzo de 2008 2:38:55
Archivos adjuntos:	

Mark,

In your "without bolus" trial, go to any beam, and go to the 'modifier' tab. At the bottom center should be the area for bolus. Click on the edit button, and you will find a listing for each bolus created. Here you can treat it like an ROI and change its visualization from 'outline' to 'off'. This is also where you designate whether or not that bolus is active for that beam. Hope this helps,

John Archer, CMD
Reed City, MI

Kao, Mark wrote:

> Recently we installed Pinnacle 8.0m version software. We have no
> problem of the conversion and in general it is doing well. We are
> especially interested in the bolus application to chest-wall/breast
> treatment plan. This new version makes bolus application much better
> than previous. The mu calculated is closer to it should be (it tightly
> surrounds the patient skin). However, we found there is a problem of
> *_bolus display_*. This bolus is also showed up on without/bolus
> plan, as trail 2. How to avoid this or correct this display error?
>
>
>
> Mark
>

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	guishan fu
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	••• Scripting Query
Fecha:	miércoles, 19 de marzo de 2008 4:57:44
Archivos adjuntos:	Print_DosePlane.dat Print_DosePlane_Setup_View.dat Print_SetFirstVWCurrent.sh

---

Laura:

Attached is the scripts used to create a 2x3 view window layout and modify their properties. Hopefully this can be of help for you. It any problem remains, feel free to contace me.

Guishan Fu

Medical Physicist
Cancer Hospital,Chinese Academy of Medical Sciences.
17 Panjiayuan Nanli,
100021 Chaoyang dist,
Beijing, P.R.China

T: 86 10 8778 8291

Laura Gandon <laura.gandon@nhs.net> •••

Hello,

I need to write a script for Pinnacle which opens up a multi-paned viewing window and then puts a different DRR in each new window corresponding to the different beams in a trial. I can bring up the viewing window well enough, and put a DRR in one of them (namely the “Last” or the “Current” window). However I am having trouble with selecting the other windows in turn. I am unable to pick out the windows by index number because the indices could be anything depending on how many other windows have been opened whilst creating the plan. I wonder if there is any phrase which will allow me to “MakeCurrent” the “Last” window, put a DRR in it, and then move to something like the “Previous Current” window, or the “Last window minus 1”. Any help will be much appreciated.

Thank you,

Laura Gandon
Radiotherapy Physicist
Kent Oncology Centre
Maidstone Hospital, UK.

more NHS personnel are switching to this NHS Connecting for Health system please visit www.connectingforhealth.nhs.uk/nhsmail
****

••••••••••••••••••

De:	Needham, Michael
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 8.0m version Bolus display
Fecha:	miércoles, 19 de marzo de 2008 16:12:57
Archivos adjuntos:	

John,

I think what Mark is referring to is when you are in Trial Comparison and comparing bolus vs. no bolus trials, the bolus is either displayed on for both or off for both.

The bolus in V8.0 is now similar to a ROI and is specific to the patient, whereas in V7.6 it was specific to a beam and displayed side by side correctly as used. It would be nice if the bolus display could be separate per trial.

Mike

Michael F. Needham, C.M.D.
Chief Dosimetrist
Department of Radiation Oncology
St. Barnabas Medical Center
94 Old Short Hills Rd.
Livingston, NJ 07039
(973)322-5627

-----Original Message-----
From: owner-pinnacle-users@explode.unsw.edu.au [mailto:owner-pinnacle-users@explode.unsw.edu.au] On Behalf Of John Archer
Sent: Tuesday, March 18, 2008 9:20 PM
To: pinnacle-users@explode.unsw.edu.au
Subject: Re: 8.0m version Bolus display

Mark,

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>
>
> Mark
>

If you need assistance with retrieving a secure email, please email sbhcsaccounts@sbhcs.com or visit http://userawareness.zixcorp.com/sbhcs/partners/receiving.php

De:	shzjy_list
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	about the creation of the user account
Fecha:	miércoles, 19 de marzo de 2008 16:20:00
Archivos adjuntos:	

Hi everyone

The command /boot/bin/add_pinn_user has been lost. So the new user account can not be added.

Can someone transfer me a copy of that file? Better all the files under folder /boot/bin

Thanks a lot.

