

PART X

THERAPEUTIC RADIATION MACHINES

Sec. X.1 - Purpose and Scope.

- a. This Part establishes requirements, for which the registrant is responsible, for use of therapeutic radiation machines. The provisions of this Part are in addition to, and not in substitution for, other applicable provisions of these regulations.
- b. The use of therapeutic radiation machines shall be by, or under the supervision of, an authorized physician who meets the criteria established by X.3c.

Sec. X.2 - Definitions. As used in this Part, the following definitions apply:

“Absorbed dose (D)” means the mean energy imparted by ionizing radiation to matter. Absorbed dose is determined as the quotient of dE by dM , where dE is the mean energy imparted by ionizing radiation to matter of mass dM . The units of absorbed dose are the rad and the gray (Gy). One gray (Gy) is the international system of units (SI) equivalent of 100 rads, which is equal to an absorbed dose of 1 Joule/kilogram.

“Absorbed dose rate” means absorbed dose per unit time, for machines with timers, or dose monitor unit per unit time for electrically generated radiation producing devices.

“Air kerma (K)” means the kinetic energy released in air by ionizing radiation. Kerma is determined as the quotient of dE by dM , where dE is the sum of the initial kinetic energies of all the charged ionizing particles liberated by uncharged ionizing particles in air of mass dM . The SI unit of air kerma is joule per kilogram and the special name for the unit of kerma is the gray (Gy).

“Barrier” see “Protective barrier”.

“Beam axis” means the axis of rotation of the beam limiting device.

“Beam-limiting device” means a field defining collimator, integral to the therapeutic radiation machine, which provides a means to restrict the dimensions of the useful beam.

“Beam monitoring system” means a system designed and installed in the radiation head to detect and measure the radiation present in the useful beam.

“Beam scattering foil” means a thin piece of material (usually metallic) placed in the beam to scatter a beam of electrons in order to provide a more uniform electron distribution in the useful beam.

“Bent beam linear accelerator” means a linear accelerator geometry in which the accelerated electron beam must change direction by passing through a bending magnet.

“Changeable filters” means any filter, exclusive of inherent filtration, which can be removed from the useful beam through any electronic, mechanical, or physical process.

“Contact therapy system” means a therapeutic radiation machine with a short target to skin distance (TSD), usually less than 5 centimeters.

“Conventional Simulator” means any x-ray system designed to reproduce the geometric conditions of the radiation therapy equipment.

“Detector” (See "Radiation detector").

“Dose monitor unit (DMU)” means a unit response from the beam monitoring system from which the absorbed dose can be calculated.

“Dosimetry system” means an ion chamber and electrometer used as a dosimeter for measurement of clinical photon and electron beams with calibration coefficients determined either in air or in water and are traceable to a national primary standards dosimetry laboratory. Specialized dosimetry systems are available for detecting different radiation types.

“Electronic brachytherapy” means a method of radiation therapy where an electrically generated low energy source of ionizing radiation is placed in or near the tumor or target tissue to deliver therapeutic radiation dosage.

“Electronic brachytherapy device” means the system used to produce and deliver therapeutic radiation including the x-ray tube, the control mechanism, the cooling system, and the power source.

“Electronic brachytherapy source” means the x-ray tube component used in an electronic brachytherapy device.

“External beam radiation therapy” means therapeutic irradiation in which the source of radiation is at a distance from the body.

“Field-flattening filter” means a filter used to homogenize the absorbed dose rate over the radiation field.

“Filter” means material placed in the useful beam to change beam quality in therapeutic radiation machines subject to X.6.

“Gantry” means that part of a radiation therapy system supporting and allowing movements of the radiation head about a center of rotation.

“Gray (Gy)” means the SI unit of absorbed dose, kerma, and specific energy imparted equal to 1 joule per kilogram. The previous unit of absorbed dose (rad) is replaced by the gray [1 Gy=100 rad].

“Half-value layer (HVL)” means the thickness of a specified material which attenuates x-radiation or gamma radiation to an extent such that the air kerma rate, exposure rate or absorbed dose rate is reduced to one-half of the value measured without the material at the same point.

“Image guided radiation therapy (IGRT)” means a method of radiation therapy where the treatment setup and delivery are verified through imaging-based system(s).

“Interlock” means a device preventing the start or continued operation of equipment unless certain predetermined conditions prevail.

“Interruption of irradiation” means the stopping of irradiation with the possibility of continuing irradiation without resetting of operating conditions at the control panel.

“Irradiation” means the exposure of a living being or matter to ionizing radiation.

“Isocenter” means the center of the sphere through which the useful beam axis passes while the gantry moves through its full range of motions.

“Kilovolt (kV) [kilo electron volt (keV)]” means the energy equal to that acquired by a particle with one electron charge in passing through a potential difference of one thousand volts in a vacuum. [Note: current convention is to use kV for photons and keV for electrons.]

“Lead equivalent” means the thickness of the material in question affording the same attenuation, under specified conditions, as lead.

“Leakage radiation” means radiation emanating from the radiation therapy system except for the useful beam.

“Light field” means the area illuminated by light, simulating the radiation field.

“mA” means milliamperere.

“Medical Health Physicist” means an individual who meets the qualifications of X.3d., or is certified by The American Board of Medical Physics in Medical Health Physics, or is certified by the American Board of Health Physics including a minimum three (3) years relevant experience in the subfield of medical health physics.

“Megavolt (MV) [mega electron volt (MeV)]” means the energy equal to that acquired by a particle with one electron charge in passing through a potential difference of one million volts in a vacuum. [Note: current convention is to use MV for photons and MeV for electrons.]

“Medical event” means an event that meets the criteria in X.5b.

“Mobile electronic brachytherapy” means transportation of an electronic brachytherapy device to provide electronic brachytherapy at an address that is not the address of record.

“Mobile therapeutic radiation machine” means a machine that is transported from one address to be used at another address, or moveable within the facility of record.

“Monitor unit (MU)” (See “Dose monitor unit”).

“Moving beam radiation therapy” means radiation therapy with any planned displacement of radiation field or patient relative to each other, or with any planned change of absorbed dose distribution. It includes, but is not limited to, arc, skip, conformal, intensity modulation and rotational therapy.

“Patient” means an individual subjected to machine produced radiation for the purposes of medical therapy.

“Patient intervention” means any action by the patient or human research subject, whether intentional or unintentional, during the administration of radiation therapy that causes interference.

“Peak tube potential” means the maximum value of the potential difference across the x-ray tube during an exposure.

“Periodic quality assurance check” means a procedure which is performed to ensure that a previous parameter or condition continues to be valid.

“Phantom” means an object behaving in essentially the same manner as tissue, with respect to absorption or scattering of the ionizing radiation in question.

“Prescribed dose” means the total dose and dose per fraction as documented in the written directive. The prescribed dose is an estimation from measured data from a specified therapeutic machine using assumptions that are clinically acceptable for that treatment technique and historically consistent with the clinical calculations previously used for patients treated with the same clinical technique.

“Primary dose monitoring system” means a system which will monitor the useful beam during irradiation and which will terminate irradiation when a pre-selected number of dose monitor units have been delivered.

“Primary protective barrier” (see “Protective barrier”).

“Protective barrier” means a barrier of radiation absorbing material(s) used to reduce radiation exposure. The types of protective barriers are as follows:

- a. "Primary protective barrier" means the material, excluding filters, placed in the useful beam.
- b. "Secondary protective barrier" means the material which attenuates stray radiation.

“Qualified Medical Physicist” means an individual qualified in accordance with X.3d.

“Quality management program” means a program providing for verification of process by written procedures addressing testing, auditing, and inspection to ensure that deficiencies, deviation, defective equipment, or unsafe practices, or a combination thereof, relating to the use, disposal, management, or manufacture of radiation devices are identified, promptly corrected, and reported to the appropriate regulatory authorities.

“Radiation detector” means a device that, in the presence of radiation provides, by either direct or indirect means, a signal or other indication suitable for use in measuring one or more quantities of incident radiation.

“Radiation field” (see "Useful beam").

“Radiation head” means the structure from which the useful beam emerges.

“Radiation oncology safety team” means a team that shall include, but is not limited to, the authorized physician, qualified medical physicist, radiation oncology therapist, and other individuals as deemed necessary by the registrant (e.g. radiation safety officer, chief medical or administrative officer, department administrator/manager, nurse). The radiation oncology safety team is responsible for the registrant’s quality management program.

“Radiation protection program” means organizational, procedural and technical arrangements for the designation of controlled areas and supervised areas, for local rules, and for monitoring of the workplace for occupational exposure.

“Redundant beam monitoring system” means a combination of two independent dose monitoring systems in which each system is designed to terminate irradiation in accordance with a pre-selected number of dose monitor units.

“Safety assessment program” means a plan prepared by the licensee/registrant to address protection and safety for radiation practices within the facility and includes, but is not limited to, consideration of the design, construction, and operation of therapeutic radiation machines and related facilities and equipment as they pertain to normal and potential exposure. It also includes consideration of management systems and procedures to safely handle therapeutic radiation machines, to operate equipment, to monitor radiation protection, to implement a quality assurance program, and to handle emergencies.

“Scattered radiation” means ionizing radiation emitted by interaction of ionizing radiation with matter, the interaction being accompanied by a change in direction of the radiation. Scattered primary radiation means that scattered radiation which has been deviated in direction only by materials irradiated by the useful beam.

“Secondary dose monitoring system” means a system which will terminate irradiation in the event of failure of the primary dose monitoring system.

“Secondary protective barrier” (see “Protective barrier”).

