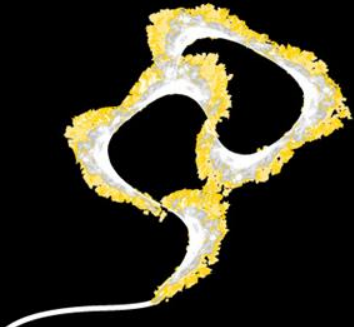


UNIVERSITY OF TWENTE.

PREVENTING DELAYS IN RADIOTHERAPY BY ALLOCATING LINAC CAPACITY IN ADVANCE

Arturo E. Pérez Rivera




Monday 8th of July, 2013
ORAHS 2013, Istanbul, Turkey



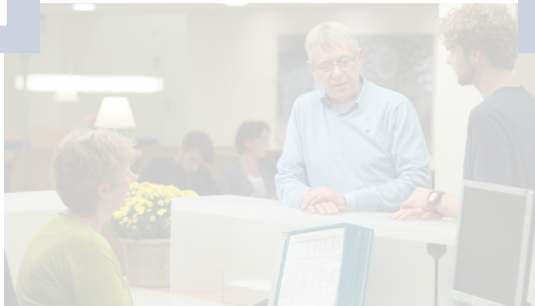


OUTLINE

- Radiotherapy at the Netherlands Cancer Institute
 - Delays due to 'linac' constraints
 - Our heuristic approach
 - Preliminary results
 - Conclusions
- 

RADIOTHERAPY AT THE NETHERLANDS CANCER INSTITUTE

1



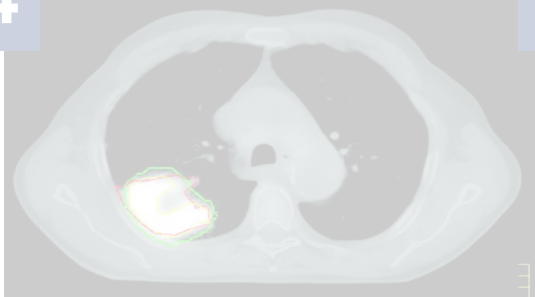
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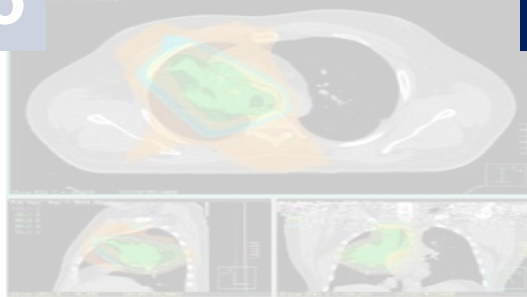
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RADIOTHERAPY AT THE NETHERLANDS CANCER INSTITUTE

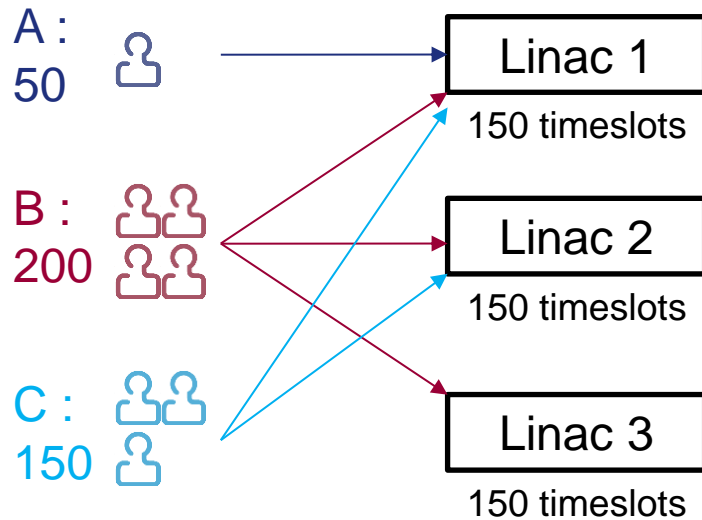
IRRADIATION USING LINEAR ACCELERATORS

- More than 5000 new treatments per year.
- More than 70 care plan types (patient groups).
- A care plan consists from 1 up to 35 daily irradiations.
- Total capacity of 8 linacs.
- Care plans have between 2 and 8 'feasible' linacs.