De:	Needham, Michael
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	RE: 8.0m version Bolus display
Fecha:	miércoles, 19 de marzo de 2008 20:36:39
Archivos adjuntos:	

John,

I think what Mark is referring to is when you are in Trial Comparison and comparing bolus vs. no bolus trials, the bolus is either displayed on for both or off for both.

The bolus in V8.0 is now similar to a ROI and is specific to the patient, whereas in V7.6 it was specific to a beam and displayed side by side correctly as used. It would be nice if the bolus display could be separate per trial.

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##
To unsubscribe (yourself or other account) from the pinnacle-users mailing list, send the message
unsubscribe pinnacle-users <e-mail address>
to majordomo@explode.unsw.edu.au.

Note: To avoid non-delivery error messages being sent to all list members, the list has been configured so that messages can only be sent from a subscribed account. Messages sent from a users secondary account will not be distributed unless that account is also subscribed.
##

De:	Lindsay Tremethick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: pinnacle to IMPAC
Fecha:	jueves, 20 de marzo de 2008 14:05:58
Archivos adjuntos:	

Quoting Mark Phillips <markp@u.washington.edu>:

> I have heard of many different solutions of getting Pinnacle plans
> input into IMPAC as some type of electronic record. Many of these
> solutions involve converting Pinnacle postscript files to MS Word
> documents which are then inserted into IMPAC.

IMPAC MA wants either tif or doc files and since ghoscript is on the
planning system it is easier to go to tif. I am not saying this is
better or worse than any other method just another option.

Obviously you can print to a file generating the .ps file then using
ghostscript at the cli in something like

ok so generate the "input.ps" and with the following line you get "output.tif"

#>gs -q -dNOPAUSE -dBATCH -sDEVICE=tiffgrey -sOutputFile=output.tif input.ps

obviously you can direct where the file goes as well and if it happens
to be a samba share that escan can see you can pick up the file there.

good luck

Radiation Oncology Victoria
http://www.radoncvic.com.au/
---

to majordomo@explode.unsw.edu.au.

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members, the list has been configured so that messages can only be
sent from a subscribed account. Messages sent from a users secondary
account will not be distributed unless that account is also subscribed.
##

De:	Gonzalez, Albin - Physicist
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Join the list serve
Fecha:	viernes, 21 de marzo de 2008 14:28:22
Archivos adjuntos:	

I would like to join this discussion group

albin

De:	Bjørne
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Scripting Query
Fecha:	martes, 25 de marzo de 2008 19:08:52
Archivos adjuntos:	

Hello Laura,
you get the WindowID from the last window with "ViewWindowList.Count"

From "lower right" to "upper left" decrement 1 for each view

Bjørne

Laura Gandon schrieb:
> Hello,
>
>
>
> I need to write a script for Pinnacle which opens up a multi-paned viewing
> window and then puts a different DRR in each new window corresponding to the
> different beams in a trial. I can bring up the viewing window well enough,
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> unable to pick out the windows by index number because the indices could be
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> creating the plan. I wonder if there is any phrase which will allow me to
> "MakeCurrent" the "Last" window, put a DRR in it, and then move to something
> like the "Previous Current" window, or the "Last window minus 1". Any help
> will be much appreciated.
>
>
>
> Thank you,
>
>
>
> Laura Gandon
>
> Radiotherapy Physicist

>
> Kent Oncology Centre
>
> Maidstone Hospital, UK.
>
>
>

>

--

Gemeinschaftspraxis für Strahlentherapie und Radiologie
Bjørne Riis
Nebenhofstr. 7
23558 Lübeck

De:	Kevin Stead
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Re: Number of backup files generated when outputting to a file.
Fecha:	martes, 25 de marzo de 2008 21:28:35
Archivos adjuntos:	

The default file size is 1.5 GB from Pinnacle. To make it larger, contact Philips Support or if you are comfortable doing it you can add to the LaunchpadInit file in the /home/p3rtp folder the line:

BackupSpaceThreshold = (MB you want the largest file size to be)

We use the size 51200 which is 50GB. Our backups then go into 50GB Tar files

Kevin Stead
Project Development Analyst
Information & Communication Services
Application Programming & Project Management Group
UC Davis Health System

2450 48th Street Room 2800
Sacramento, CA 95817
916-734-7765
916-703-5069 - FAX
kevin.stead@ucdmc.ucdavis.edu