“Shutter” means a device attached to the tube housing assembly which can totally intercept the useful beam and which has a lead equivalency not less than that of the tube housing assembly.

“Sievert (Sv)” means the SI unit of dose equivalent. The unit of dose equivalent is the joule per kilogram. The previous unit of dose equivalent (rem) is being replaced by the sievert. [1 Sv=100 rem.]

“Simulator (radiation therapy simulation system)” means any x-ray system intended for localizing the volume to be exposed during radiation therapy and establishing the position and size of the therapeutic irradiation field. [See: Conventional Simulator and Virtual Simulator.]

“Source” means the region and/or material from which the radiation emanates.

“Source-skin distance (SSD)” (see “Target-skin distance”).

“Stationary beam radiation therapy” means radiation therapy without displacement of one or more mechanical axes relative to the patient during irradiation.

“Stray radiation” means the sum of leakage and scattered radiation.

“Survey instruments” mean detectors used for measuring radiation exposure levels. Specialized survey instruments are available for detecting different radiation types.

“Target” means that part of an x-ray tube or accelerator onto which a beam of accelerated particles is directed to produce ionizing radiation or other particles.

“Target-skin distance (TSD)” means the distance measured along the beam axis from the center of the front surface of the x-ray target and/or electron virtual source to the surface of the irradiated object or patient.

“Tenth-value layer (TVL)” means the thickness of a specified material which attenuates x-radiation or gamma radiation to an extent such that the air kerma rate, exposure rate, or absorbed dose rate is reduced to one-tenth of the value measured without the material at the same point.

“Termination of irradiation” means the stopping of irradiation in a fashion which will not permit continuance of irradiation without the resetting of operating conditions at the control panel.

“Therapeutic radiation machine” means x-ray or electron-producing equipment designed and used for external beam radiation therapy. For the purpose of these regulations, devices used to administer electronic brachytherapy shall also be considered therapeutic radiation machines.

“Treatment frequency” means fractions per calendar day, minimum interfraction interval, coordination with systemic therapy (if applicable), or plan delivery sequencing. Also known as fractionation schedule.

“Treatment modality” means electron, photon, or charged particle modes of delivery.

“Treatment site” means the anatomical description of the tissue intended to receive a therapeutic radiation dose, as prescribed in a written directive.

“Treatment technique” means a technique that includes, but is not limited to, anteroposterior [AP], posteroanterior [PA], right and/or left laterals, right and/or left anterior or posterior oblique, tangents, 4-field, 3-field, en face, dynamic conformal arc therapy [DCAT], intensity modulated radiation therapy [IMRT], volumetric modulated arc therapy [VMAT], stereotactic radiosurgery [SRS], stereotactic body radiation therapy [SBRT], or beam configuration approved by the authorized physician.

“Tube” means an x-ray tube, unless otherwise specified.

“Tube housing assembly” means the tube housing with tube installed. It includes high-voltage and/or filament transformers and other appropriate elements when such are contained within the tube housing.

“Useful beam” means the radiation emanating from the tube housing port or the radiation head and passing through the aperture of the beam limiting device when the exposure controls are in a mode to cause the therapeutic radiation machine to produce radiation.

“Virtual simulator” means an imaging unit used in conjunction with relevant software which recreates the treatment machine; and that allows import, manipulation, display, and storage of images from CT and/or other imaging modalities.

“Virtual source” means a point from which radiation appears to originate.

“Wedge filter” means a filter which effects continuous change in transmission over all or a part of the useful beam.

“Written directive” means an order in writing for the administration of radiation to a specific patient or human research subject, as specified in X.5a.

“X-ray tube” means any electron tube which is designed to be used primarily for the production of x-rays.

Sec. X.3 - General Administrative Requirements for Facilities Using Therapeutic Radiation Machines.

- a. Administrative Controls. The registrant shall be responsible for directing the operation of the therapeutic radiation machines that have been registered with the Agency. The registrant or the registrant's agent shall ensure that the requirements of Part X are met in the operation of the therapeutic radiation machine(s).
- b. A therapeutic radiation machine that does not meet the provisions of these regulations, or has not received U.S. Food and Drug Administration (FDA) clearance or premarket approval, shall not be used for irradiation of patients.
- c. Qualification Requirements for Therapeutic Radiation Machine Authorized Physicians. The registrant for any therapeutic radiation machine subject to X.6 or X.7 shall require the authorized physician to be currently certified in:
 - i. Radiation Oncology by the American Board of Radiology (ABR)^{1/}; or
 - ii. Radiation Oncology by the American Osteopathic Board of Radiology (AOBR); or
 - iii. Radiation Oncology by the Royal College of Physicians and Surgeons of Canada.

^{1/} List of ABR “legacy” certificates: <https://www.theabr.org/about/certificate-history>

- d. Qualification Requirements for Medical Physicists. The registrant for any therapeutic radiation machine subject to X.6 or X.7 shall require the Qualified Medical Physicist to:
- i. Be licensed, where applicable, by the appropriate state regulatory authority; or
 - ii. Be registered, where applicable, with the Agency, under the provisions of Part B of these regulations, as a provider of clinical radiation services in the area of calibration and compliance surveys of external beam radiation therapy units; and
 - iii. Be currently certified by:
 - (1) The American Board of Radiology^{2/} in:
 - (a) Therapeutic Medical Physics; or
 - (b) Therapeutic Radiologic Physics; or
 - (c) Radiologic Physics; or
 - (2) The American Board of Medical Physics in Radiation Oncology Physics; or
 - (3) The Canadian College of Medical Physics in Radiation Oncology Physics.
- e. Qualifications of Operators.
- i. Individuals who will be operating a therapeutic radiation machine for medical use shall be American Registry of Radiologic Technologists (ARRT) with a designation of RT(T). Individuals who are not ARRT RT(T) shall submit evidence that they have satisfactorily completed a radiation therapy technologist training program that complies with the requirements of the Joint Review Committee on Education in Radiologic Technology.^{3/}
 - ii. The names and training of all personnel currently operating a therapeutic radiation machine shall be kept on file at the facility. Information on former operators shall be retained for a period of at least two (2) years beyond the last date they were authorized to operate a therapeutic radiation machine at that facility.]
- f. Written safety procedures, rules, and posted emergency procedures shall be developed by a radiation oncology safety team, and shall be available in the control area of a therapeutic radiation machine, including any restrictions required for the safe operation of the particular therapeutic radiation machine. The operator shall be able to demonstrate familiarity with these safety procedures, rules, and emergency procedures.

^{2/} List of ABR “legacy” certificates: <https://www.theabr.org/about/certificate-history>

^{3/} “Standards for an Accredited Educational Program in Radiologic Sciences”, Joint Review Committee on Education in Radiologic Technology, 2021.

- g. Individuals shall not be exposed to the useful beam except for medical therapy purposes and unless such exposure is justified and has been ordered in writing by a therapeutic radiation machine authorized physician. This provision specifically prohibits deliberate exposure of an individual for training, demonstration or other non-healing-arts purposes.
- h. Visiting Authorized Physician. Notwithstanding the provisions of X.3g., a registrant may permit any physician to act as a visiting authorized physician under the term of the registrant's Certificate of Registration for up to sixty (60) days per calendar year under the following conditions:
 - i. The visiting authorized physician has the prior written permission of the registrant's management and, if the use occurs on behalf of an institution, the institution's Radiation Safety Committee (where applicable); and
 - ii. The visiting authorized physician meets the requirements established for authorized physician(s) in X.3c.; and
 - iii. The registrant shall maintain copies of the written permission required in X.3h.i and documentation that the visiting authorized physician met the requirements of X.3h.ii for five (5) years from the date of the last visit.
- i. All individuals associated with the operation of a therapeutic radiation machine shall be instructed in and shall comply with the provisions of the registrant's safety assessment program, radiation protection program, and quality management program. In addition to the requirements of Part X, these individuals are also subject to the requirements of Part D of these regulations.
- j. Information and Maintenance Record and Associated Information. The registrant shall maintain the following information in an auditable form in a separate file or package for each therapeutic radiation machine, for inspection by the Agency:
 - i. Report of acceptance testing and commissioning;
 - ii. Records of all shielding designs and surveys, calibrations, and periodic quality assurance checks of the therapeutic radiation machine required by Part X, as well as the date(s) and name(s) of person(s) who performed such activities;
 - iii. Records of maintenance and/or modifications performed on the therapeutic radiation machine, as well as the date(s) and name(s) of person(s) who performed such services;
 - iv. Record of the approval process for authorizing the return of the therapeutic radiation machine to clinical use after service, repair, or upgrade, as determined by the radiation oncology safety team.
- k. Records Retention. All records required by Part X shall be retained until disposal is authorized by the Agency unless another retention period is specifically authorized in Part X.

All required records shall be retained in an auditable form in an active file from at least the time of generation until the next Agency inspection. Any required record generated prior to the last Agency inspection may be archived as long as a complete copy of said record can be retrieved until such time as the Agency authorizes final disposal.

Sec. X.4 - General Technical Requirements for Facilities Using Therapeutic Radiation Machines.

a. Shielding and Safety Designs Requirements.

- i. Each therapeutic radiation machine subject to X.6 or X.7 shall be provided with such primary and/or secondary barriers as are necessary to ensure compliance with Part D of these regulations.
- ii. Facility shielding and safety designs shall be performed in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies; and
- iii. By, or under the direction of, a Qualified Medical Physicist or a Medical Health Physicist
- iv. Facility design information for all new installations of a therapeutic radiation machine, or installations of a therapeutic radiation machine of a different model with a different isocenter or higher energy or workload into a room not previously approved for that energy or isocenter or planned workload, shall be submitted for Agency approval prior to actual installation of the therapeutic radiation machine. The minimum facility design information that must be submitted is contained in Appendix A to Part X.

b. Radiation Shielding Surveys.