Preventing delays in radiotherapy by allocating linac capacity in advance
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DELAYS DUE TO LINAC CONSTRAINTS AND VARIATION IN ARRIVAL OF PATIENT GROUPS



Demand = 400 patients
Supply = 450 linac-timeslots
Demand/Supply Ratio = 89%

Care Plan →	A	B	C	Pat.	Capacity
Linac 1	50	100	-	150	0
Linac 2	-	-	150	150	0
Linac 3	-	100	-	100	-50
Started	50	200	150	400	-
Delayed	0	0	0	0	-

If all 'B' arrive 1st, 'A' 2nd and 'C' 3rd:

Care Plan →	A	B	C	Capacity	
Linac 1	-	150	-	150	0
Linac 2	-	50	100	150	0
Linac 3	-	-	-	100	-150
Started	0	200	100	400	-
Delayed	-50	0	-50	-100	-

OUR HEURISTIC APPROACH [1/3]

TACTICAL PLANNING

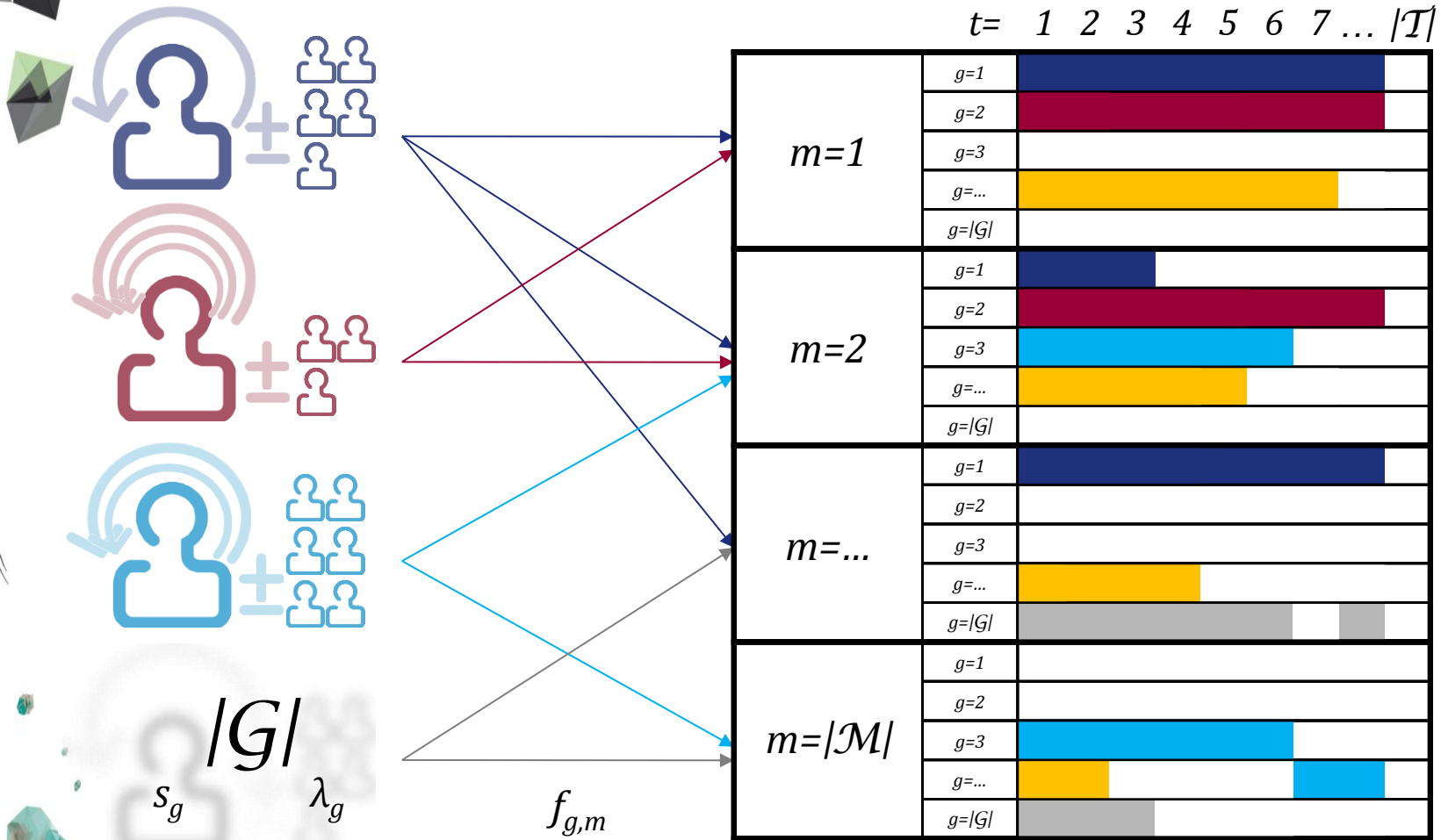
- Allocation is in the form of a ***threshold on the number of patients*** from a given care plan that can be treated on a given linac on any day.
- Important assumptions:
 - A planner schedules the patient's irradiation immediately upon 'arrival' on the earliest available machine.
 - A patient has to receive all daily irradiation from the same linac.