Radiation Oncology IS On-Call Pager - 916-762-2979

|---------->
| From: |
|---------->

>----------|
|"Cameron Ditty" <cbditt0@gmail.com> |

>----------|
|---------->
| To: |
|---------->

>----------|
|pinnacle-users@explode.unsw.edu.au |

>----------|
|---------->
| Date: |
|---------->

>----------|
|03/25/2008 01:18 PM |

>----------|
|---------->
| Subject: |
|---------->

>----------|
|Number of backup files generated when outputting to a file. |

>----------|

We have used tape backup in the past and are now starting to use a network storage solution. We picked up a 1 TB network hard drive and use Sharity to make the connection to the windows based storage device. The device mounts beautifully, but when we backup to "file" instead of io device (of course selecting the networked HD as the destination) the backup writes many files and the list of backed up patients are for each file generated. Is this normal? What are others seeing? We usually backup because of lack of space, so an ftp solution definitely does not work. Any help is appreciated.

Cameron

De:	Cameron Ditty
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Number of backup files generated when outputting to a file.
Fecha:	martes, 25 de marzo de 2008 21:30:09
Archivos adjuntos:	

We have used tape backup in the past and are now starting to use a network storage solution. We picked up a 1 TB network hard drive and use Sharity to make the connection to the windows based storage device. The device mounts beautifully, but when we backup to "file" instead of io device (of course selecting the networked HD as the destination) the backup writes many files and the list of backed up patients are for each file generated. Is this normal? What are others seeing? We usually backup because of lack of space, so an ftp solution definitely does not work. Any help is appreciated.

Cameron

De:	Al Aqualino
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	How set default Bin Size on Tabular DVH page?
Fecha:	martes, 25 de marzo de 2008 23:59:50
Archivos adjuntos:	

The Tabular DVH page seems to open with a default bin size of 26.3 cGy. Can anyone tell me the logic behind this odd size default? And can anyone tell me if there's a way to change this *default*, other than resetting it for every patient individually? Thanks for any ideas!

- Al

De:	Tim Williams
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	remote planning
Fecha:	miércoles, 26 de marzo de 2008 2:07:15
Archivos adjuntos:	

Hi All,
We are currently in the process of evaluating planning systems and are looking closely at Pinnacle, CMS and Nucletron Oncentra (we are currently Pinnacle users).
I was wondering if there were any users out there that have had experience with more than one of these systems and would care to comment on their experiences and the standout differences - in particular on the systems ability to be used remotely - both over WAN and broadband.

Thanks in advance

Tim

Tim Williams B.E.(Mech) MSc MACPSEM
Senior Physicist
Adelaide Radiotherapy Centre
352 South Terrace, Adelaide
South Australia

De:	Lindsay Tremethick
A:	pinnacle-users@explode.unsw.edu.au;
Cc:	
Asunto:	Philips 810 boxes
Fecha:	miércoles, 26 de marzo de 2008 4:52:33
Archivos adjuntos:	

Greetings all

Can anybody tell me (and that includes the Philips people who sit and listen) why the heck Philips doesn't use the RAID feature that is built into the 810 boxes.

We have left the Sun line and entered the whole new world with AMD Opterons and SATA drives.
But that does mean it is goodbye to the generally more reliable scsi's. However Philips has decided not to cover your backs with available technology by RAIDing the drives!
OK so Segate claim a MTBF 1.2mil for their barracuda_es drives but they are only 7200RPM. I would still back a SCSI for lasting longer and for that matter a RAID SCSI!. I would also back a scsi320 for a hight sustained transfer rate than these barracudas so in a sense we are taking a few step backwards with this new equipment.

One may claim that the segate 5yr warranty is piece of mind, but lets get real when a server dies because of a HDD failure a 5yr warranty means absolutely nothing. And yes these drives do die as we have already experienced.

How many users out there would just love to see their Pinnacle Server and Clients continue to chug along, only reporting errors of dead HDD's that could even possibly be hot swapped.

Isn't it time that us customers all lobby Philips to give us this sort of redundancy for what would be the cost of another HDD on every box, maybe at most US$100 (well that is what Dell will sell them for + ship and tax!).

Philips what do you say?

Lindsay Tremethick

Radiation Oncology Victoria
http://www.radoncvic.com.au/