- i. The registrant shall ensure that radiation shielding surveys of all new facilities, and existing facilities not previously surveyed, are performed:
 - (1) With an operable radiation measurement survey instrument appropriate for the application and calibrated in accordance with X.11; and
 - (2) In accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies. In the absence of a protocol published by a recognized national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocols, shall be followed; and
 - (3) By, or under the direction of, a Qualified Medical Physicist or a Medical Health Physicist; and
 - (4) Shall verify that radiation levels in restricted and unrestricted areas are not likely to cause personnel exposures in excess of the limits specified in Part D of these regulations.

- ii. In addition to the requirements of X.4b.i., a radiation shielding survey shall also be performed prior to any subsequent medical use and:
 - (1) After making any change in the treatment room shielding;
 - (2) After making any change in the location of the therapeutic radiation machine within the treatment room;
 - (3) After replacing or relocating the therapeutic radiation machine; or
 - (4) Before using the therapeutic radiation machine in a manner that could result in increased radiation levels in areas outside the external beam radiation therapy treatment room.
- iii. The survey record shall indicate all instances where the facility, in the opinion of the Qualified Medical Physicist or Medical Health Physicist, is in violation of applicable regulations. The survey record shall also include: the date of the measurements; the reason the survey is required; the manufacturer's name; model number and serial number of the therapeutic radiation machine; the instrument(s) used to measure radiation levels in accordance with X.11; a plan of the areas surrounding the treatment room that were surveyed; the measured dose rate at several points in each area expressed in microsieverts or millirems per hour; the calculated maximum level of radiation over any one (1) hour for each restricted and unrestricted area; the calculated maximum level of radiation over a period of one (1) week for each restricted and unrestricted area; the signature of the individual responsible for conducting the survey; and the date signed.
- iv. If the results of the surveys required by X.4b.i. or X.4b.ii. indicate any radiation levels in excess of the respective limit specified in X.4a.i., the registrant shall lock the control in the "OFF" position and not use the unit:
 - (1) Except as may be necessary to repair, replace, or test the therapeutic radiation machine, the therapeutic radiation machine shielding, or the treatment room shielding; or
 - (2) Until the registrant has received a specific exemption from the Agency.
- c. Modification of Radiation Therapy Unit or Room Before Beginning a Treatment Program. If the survey required by X.4b. indicates that an individual in an unrestricted area may be exposed to levels of radiation greater than those permitted by Part D of these regulations, before beginning the treatment program the registrant shall:
 - i. Either equip the unit with beam direction interlocks or add additional radiation shielding to ensure compliance with Part D of these regulations;
 - ii. Perform the survey required by X.4b. again; and

- iii. Include in the report required by X.4e. the results of the initial survey, a description of the modification made to comply with X.4c.i., and the results of the second survey; or
 - iv. Request and receive a registration amendment under Part D of these regulations that authorizes radiation levels in unrestricted areas greater than those permitted by Part D of these regulations.
- d. Radiation Measuring Equipment. The registrant shall have appropriate and operable radiation measuring equipment available for use and calibrated in accordance with X.11. Radiation measuring equipment includes, but is not limited to, dosimetry systems, survey instruments, and other radiation measuring devices used in planning, guiding, and administering radiation.
- e. Reports of External Beam Radiation Therapy Surveys and Measurements. The registrant for any therapeutic radiation machine subject to X.6 or X.7 shall furnish a copy of the records required in X.4b. and X.4c. to the Agency within thirty-six (36) days following completion of the action that initiated the record requirement.

Sec. X.5 - Quality Management Program. Each registrant or applicant subject to X.6, X.7 or X.8 shall develop, implement, and maintain a quality management program to provide high confidence that radiation will be administered as directed by the authorized physician,

- a. Scope and Applicability. The quality management program shall address, as a minimum, the following specific objectives:
 - i. Written Directives:
 - (1) A written directive must be dated and signed by an authorized physician prior to the administration of radiation.
 - (2) The written directive must contain the patient or human research subject's name, the type and energy of the beam, the total dose, dose per fraction, treatment site, treatment technique, treatment frequency, and number of fractions.
 - (3) A written revision to an existing written directive may be made provided that the revision is dated and signed by an authorized physician prior to the administration of the therapeutic radiation machine dose, or the next fractional dose.

If because of the patient's condition, a delay in the order to provide a written revision to an existing written directive would jeopardize the patient's health, an oral revision to an existing written directive will be acceptable, provided that the oral revision is documented as soon as possible in writing in the patient's record and a revised written directive is signed by an authorized physician within 48 hours of the oral revision.

- (4) The registrant shall retain a copy of the written directive in accordance with respective state medical record retention regulations.
- ii. Procedures for Administrations. The registrant shall develop, implement, and maintain documented policies, procedures, and rules to provide high confidence that:
 - (1) Prior to the administration of radiation treatment, the patient's or human research subject's identity is verified by more than one method as the individual named in the written directive;
 - (2) Each administration is in accordance with the written directive;
 - (3) Therapeutic radiation machine final plans of treatment and related calculations are in accordance with the respective written directives by:
 - (a) Checking the parameters and the results of the primary calculation with a secondary method to verify they are correct and in accordance with the written directive; and
 - (b) Verifying that the planned parameters are correctly displayed on the consoles of authorized therapeutic medical units; and
 - (4) Any unintended treatment deviation from the written directive, or final plan of treatment utilized as a written directive, is identified, evaluated and appropriate action is taken; and
 - (5) The registrant retains a copy of the procedures for administrations for the duration of the registration.
 - (6) At least two (2) radiation therapists per patient is required when non-emergent external beam radiation therapy is being delivered.
- b. Notifications of Medical Events.
 - i. A registrant shall report any medical event, except for a medical event that results from patient or human research subject intervention, in which the administration of therapeutic radiation machine radiation results, or will likely result in, unintended permanent functional damage to an organ or a physiological system as determined by an authorized physician defined in Section X.3c.
 - ii. Other than events that result from intervention by a patient or human research subject, a registrant shall report any event in which the administration of a therapeutic radiation machine therapy dose:
 - (1) Involves the wrong patient, wrong treatment modality, wrong treatment technique, wrong treatment site; or

- (2) The administered dose differs from the prescribed dose as stated in the written directive by more than fifty per cent (50%) for treatment courses consisting of a single fraction; or
 - (3) The administered dose differs from the prescribed dose as stated in the written directive by more than ten percent (10%) for treatment courses consisting of 5 fractions or less; or
 - (4) The administered dose over any five (5) consecutive fractions differs from the prescribed dose by more than thirty percent (30%); or
 - (5) The administered dose over the entire treatment course consisting of more than five (5) fractions differs from the prescribed dose by more than twenty percent (20%).
- iii. The registrant shall notify the Agency no later than the next business day after the registrant ascertains that a medical event occurred.
- iv. The registrant shall submit a written report to the Agency within fifteen (15) days after the initial notification of a medical event. The written report must include:
 - (1) The registrant's name;
 - (2) The name of the prescribing physician;
 - (3) A brief description of the event;
 - (4) Why the event occurred;
 - (5) The effect, if any, on the individual(s);
 - (6) Actions, if any, that have been taken, or are planned, to prevent recurrence;
 - (7) Certification that the registrant notified the individual (or the individual's responsible relative or guardian), and if not, why not.
- v. The report shall not contain the individual's name or any other information that could lead to the identification of the individual.
- vi. The prescribing authorized physician shall provide notification of the event to the individual who is the subject of the medical event no later than twenty-four (24) hours after initial notification by the registrant to the Agency, unless the prescribing authorized physician determines that, based on medical judgement, telling the individual would be harmful. The prescribing authorized physician will also notify any other physician health care providers actively involved in the patient's care for the disease that is being treated. If the health care providers or the affected individual cannot be reached within twenty-four (24) hours, the prescribing authorized physician

shall notify each as soon as possible thereafter. The registrant may not delay any appropriate medical care for the individual, including any necessary remedial care as a result of the medical event, because of any delay in notification. To meet the requirements of this paragraph, the notification of the individual who is the subject of the medical event may be made instead to that individual's responsible relative or guardian. If a verbal notification is made, the registrant shall inform the individual, or appropriate responsible relative or guardian, that a written description of the event can be obtained from the registrant upon request. The registrant shall provide such a written description if requested.

- vii. Aside from the notification requirement, nothing in this section affects any rights or duties of registrants and physicians in relation to each other, to individuals affected by the medical event, or to that individual's responsible relatives or guardians.
- viii. The registrant shall retain a record of each medical event report with an identification link to the individual who is the subject of the medical event for the duration of the registration.

Sec. X.6 - Therapeutic Radiation Machines of Less Than 500 kV. ^{4/} Documentation from the manufacturer and installer that the therapeutic radiation machine was manufactured and installed in accordance with most current applicable International Electrotechnical Commission (IEC) standards in effect at the time of manufacturing/installation shall be sufficient to demonstrate compliance with the applicable requirements of Secs. X.6a. through X.6m.