<i>Care plan</i>	Linac 1	Linac 2	Linac 3
Prostate	16	25	7
Breast	12	0	10
Bone Met.	15	3	17
Lung	12	0	18

Example threshold table

OUR HEURISTIC APPROACH [2/3]

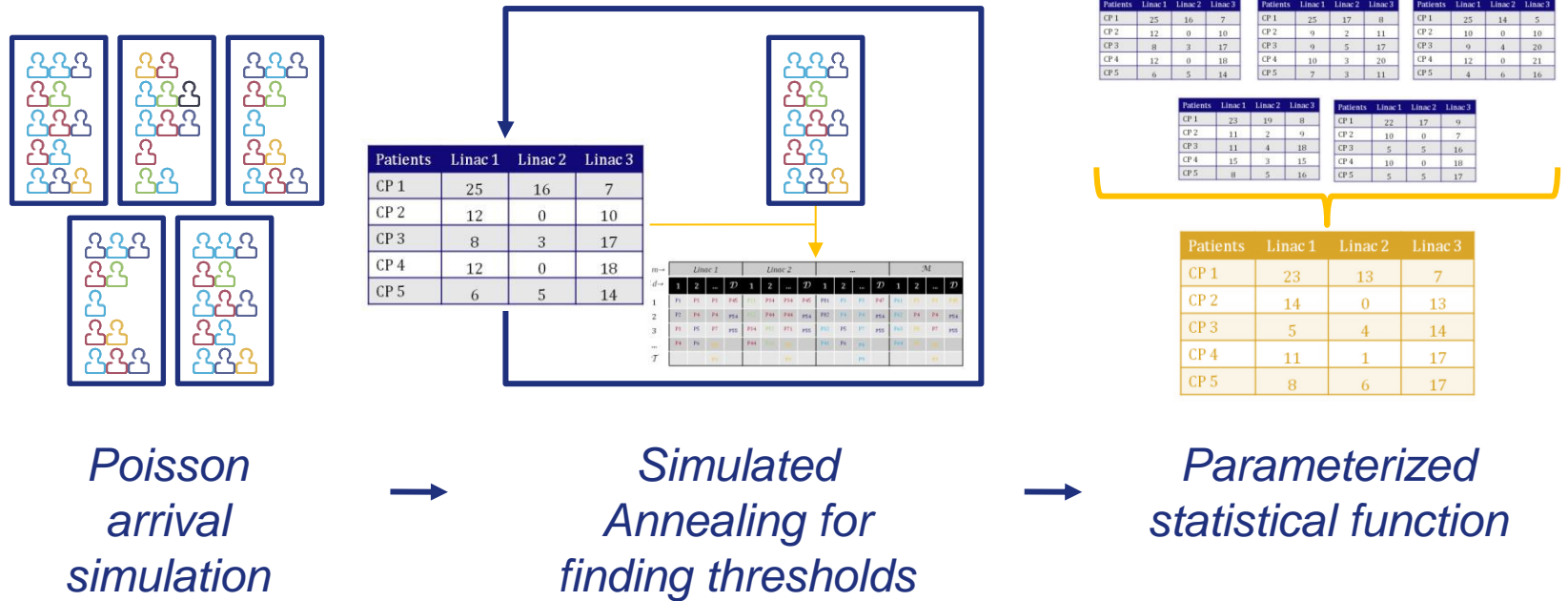
INPUT AND OUTPUT



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OUR HEURISTIC APPROACH [3/3]