- a. Leakage Radiation. When the x-ray tube is operated at its maximum rated tube current for the maximum kV, the leakage air kerma rate shall not exceed the value specified at the distance specified for that classification of therapeutic radiation machine:
 - i. 5-50 kV Systems. The leakage air kerma rate measured at any position 5 centimeters from the tube housing assembly shall not exceed 1 mGy (100 mrad) in any one hour.
 - ii. >50 and <500 kV Systems. The leakage air kerma rate measured at a distance of 1 meter from the target in any direction shall not exceed 1 cGy (1 rad) in any 1 hour. This air kerma rate measurement may be averaged over areas no larger than one hundred square centimeters (100 cm²). In addition, the air kerma rate at a distance of 5 centimeters from the surface of the tube housing assembly shall not exceed 30 cGy (30 rad) per hour.
 - iii. For each therapeutic radiation machine, the registrant shall determine, or obtain from the manufacturer, the leakage radiation existing at the positions specified in X.6a.i. and X.6a.ii. for the specified operating conditions. Records on leakage radiation measurements shall be maintained in an auditable form at the installation for inspection by the Agency.

^{4/} Electronic brachytherapy devices are subject to the requirements of X.8, and are exempt for the requirements of X.6.

- b. Permanent Beam Limiting Devices. Permanent diaphragms or cones used for limiting the useful beam shall provide at least the same degree of attenuation as required for the tube housing assembly.
- c. Adjustable or Removable Beam Limiting Devices.
 - i. All adjustable or removable beam limiting devices, diaphragms, cones or blocks shall not transmit more than 5 percent of the useful beam for the most penetrating beam used;
 - ii. When adjustable beam limiting devices are used, the position and shape of the radiation field shall be indicated by a light field.
- d. Filter System. The filter system shall be so designed that:
 - i. Filters can not be accidentally displaced at any possible tube orientation;
 - ii. An interlock system prevents irradiation if the proper filter is not in place;
 - iii. The air kerma rate escaping from the filter slot shall not exceed 1 cGy (1 rad) per hour at one (1) meter under any operating conditions; and
 - iv. Each filter shall be marked as to its material of construction and its thickness.
- e. Tube Immobilization.
 - i. The x-ray tube shall be so mounted that it cannot accidentally turn or slide with respect to the housing aperture; and
 - ii. The tube housing assembly shall be capable of being immobilized for stationary portal treatments.
- f. Source Marking. The tube housing assembly shall be so marked that it is possible to determine the location of the source to within 5 millimeters, and such marking shall be readily accessible for use during calibration procedures.
- g. Beam Block. Contact therapy tube housing assemblies shall have a removable shield of material, equivalent in attenuation to 0.5 millimeters of lead at 100 kV, which can be positioned over the entire useful beam exit port during periods when the beam is not in use.
- h. Timer. A suitable irradiation control device shall be provided to terminate the irradiation after a pre-set time interval.
 - i. A timer with a display shall be provided at the treatment control panel. The timer shall have a pre-set time selector and an elapsed time or time remaining indicator;
 - ii. The timer shall be a cumulative timer that activates with an indication of "BEAM-ON" and retains its reading after irradiation is interrupted or terminated.

After irradiation is terminated and before irradiation can be reinitiated, it shall be necessary to reset the elapsed time indicator;

- iii. The timer shall terminate irradiation when a pre-selected time has elapsed, if any dose monitoring system present has not previously terminated irradiation;
 - iv. The timer shall permit accurate pre-setting and determination of exposure times as short as 1 second;
 - v. The timer shall not permit an exposure if set at zero;
 - vi. The timer shall not activate until the shutter is opened when irradiation is controlled by a shutter mechanism unless calibration includes a timer error correction to compensate for mechanical lag; and
 - vii. Timer shall be accurate to within 1 percent of the selected value or 1 second, whichever is greater.
- i. Control Panel Functions. The control panel, in addition to the displays required by other provisions in X.6, shall have:
- i. An indication of whether electrical power is available at the control panel and if activation of the x-ray tube is possible;
 - ii. An indication of whether x-rays are being produced;
 - iii. A means for indicating x-ray tube potential and current;
 - iv. The means for terminating an exposure at any time;
 - v. A control device which will prevent unauthorized use of the therapeutic radiation machine; and
 - vi. A positive display of specific filter(s) in the beam.
- j. Multiple Tubes. When a control panel may energize more than one x-ray tube:
- i. It shall be possible to activate only one x-ray tube at any time;
 - ii. There shall be an indication at the control panel identifying which x-ray tube is activated; and
 - iii. There shall be an indication at the tube housing assembly when that tube is energized.
- k. Target-to-Skin Distance (TSD). There shall be a means of determining the central axis TSD to within one (1) centimeter and of reproducing this measurement to within two (2) millimeters thereafter.

- l. Shutters. Unless it is possible to bring the x-ray output to the prescribed exposure parameters within 5 seconds after the x-ray "ON" switch is energized, the beam shall be attenuated by a shutter having a lead equivalency not less than that of the tube housing assembly. In addition, after the unit is at operating parameters, the shutter shall be controlled by the operator from the control panel. An indication of shutter position shall appear at the control panel.
- m. Low Filtration X-ray Tubes. Each therapeutic radiation machine equipped with a beryllium or other low-filtration window shall be clearly labeled as such upon the tube housing assembly and shall be provided with a permanent warning device on the control panel that is activated when no additional filtration is present, to indicate that the dose rate is very high.
- n. Facility Design Requirements for Therapeutic Radiation Machines Capable of Operating in the Range 50 kV to 500 kV. In addition to shielding adequate to meet requirements of X.4a, the treatment room shall meet the following design requirements:
 - i. Aural Communication. Provision shall be made for continuous two-way aural communication between the patient and the operator at the control panel;
 - ii. Viewing Systems. Provision shall be made to permit continuous observation of the patient during irradiation and the viewing system shall be so located that the operator can observe the patient from the control panel. The therapeutic radiation machine shall not be used for patient irradiation unless at least one viewing system is operational.
- o. Additional Requirements. Treatment rooms that contain a therapeutic radiation machine capable of operating above 150 kV shall meet the following additional requirements:
 - i. All protective barriers shall be fixed except for entrance doors or beam interceptors;
 - ii. The control panel shall be in a location that ensures compliance with Part D of these regulations;
 - iii. Interlocks shall be provided such that all entrance doors, including doors to any interior booths, shall be closed before treatment can be initiated or continued. If the radiation beam is interrupted by any door opening, it shall not be possible to restore the machine to operation without closing the door and reinitiating irradiation by manual action at the control panel; and
 - iv. When any door referred to in X.6o.iii. is opened while the x-ray tube is activated, the air kerma rate at a distance of 1 meter from the source shall be reduced to less than 1 mGy (100 mrad) per hour.
- p. Acceptance Testing, Commissioning, and Full Calibration Measurements.
 - i. Acceptance testing, commissioning, and full calibration of a therapeutic radiation machine subject to X.6 shall be performed by, or under the direct supervision of, a Qualified Medical Physicist:

- (1) Acceptance testing and commissioning shall be performed in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies. In the absence of a protocol published by a recognized national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocols, shall be followed. Acceptance testing and commissioning shall be conducted before the first medical use following installation or reinstallation of the therapeutic radiation machine.
- (2) Full calibration shall be performed in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies. In the absence of a protocol published by a recognized national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocols, shall be followed. Although it shall not be necessary to complete all elements of a full calibration, all applicable parameters (for all energies), and the calibration report, shall be completed:
 - (a) Before the first medical use following installation or reinstallation of the therapeutic radiation machine;
 - (b) At intervals not exceeding thirteen (13) months; and
 - (c) Before medical use under the following conditions:
 - (i) Whenever quality assurance check measurements indicate that the radiation output differs by more than five percent (5%) from the value obtained at the last full calibration and the difference cannot be reconciled; and
 - (ii) Following any component replacement, major repair, or modification of components that could significantly affect the characteristics of the radiation beam.
 - (d) Notwithstanding the requirements of X.6p.i.(2)(c):
 - (i) Full calibration of therapeutic radiation machines with multi-energy capabilities is required only for those modes and/or energies that are not within their acceptable range; and
 - (ii) If the repair, replacement or modification does not affect all energies, full calibration shall be performed on the affected energy that is in most frequent clinical use at the facility. The remaining energies may be validated with quality assurance check procedures against the criteria in X.6p.i.(2)(c)(i).

- ii. The registrant shall maintain a record of each calibration in an auditable form for the duration of the registration. The record shall include: the date of the calibration; the manufacturer's name, model number, and serial number for both the therapeutic radiation machine and the x-ray tube; the model numbers, serial numbers, and calibration reports of the instruments used to calibrate the therapeutic radiation machine; and the signature of the Qualified Medical Physicist responsible for performing the calibration.
- q. Quality Assurance Checks.
- i. Periodic quality assurance checks shall be performed on therapeutic radiation machines subject to X.6, which are capable of operation at greater than or equal to 50 kV. Periodic quality assurance checks shall meet the following requirements:
 - (1) The registrant shall perform periodic quality assurance checks in accordance with written procedures established by the Qualified Medical Physicist and shall be performed in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies. In the absence of a protocol published by a recognized national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocols, shall be followed.; and
 - (2) The periodic quality assurance check procedures shall specify the frequency at which tests or measurements are to be performed. The periodic quality assurance check procedures shall specify that the periodic quality assurance checks shall be performed during the calibration specified in X.6p.i.; and
 - (3) The acceptable tolerance for each parameter measured in the periodic quality assurance checks, when compared to the value for that parameter determined in the calibration specified in X.6p.i., shall be stated; and
 - (4) The cause for a parameter exceeding a tolerance set by the Qualified Medical Physicist and consistent with nationally recognized standards shall be investigated and corrected before the system is used for patient irradiation; and
 - (5) Whenever a periodic quality assurance check indicates a significant change in the operating characteristics of a system, as specified in the Qualified Medical Physicist's periodic quality assurance check procedures, the system shall be recalibrated as required in X.6p.i.; and
 - (6) The registrant shall use the dosimetry system described in X.11. to make the periodic absolute dose measurement.
 - ii. The registrant shall have the Qualified Medical Physicist review and sign the results of each radiation output quality assurance check within thirty (30) days of the date that the check was performed;