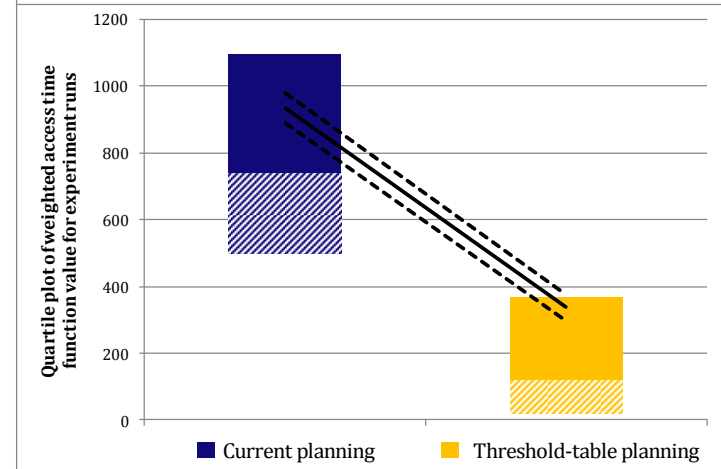
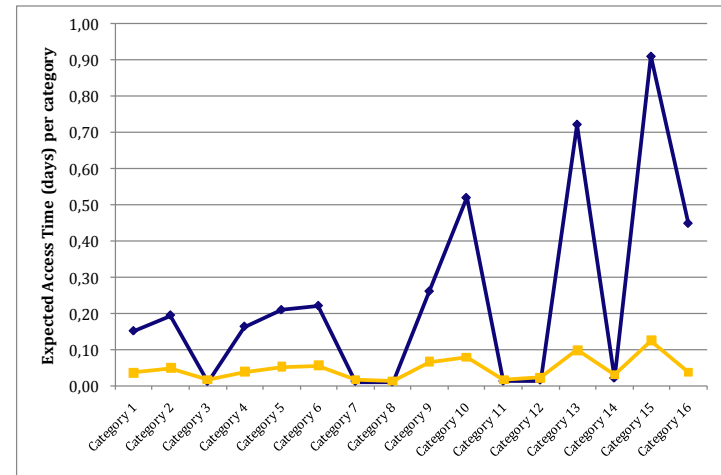
ARRIVAL SIMULATION + LOCAL SEARCH + OUTPUT FUNCTION



PRELIMINARY RESULTS

SIMULATION STUDY OF THE NETHERLANDS CANCER INSTITUTE

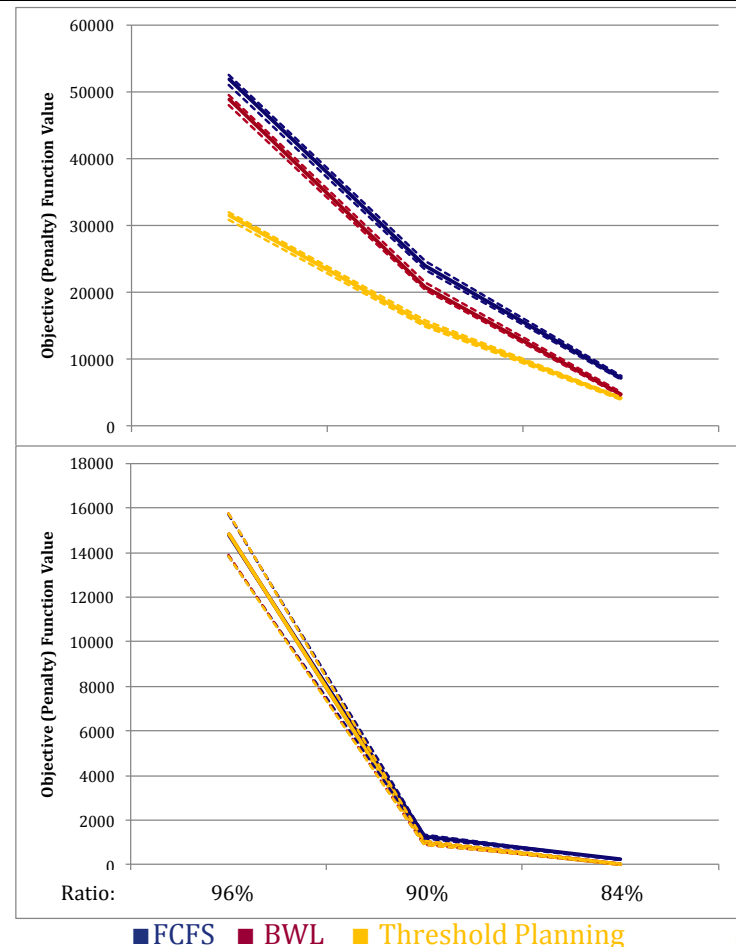
- Important factors:
- All levels:
- 16 categories
- 8 linacs
- On the normal level:
- Linac feasibility of 63%
- Demand/Supply ratio of 89%
- Patient-fraction distribution of 2x15%, 4x10%, 10x3%