- iii. The registrant shall ensure that monthly safety quality assurance checks of therapeutic radiation machines subject to X.6 are performed at intervals not to exceed thirty-six (36) days. The monthly safety quality assurance checks shall ensure proper operation of:
 - (1) Electrical interlocks at each external beam radiation therapy room entrance;
 - (2) The "BEAM-ON" and termination switches;
 - (3) Beam condition indicator lights on the access door(s), control console, and in the radiation therapy room;
 - (4) Viewing and aural systems;
 - (6) If applicable, electrically operated treatment room doors from inside and outside the treatment room;
 - iv. Notwithstanding the requirements of X.6q.ii. and X.6q.iii., the registrant shall ensure that no therapeutic radiation machine is used to administer radiation to humans unless the quality assurance checks required by X.6q.ii. and X.6q.iii. have been performed at intervals not to exceed thirty-six (36) days in the period immediately prior to said administration;
 - v. The registrant shall maintain a record of each quality assurance check in an auditable form for three (3) years. The record shall include: the date of the quality assurance check; the manufacturer's name, model number, and serial number of the therapeutic radiation machine; the manufacturer's name; model number, serial number, and calibration report for the instrument(s) used to measure the radiation output of the therapeutic radiation machine; and the signature of the individual who performed the quality assurance check.
- r. Operating Procedures.
- i. The therapeutic radiation machine shall not be used for irradiation of patients unless the requirements of X.6p. and X.6q. have been met;
 - ii. Therapeutic radiation machines shall not be left unattended unless secured pursuant to X.6i.v.;
 - iii. When a patient must be held in position for radiation therapy, mechanical supports or restraints shall be used;
 - iv. The tube housing or any other part of the imaging assembly shall not be held by an individual or patient during operation unless the assembly is designed to require such holding and the peak tube potential of the system does not exceed 50 kV. In such cases, the holder shall wear protective gloves and apron of not less than 0.5 millimeters lead equivalency at 100 kV;

- v. A copy of the current operating and emergency procedures shall be maintained at the therapeutic radiation machine control console; and
 - vi. No individual other than the patient shall be in the treatment room during exposures from therapeutic radiation machines operating above 150 kV. At energies less than or equal to 150 kV, any individual, other than the patient, in the treatment room shall be protected by a barrier sufficient to meet the requirements of Part D.1201 of these regulations.
- s. Possession of Survey Instrument(s). Each facility location authorized to use a therapeutic radiation machine in accordance with X.6 shall possess appropriately calibrated portable monitoring equipment. As a minimum, such equipment shall include a portable radiation measurement survey instrument capable of measuring dose rates over the range 10 μ Sv (1 mrem) per hour to 10 mSv (1000 mrem) per hour or exposure rates over the range 500 μ R/hr to 5 R/hr. The survey instrument(s) shall be operable and calibrated in accordance with X.11.

Sec. X.7 - Therapeutic Radiation Machines - Photon Therapy Systems (500 kV and Above) and Electron Therapy Systems (500 keV and Above). Documentation from the manufacturer and installer that the therapeutic radiation machine was manufactured and installed in accordance with most current applicable IEC standards in effect at the time of manufacturing/installation shall be sufficient to demonstrate compliance with the applicable requirements of Secs. X.7a. through X.7o.

- a. Leakage Radiation Outside the Maximum Useful Beam in Photon and Electron Modes. For each therapeutic radiation machine, the registrant shall determine, or obtain from the manufacturer, the leakage radiation for the specified operating conditions. Records on leakage radiation measurements shall be maintained in an auditable form at the installation for inspection by the Agency.
 - i. The absorbed dose due to leakage radiation (excluding neutrons) at any point outside the maximum sized useful beam, but within a circular plane of radius two (2) meters which is perpendicular to and centered on the central axis of the useful beam at the nominal treatment distance (i.e. patient plane), shall not exceed a maximum of 0.2 percent and an average of 0.1 percent of the absorbed dose on the central axis of the beam at the nominal treatment distance. Measurements shall be averaged over an area not exceeding one hundred square centimeters (100 cm^2) at a minimum of sixteen (16) points uniformly distributed in the plane;
 - ii. Except for the area defined in X.7a.i., the absorbed dose due to leakage radiation (excluding neutrons) at 1 meter from the electron path between the electron source and the target or electron window shall not exceed 0.5 percent of the absorbed dose on the central axis of the beam at the nominal treatment distance. Measurements shall be averaged over an area not exceeding one hundred square centimeters (100 cm^2);
 - iii. The neutron absorbed dose outside the useful beam shall be in compliance with the appropriate manufacturer specifications; and
 - iv. For each therapeutic radiation machine, the registrant shall determine, or obtain from the manufacturer, the leakage radiation existing at the positions specified in X.7a.i.

through X.7a.iii. for the specified operating conditions. Records on leakage radiation measurements shall be maintained in an auditable form at the installation for inspection by the Agency.

b. Leakage Radiation Through Beam Limiting Devices.

- i. Photon Radiation. All adjustable or interchangeable beam limiting devices shall attenuate the useful beam such that at the nominal treatment distance, the maximum absorbed dose anywhere in the area shielded by the beam limiting device(s) shall not exceed 2 percent of the maximum absorbed dose on the central axis of the useful beam measured in a 100 cm² radiation field, or maximum available field size if less than 100 cm²;
- ii. Electron Radiation. All adjustable or interchangeable electron applicators shall attenuate the radiation, including but not limited to photon radiation generated by electrons incident on the beam limiting device and electron applicator and other parts of the radiation head, such that the absorbed dose in a plane perpendicular to the central axis of the useful beam at the nominal treatment distance shall not exceed:
 - (1) A maximum of two percent (2%) and average of 0.5 percent of the absorbed dose on the central axis of the useful beam at the nominal treatment distance. This limit shall apply beyond a line seven (7) centimeters outside the periphery of the useful beam; and
 - (2) A maximum of ten percent (10%) of the absorbed dose on the central axis of the useful beam at the nominal treatment distance. This limit shall apply beyond a line two (2) centimeters outside the periphery of the useful beam.
- iii. Measurement of Leakage Radiation.
 - (1) Photon Radiation. Measurements of leakage radiation through the beam limiting devices shall be made with the beam limiting devices closed and any residual aperture blocked by at least two (2) tenth value layers of suitable absorbing material. In the case of overlapping beam limiting devices, the leakage radiation through each set shall be measured independently at the depth of maximum dose. Measurements shall be made using a radiation detector of area not exceeding ten square centimeters (10 cm²);
 - (2) Electron Radiation. Measurements of leakage radiation through the electron applicators shall be made with the electron beam directed into the air and using a radiation detector of area up to but not exceeding one (1) square centimeter suitably protected against radiation which has been scattered from material beyond the radiation detector. Measurements shall be made using one (1) centimeter of water equivalent build up material.

c. Filters/Wedges.

- i. If applicable, each wedge filter that is removable from the system shall be clearly marked with an identification number. For removable wedge filters, the nominal wedge angle shall appear on the wedge or wedge tray (if permanently mounted to the tray). If the wedge or wedge tray is significantly damaged, the wedge should be removed from clinical service;
- ii. If the absorbed dose rate information required by X.7h. relates exclusively to operation with a field flattening filter or beam scattering foil in place, such foil or filter shall be removable only by the use of tools;
- iii. If applicable, for equipment which utilizes wedge filters, interchangeable field flattening filters, or interchangeable beam scattering foils:
 - (1) Irradiation shall not be possible until a selection of a filter or a positive selection to use "no filter" has been made at the treatment control panel, either manually or automatically;
 - (2) An interlock system shall be provided to prevent irradiation if the filter selected is not in the correct position;
 - (3) A display shall be provided at the treatment control panel showing the wedge filter(s), interchangeable field flattening filter(s), and/or interchangeable beam scattering foil(s) in use; and
 - (4) An interlock shall be provided to prevent irradiation if any filter and/or beam scattering foil selection operation carried out in the treatment room does not agree with the filter and/or beam scattering foil selection operation carried out at the treatment control panel.
- d. Stray Radiation in the Useful Beam. The registrant shall obtain from the manufacturer, data sufficient to ensure that x-ray stray radiation in the useful electron beam, absorbed dose at the surface during x-ray irradiation and stray neutron radiation in the useful x-ray beam are in compliance with the appropriate manufacturer specifications and perform as intended.
- e. Beam Monitors. All therapeutic radiation machines subject to X.7 shall be provided with redundant beam monitoring systems. The sensors for these systems shall be fixed and functional in the useful beam during treatment to indicate the dose monitor unit rate.
 - i. Equipment shall be provided with at least two (2) independently powered integrating dose meters. Alternatively, common elements may be used if the production of radiation is terminated upon failure of any common element.
 - ii. Equipment shall be provided with at least one (1) radiation detector. This detector shall be incorporated into a useful beam monitoring system;
 - iii. The detector and the system into which that detector is incorporated shall meet the following requirements:

- (1) Each detector shall be removable only with tools and, if movable, shall be interlocked to prevent incorrect positioning;
 - (2) Each detector shall form part of a beam monitoring system from whose readings in dose monitor units the absorbed dose at a reference point can be calculated;
 - (3) Each beam monitoring system shall be capable of independently monitoring, interrupting, and terminating irradiation; and
 - (4) The design of the beam monitoring systems shall ensure that the:
 - (a) Malfunctioning of one system shall not affect the correct functioning of the other system(s); and
 - (b) Failure of either system shall terminate irradiation or prevent the initiation of radiation.
 - (5) Each beam monitoring system shall have a legible display at the treatment control panel. Each display shall:
 - (a) Maintain a reading until intentionally reset;
 - (b) Have only one scale and no electrical or mechanical scale multiplying factors;
 - (c) Utilize a design such that increasing dose is displayed by increasing numbers; and
 - (d) In the event of power failure, the beam monitoring information required in X.7e.iii.(5)(c) displayed at the control panel at the time of failure shall be retrievable in at least one system for a twenty (20) minute period of time.
- f. Beam Flatness and Symmetry. Beam flatness and symmetry shall be in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies. In the absence of a protocol published by a recognized national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocols, shall be followed.
- g. Selection and Display of Dose Monitor Units.
- i. Irradiation shall not be possible until a new selection of a number of dose monitor units has been made at the treatment control panel;
 - ii. The pre-selected number of dose monitor units shall be displayed at the treatment control panel until reset for the next irradiation;

- iii. After termination of irradiation, it shall be necessary to reset the treatment delivery parameters before subsequent treatment can be initiated; and
 - iv. After interruption of irradiation, it shall be necessary for the operator to follow the manufacturer and facility procedures before irradiation can be re-initiated.
- h. Air Kerma Rate/Absorbed Dose Rate. A system shall be provided from whose readings the air kerma rate or absorbed dose rate at a reference point can be calculated. [The radiation detectors specified in X.7e. may form part of this system.] In addition:
- i. The dose monitor unit rate shall be displayed at the treatment control panel;
 - ii. If the equipment can deliver under any conditions an air kerma rate or absorbed dose rate at the nominal treatment distance more than twice the maximum value specified by the manufacturer, a device shall be provided which terminates irradiation when the air kerma rate or absorbed dose rate exceeds a value twice the specified maximum. The dose rate at which the irradiation will be terminated shall be a record maintained in an auditable form by the registrant;
 - iii. If the equipment can deliver under any fault condition(s) an air kerma rate or absorbed dose rate at the nominal treatment distance more than ten (10) times the maximum value specified by the manufacturer, a device shall be provided to prevent the air kerma rate or absorbed dose rate anywhere in the radiation field from exceeding twice the specified maximum value and to terminate irradiation if the excess absorbed dose at the nominal treatment distance exceeds 4 Gy (400 rad); and
 - iv. For each therapeutic radiation machine, the registrant shall determine, or obtain from the manufacturer, the maximum value(s) specified in X.7h.ii. and X.7h.iii. for the specified operating conditions. Records of these maximum value(s) shall be maintained in an auditable form at the installation for inspection by the Agency.
- i. Termination of Irradiation by the Beam Monitoring System or Systems During Stationary Beam Radiation Therapy.
- i. Each primary system shall terminate irradiation when the pre-selected number of dose monitor units has been detected by the system;
 - ii. If the original design of the equipment included a secondary dose monitoring system, that system shall be capable of terminating irradiation when not more than fifteen percent (15%) or forty (40) dose monitor units above the pre-selected number of dose monitor units set at the control panel has been detected by the secondary dose monitoring system; and
 - iii. An indicator on the control panel shall show which monitoring system has terminated irradiation.

- j. Termination of Irradiation. It shall be possible to terminate irradiation and equipment movement or go from an interruption condition to termination condition at any time from the operator's position at the treatment control panel and in the treatment room.
- k. Interruption of Irradiation. If a therapeutic radiation machine has an interrupt mode, it shall be possible to interrupt irradiation and equipment movements at any time from the treatment control panel. Following an interruption it shall be possible to restart irradiation by operator action without any reselection of operating conditions. If any change is made of a pre-selected value during an interruption, irradiation and equipment movements shall be automatically terminated.
- l. Irradiation Control Device. A suitable irradiation control device shall be provided to terminate the irradiation after a pre-set time interval or pre-set number of monitor units.
 - i. If applicable, a timer shall be provided which has a display at the treatment control panel. The timer shall have a pre-set time selector and an elapsed time indicator;
 - ii. The timer or monitor unit indicator shall be a cumulative device that activates with an indication of "BEAM-ON" and retains its reading after irradiation is interrupted or terminated. After irradiation is terminated and before irradiation can be reinitiated, it shall be necessary to reset the elapsed time indicator;
 - iii. The timer or monitor unit indicator shall terminate irradiation when a pre-selected time has elapsed, if the dose monitoring systems have not previously terminated irradiation.
- m. Selection of Radiation Type. Equipment capable of both x-ray therapy and electron therapy shall meet the following additional requirements:
 - i. Irradiation shall not be possible until a selection of radiation type (x-rays or electrons) has been made at the treatment control panel;
 - ii. The radiation type selected shall be displayed at the treatment control panel before and during irradiation;
 - iii. An interlock system shall be provided to ensure that the equipment can principally emit only the radiation type that has been selected;
 - iv. An interlock system shall be provided to prevent irradiation with x-rays, except to obtain an image, when electron applicators are fitted;
 - v. An interlock system shall be provided to prevent irradiation with electrons when accessories specific for x-ray therapy are fitted; and
 - vi. An interlock system shall be provided to prevent irradiation if any selected operations carried out in the treatment room do not agree with the selected operations carried out at the treatment control panel.

- n. Selection of Energy. Equipment capable of generating radiation beams of different energies shall meet the following requirements:
- i. Irradiation shall not be possible until a selection of energy has been made at the treatment control panel;
 - ii. The nominal energy value selected shall be displayed at the treatment control panel until reset manually for the next irradiation. After termination of irradiation, it shall be necessary to reset the nominal energy value selected before subsequent treatment can be initiated;
 - iii. Irradiation shall not be possible until the appropriate flattening filter or scattering foil for the selected energy is in its proper location; and
 - iv. The selection of energy shall be in compliance with the appropriate manufacturer specifications and perform as intended.
- o. Selection of Stationary Beam Radiation Therapy or Moving Beam Radiation Therapy. Therapeutic radiation machines capable of both stationary beam radiation therapy and moving beam radiation therapy shall meet the following requirements:
- i. Irradiation shall not be possible until a selection of stationary beam radiation therapy or moving beam radiation therapy has been made at the treatment control panel;
 - ii. The mode of operation shall be displayed at the treatment control panel;
 - iii. An interlock system shall be provided to ensure that the equipment can operate only in the mode that has been selected;
 - iv. An interlock system shall be provided to prevent irradiation if any selected parameter in the treatment room does not agree with the selected parameter at the treatment control panel;
 - v. Moving beam radiation therapy shall be controlled to obtain the selected relationships between incremental dose monitor units and incremental movement:
 - (1) An interlock system shall be provided to terminate irradiation if the number of dose monitor units delivered in any 10 degrees of rotation or 1 cm of linear motion differs by more than twenty percent (20%) from the selected value;
 - (2) Where angle terminates the irradiation in moving beam radiation therapy, the dose monitor units delivered shall differ by less than five percent (5%) from the dose monitor unit value selected;
 - (3) An interlock shall be provided to prevent motion of more than five (5) degrees or one (1) cm beyond the selected limits during moving beam radiation therapy;

- (4) An interlock shall be provided to require that a selection of direction be made at the treatment control panel in all units which are capable of both clockwise and counter-clockwise moving beam radiation therapy.
- (5) Moving beam radiation therapy shall be controlled with both primary position sensors and secondary position sensors to obtain the selected relationships between incremental dose monitor units and incremental movement.
- vi. Where the beam monitor system terminates the irradiation in moving beam radiation therapy, the termination of irradiation shall be as required by X.7i.; and
- vii. An interlock system shall be provided to terminate irradiation if movement:
 - (1) Occurs during stationary beam radiation therapy; or
 - (2) Does not start or stops during moving beam radiation therapy unless such stoppage is a pre-planned function.
- viii. In addition to the above requirements, facilities using equipment where the radiation therapy source is mounted on a ring gantry shall develop a quality assurance program in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies. In the absence of a protocol published by a recognized national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocols, shall be followed.
- p. Facility Design Requirements for Therapeutic Radiation Machines Operating above 500 kV. In addition to shielding adequate to meet requirements of X.9, the following design requirements are made:
 - i. Protective Barriers. All protective barriers shall be fixed, except for access doors to the treatment room or movable beam interceptors;
 - ii. Control Panel. In addition to other requirements specified in Part X, the control panel shall also:
 - (1) Be in a location that ensures compliance with Part D of these regulations;
 - (2) Provide an indication of whether electrical power is available at the control panel and if activation of the radiation is possible;
 - (3) Provide an indication of whether radiation is being produced; and
 - (4) Include an access control system that will prevent unauthorized use of the therapeutic radiation machine;
 - iii. Viewing Systems. Windows, mirrors, closed-circuit television or an equivalent viewing system shall be provided to permit continuous observation of the patient

following positioning and during irradiation and shall be so located that the operator may observe the patient from the treatment control panel. The therapeutic radiation machine shall not be used for patient irradiation unless at least one viewing system is operational;