PRELIMINARY RESULTS


SIMULATION STUDY OF THEORETICAL HOSPITALS

- ‘Critical’ radiotherapy center:
 - Patients can be treated, on average, in 50% of the linacs.
 - 80% of the total fractions given are to 20% of the care plans.
- ‘Relaxed’ radiotherapy center:
 - Patients can be treated, on average, in 75% of the linacs.
 - All care plans have the same total fractions given.





CONCLUSIONS

- For ‘critical’ and large radiotherapy departments, using our threshold planning reduces access time for critical patient groups.
 - On average, linac-capacity is not the bottleneck in our hospital (access time is of 0,24 days). Nevertheless, allocating it in-advance can decrease access times (down to 0,05 days).
 - Further logistical research in the entire chain of radiotherapy operations can be necessary for a faster start of treatment.
- 

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QUESTIONS?

Arturo E. Pérez Rivera

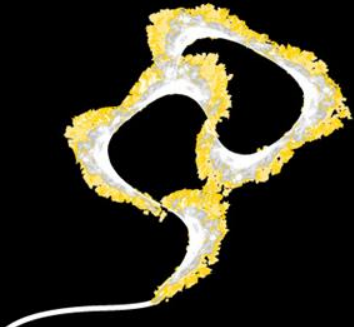
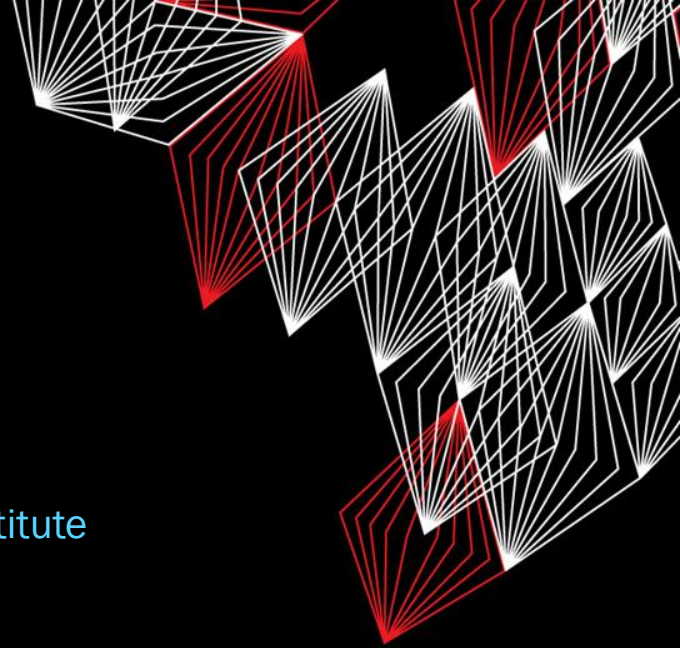
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Monday 8th of July, 2013
ORAHS 2013, Istanbul, Turkey



CHOIR


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