- v. Aural Communications. Provision shall be made for continuous two-way aural communication between the patient and the operator at the control panel. The therapeutic radiation machine shall not be used for irradiation of patients unless continuous two-way aural communication is possible;
 - v. Room Entrances. Treatment room entrances shall be provided with warning lights in a readily observable position near the outside of all access doors, which will indicate when the useful beam is "ON" and when it is "OFF";
 - vi. Entrance Interlocks. Interlocks shall be provided such that all access controls are activated before treatment can be initiated or continued. If the radiation beam is interrupted by any access control, it shall not be possible to restore the machine to operation without resetting the access control and reinitiating irradiation by manual action at the control panel;
 - vii. Beam Interceptor Interlocks. If the shielding material in any protective barrier requires the presence of a beam interceptor to ensure compliance with Part D of these regulations, interlocks shall be provided to prevent the production of radiation, unless the beam interceptor is in place, whenever the useful beam is directed at the designated barrier(s);
 - viii. Emergency Cutoff Switches. At least 1 emergency power cutoff switch shall terminate all equipment electrical power including radiation and mechanical motion. This switch is in addition to the termination switch required by X.7j. All emergency power cutoff switches shall include a manual reset so that the therapeutic radiation machine cannot be restarted from the unit's control console without resetting the emergency cutoff switch;
 - ix. Safety Interlocks. All safety interlocks shall be designed so that any defect or component failure in the safety interlock system prevents or terminates operation of the therapeutic radiation machine; and
 - x. Surveys for Residual Radiation. Surveys for residual activity shall be conducted on all therapeutic radiation machines capable of generating photon and electron energies above 10 MV prior to machining, removing, or working on therapeutic radiation machine components which may have become activated due to photo-neutron production.
- q. Qualified Medical Physicist Support.
- i. The services of a Qualified Medical Physicist shall be required in facilities having therapeutic radiation machines with energies of 500 kV and above. The Qualified Medical Physicist shall be responsible for:

- (1) Full calibration(s) required by X.7s. and protection surveys required by X.4b.;
 - (2) Supervision and review of dosimetry;
 - (3) Beam data acquisition and transfer for computerized dosimetry, and supervision of its use;
 - (4) Quality assurance, including quality assurance check review required by X.7t.ii.
 - (5) Consultation with the authorized physician in treatment planning, as needed; and
 - (6) Perform calculations/assessments regarding medical events and unintended treatment deviations.
- ii. If the Qualified Medical Physicist is not a full-time employee of the registrant, the operating procedures required by X.7r. shall also specifically address how the Qualified Medical Physicist is to be contacted for problems or emergencies, as well as the specific actions, if any, to be taken until the Qualified Medical Physicist can be contacted.
- r. Operating Procedures.
- i. No individual, other than the patient, shall be in the treatment room during treatment or during any irradiation for testing or calibration purposes;
 - ii. Therapeutic radiation machines shall not be made available for medical use unless the requirements of X.4b., X.7s. and X.7t. have been met;
 - iii. Therapeutic radiation machines, when not in operation, shall be secured to prevent unauthorized access and use;
 - iv. When adjustable beam limiting devices are used, the position and shape of the radiation field shall be indicated by a light field where applicable.
 - v. If a patient must be held in position during treatment, mechanical supports or restraint devices shall be used; and
 - vi. A copy of the current operating and emergency procedures shall be maintained at the therapeutic radiation machine control console.
- s. Acceptance Testing, Commissioning and Full Calibration Measurements.
- i. Acceptance testing, commissioning and full calibration of a therapeutic radiation machine subject to X.7 shall be performed under the supervision of a Qualified Medical Physicist, and reviewed and approved by a Qualified Medical Physicist.

- ii. Acceptance testing and commissioning shall be performed in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies. In the absence of a protocol published by a recognized national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocols, shall be followed. Acceptance testing and commissioning shall be conducted before the first medical use following installation or reinstallation of the therapeutic radiation machine.
- iii. Full calibration shall be performed in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies. In the absence of a protocol published by a recognized national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocols, shall be followed. Although it shall not be necessary to complete all elements of a full calibration at the same time, all applicable parameters (for all energies) shall be completed at intervals not exceeding thirteen (13) months.
- iv. Full calibration shall include external validation of machine output accuracy for all energies prior to clinical use and at least annually thereafter for photons and protons, and every two (2) years for electrons.
- v. The Qualified Medical Physicist shall perform all elements of a full calibration necessary to determine that all parameters are within acceptable limits:
 - (1) Whenever quality assurance check measurements indicate that the radiation output differs by more than five percent (5%) from the value obtained at the last full calibration and the difference cannot be reconciled. Therapeutic radiation machines with multi-energy and/or multi-mode capabilities shall only require measurements for those modes and/or energies that are not within their acceptable range; and
 - (2) Following any component replacement, major repair, or modification of components that could significantly affect the characteristics of the radiation beam. If the repair, replacement or modification does not affect all modes and/or energies, measurements shall be performed on the effected mode/energy that is in most frequent clinical use at the facility. The remaining energies/modes may be validated with quality assurance check procedures against the criteria in X.7s.iv.(1).
- vi. The registrant shall maintain a record of each calibration in an auditable form for the duration of the registration. The record shall include: the date of the calibration; the manufacturer's name, model number and serial number for the therapeutic radiation machine; the model numbers, serial numbers, and calibration reports of the instruments used to calibrate the therapeutic radiation machine; and the signature of the Qualified Medical Physicist responsible for performing the calibration.

t. Quality Assurance Checks.

- i. Periodic quality assurance checks shall be performed on therapeutic radiation machines subject to X.7, which are capable of operation at greater than or equal to 500 kV. Periodic quality assurance checks shall meet the following requirements:
 - (1) The registrant shall perform periodic quality assurance checks in accordance with written procedures established by the Qualified Medical Physicist and shall be performed in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies. In the absence of a protocol published by a recognized national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocols, shall be followed; and
 - (2) The registrant shall use a dosimetry system that has been calibrated in accordance with X.11b. to make the periodic quality assurance checks.
- ii. The registrant shall review the results of each periodic radiation output check according to the following procedures:
 - (1) The authorized physician and Qualified Medical Physicist shall be immediately notified if any parameter is not within its acceptable tolerance. The therapeutic radiation machine shall not be made available for subsequent medical use until the Qualified Medical Physicist has determined that all parameters are within their acceptable tolerances; and
 - (2) If all periodic radiation output check parameters appear to be within their acceptable range, the periodic radiation output check shall be reviewed and signed by either the authorized physician or Qualified Medical Physicist within five (5) treatment days; and
 - (3) The Qualified Medical Physicist shall review and sign the results of each radiation output quality assurance check at intervals not to exceed thirty-six (36) days.
- iii. Therapeutic radiation machines subject to X.7 shall have applicable safety quality assurance checks that meet the following requirements:
 - (1) The registrant shall perform safety quality assurance checks in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies. In the absence of a protocol published by a recognized national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocols, shall be followed; and
 - (2) Safety quality assurance checks shall be performed at intervals not to exceed 1 week; and

- (3) Safety quality assurance checks shall ensure proper operation of:
 - (a) Electrical interlocks at each external beam radiation therapy room entrance;
 - (b) Proper operation of the "BEAM-ON", interrupt and termination switches;
 - (c) Beam condition indicator lights on the access doors, control console, and in the radiation therapy room;
 - (d) Viewing and aural systems;
 - (e) Electrically operated treatment room door(s) from inside and outside the treatment room;
 - (f) At least one termination switch. If more than one termination switch is installed and not all switches are tested at once, each switch shall be tested on a rotating basis. Safety quality assurance checks of the emergency power cutoff switches may be conducted as recommended by the manufacturer in order to minimize possible stability problems with the therapeutic radiation machine.
 - (4) The registrant shall promptly repair any system identified that is not operating properly.
- iv. The registrant shall maintain a record of each quality assurance check in an auditable form for three (3) years. The record shall include: the date of the quality assurance check; the manufacturer's name, model number, and serial number of the therapeutic radiation machine; the manufacturer's name, model number, serial number, and calibration report for the appropriate instrument(s) used to measure the radiation output of the therapeutic radiation machine; and the signature of the individual who performed the periodic quality assurance check.
- u. External Audits and Accreditation.
- i. Each registrant providing radiation therapy with therapeutic radiation equipment shall:
 - (1) Maintain an external audit as described in Appendix B to Part X; or
 - (2) Maintain an accreditation in radiation oncology by the American College of Radiology (ACR), American College of Radiation Oncology (ACRO), American Society for Radiation Oncology (ASTRO), or an accrediting organization that is recognized by the Agency.
 - ii. For a newly registered facility, an initiation for external audit or accreditation shall be no later than 6 months after patient treatment begins.

- iii. The outcome of the external audit or accreditation survey shall be available for inspection and provided to the Agency upon request.
- v. Possession of Survey Instrument(s). Each facility location authorized to use a therapeutic radiation machine in accordance with X.7 shall possess appropriately calibrated portable monitoring equipment. As a minimum, such equipment shall include a portable radiation measurement survey instrument capable of measuring dose rates over the range 10 μ Sv (1 mrem) per hour to 10 mSv (1000 mrem) per hour. The survey instrument(s) shall be operable and calibrated in accordance with X.11.

Sec. X.8 - Electronic Brachytherapy. Documentation from the manufacturer and installer that the therapeutic radiation machine was manufactured and installed in accordance with most current applicable IEC standards in effect at the time of manufacturing/installation shall be sufficient to demonstrate compliance with the applicable requirements of Secs. X.8d. through X.8f.

- a. Applicability. Electronic brachytherapy devices shall be subject to the requirements of X.8, and shall be exempt for the requirements of X.6.
 - i. An electronic brachytherapy device that does not meet the requirements of X.8 shall not be used for irradiation of patients; and
 - ii. An electronic brachytherapy device shall only be utilized for human use applications specifically approved by the U.S. Food and Drug Administration (FDA) unless participating in a research study approved by the registrant's Institutional Review Board (IRB).
- b. Possession of Survey Instrument(s). Each facility location authorized to use an electronic brachytherapy device in accordance with X.8 shall possess appropriately calibrated portable monitoring equipment. As a minimum, such equipment shall include a portable radiation measurement survey instrument capable of measuring dose rates over the range 10 μ Sv (1 mrem) per hour to 10 mSv (1000 mrem) per hour. The survey instrument(s) shall be operable and calibrated in accordance with X.11 for the applicable electronic brachytherapy source energy.
- c. Facility Design Requirements for Electronic Brachytherapy Devices. In addition to shielding adequate to meet requirements of X.9, the treatment room shall meet the following design requirements:
 - i. If applicable, provision shall be made to prevent simultaneous operation of more than one therapeutic radiation machine in a treatment room.
 - ii. Access to the treatment room shall be controlled by a door at each entrance.
 - iii. Each treatment room shall have provisions to permit continuous aural communication and visual observation of the patient from the treatment control panel during irradiation. The electronic brachytherapy device shall not be used for patient irradiation unless the patient can be observed.

- iv. For electronic brachytherapy devices capable of operating at 50kV and below, radiation shielding for the staff in the treatment room shall be available, either as a portable shield and/or as localized shielded material around the treatment site.
- v. For electronic brachytherapy devices capable of operating at greater than 150 kV: ^{5/}
 - (1) The control panel shall be located outside the treatment room; and
 - (2) Electrical interlocks shall be provided for all door(s) to the treatment room that will:
 - (a) Prevent the operator from initiating the treatment cycle unless each treatment room entrance door is closed;
 - (b) Cause the source to be shielded or switched off when an entrance door is opened; and
 - (c) Prevent the source from being exposed or switched on following an interlock interruption until all treatment room entrance doors are closed and the source on-off control is reset at the console.
- d. Electrical Safety for Electronic Brachytherapy Devices.
 - i. The high voltage transformer shall be electrically isolated to prevent electrical and magnetic interference with the surrounding environment and ancillary equipment.
 - ii. The high voltage transformer shall be isolated from personnel (e.g., operator) and the environment by a protective housing that can only be accessed through a cover requiring a tool for access or with electrical interlocks to prevent operation while open.
 - iii. The high voltage transformer shall have appropriate safety labels warning personnel of potential electrical shock and/or heat related injuries.
 - iv. Equipment shall be in compliance with the appropriate manufacturer specifications and perform as intended..
- e. Control Panel Functions. The control panel, in addition to the displays required by other provisions in X.8, shall:
 - i. Provide an indication of whether electrical power is available at the control panel and if activation of the electronic brachytherapy source is possible;
 - ii. Provide an indication of whether x-rays are being produced;

^{5/} Facility design requirements for electronic brachytherapy devices which would operate in the 50-150 kV range have intentionally been omitted because an evaluation of this technology, as it existed at the time this subpart was finalized, appears to indicate that such devices are not likely to be produced.

- iii. Provide a means for indicating electronic brachytherapy source potential and current;
 - iv. Provide the means for terminating an exposure at any time; and
 - v. Include an access control system that will prevent unauthorized use of the electronic brachytherapy device.
- f. Timer. A suitable irradiation control device (timer) shall be provided to terminate the irradiation after a pre-set time interval or integrated charge on a dosimeter-based monitor.
- i. A timer shall be provided at the treatment control panel. The timer shall indicate planned setting and the time elapsed or remaining;
 - ii. The timer shall not permit an exposure if set at zero;
 - iii. The timer shall be a cumulative device that activates with an indication of "BEAM-ON" and retains its reading after irradiation is interrupted or terminated. After irradiation is terminated and before irradiation can be reinitiated, it shall be necessary to reset the elapsed time indicator;
 - iv. The timer shall terminate irradiation when a pre-selected time has elapsed, if any dose monitoring system has not previously terminated irradiation.
 - v. The timer shall permit setting of exposure times as short as 0.1 second; and
 - vi. The timer shall be accurate to within one (1) percent of the selected value or 0.1 second, whichever is greater.
- g. Qualified Medical Physicist Support.
- i. The services of a Qualified Medical Physicist shall be required in facilities having electronic brachytherapy devices. The Qualified Medical Physicist shall be responsible for:
 - (1) Evaluation of the output from the electronic brachytherapy source;
 - (2) Generation of the necessary dosimetric information;
 - (3) Supervision and review of treatment calculations prior to initial treatment of any treatment site;
 - (4) Establishing the periodic and day-of-use quality assurance checks and reviewing the data from those checks as required in X.8k.;
 - (5) Consultation with the authorized physician in treatment planning, as needed; and

- (6) Performing calculations/assessments regarding patient treatments that may constitute a medical event.
- ii. If the Qualified Medical Physicist is not a full-time employee of the registrant, the operating procedures required by X.8h. shall also specifically address how the Qualified Medical Physicist is to be contacted for problems or emergencies, as well as the specific actions, if any, to be taken until the Qualified Medical Physicist can be contacted.
- h. Operating Procedures.
 - i. Only individuals approved by the authorized physician, Radiation Safety Officer, or Qualified Medical Physicist shall be present in the treatment room during treatment;
 - ii. Electronic brachytherapy devices shall not be made available for medical use unless the requirements of X.3, X.4a., X.8i. and X.8j. have been met;
 - iii. The electronic brachytherapy device shall be inoperable, either by hardware or password, when unattended by qualified staff or service personnel;
 - iv. During operation, the electronic brachytherapy device operator shall monitor the position of all persons in the treatment room, and all persons entering the treatment room, to prevent entering persons from unshielded exposure from the treatment beam;
 - v. If a patient must be held in position during treatment, mechanical supporting or restraining devices shall be used;
 - vi. Written procedures shall be developed, implemented, and maintained for responding to an abnormal situation. These procedures shall include:
 - (1) Instructions for responding to equipment failures and the names of the individuals responsible for implementing corrective actions; and
 - (2) The names and telephone numbers of the authorized physician, the Qualified Medical Physicist, and the Radiation Safety Officer to be contacted if the device or console operates abnormally.
 - vii. A copy of the current operating and emergency procedures shall be physically located at the electronic brachytherapy device control console^{6/};
 - viii. Instructions shall be posted at the electronic brachytherapy device control console^{5/} to inform the operator of the names and telephone numbers of the authorized physician, the Qualified Medical Physicist, and the Radiation Safety Officer to be contacted if the device or console operates abnormally; and

^{6/} If the control console is integral to the electronic brachytherapy device, the required procedures shall be kept where the operator is located during electronic brachytherapy device operation.

- ix. The Radiation Safety Officer, or his/her designee, and an authorized physician shall be notified as soon as possible if the patient has a medical emergency, suffers injury or dies. The Radiation Safety Officer or the Qualified Medical Physicist shall inform the manufacturer of the event.
- i. Safety Precautions for Electronic Brachytherapy Devices.
 - i. A Qualified Medical Physicist shall determine which persons in the treatment room require monitoring when the beam is energized;
 - ii. An authorized physician and a Qualified Medical Physicist shall be physically present during the initiation of all patient treatments involving the electronic brachytherapy device;
 - iii. A Qualified Medical Physicist and either an authorized physician, or a physician, or electronic brachytherapy device operator under the supervision of an authorized physician, who has been trained in the operation and emergency response for the electronic brachytherapy device, shall be physically present during continuation of all patient treatments involving the electronic brachytherapy device;
 - iv. When shielding is required by X.8c.iv., the electronic brachytherapy device operator shall use a survey meter to verify proper placement of the shielding immediately upon initiation of treatment. Alternatively, a Qualified Medical Physicist shall designate shield locations sufficient to meet the requirements of Part D of these regulations for any individual, other than the patient, in the treatment room; and
 - v. All personnel in the treatment room are required to remain behind shielding during treatment. A Qualified Medical Physicist shall approve any deviation from this requirement and shall designate alternative radiation safety protocols, compatible with patient safety, to provide an equivalent degree of protection.
- j. Electronic Brachytherapy Source Calibration Measurements.
 - i. Calibration of the electronic brachytherapy source output for an electronic brachytherapy device subject to X.8 shall be performed by, or under the direct supervision of, a Qualified Medical Physicist;
 - ii. Calibration of the electronic brachytherapy source output shall be made for each electronic brachytherapy source, or after any repair affecting the x-ray beam generation, or when indicated by the electronic brachytherapy source quality assurance checks;
 - iii. Calibration of the electronic brachytherapy source output shall utilize a dosimetry system described in X.4d.;
 - iv. Calibration of the electronic brachytherapy source output shall be in accordance with current published recommendations from a recognized national professional association with expertise in the use of electronic brachytherapy. In the absence of a

protocol published by a recognized national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocols, shall be followed.

- v. The registrant shall maintain a record of each calibration in an auditable form for the duration of the registration. The record shall include: the date of the calibration; the manufacturer's name, model number and serial number for the electronic brachytherapy device and a unique identifier for its electronic brachytherapy source; the model numbers, serial numbers, and calibration reports of the instrument(s) used to calibrate the electronic brachytherapy device; and the name and signature of the Qualified Medical Physicist responsible for performing the calibration.
- k. Periodic and Day-of-Use Quality Assurance Checks for Electronic Brachytherapy Devices.
- i. Quality assurance checks shall be performed on each electronic brachytherapy device subject to X.8:
 - (1) At the beginning of each day of use;
 - (2) Each time the device is moved to a new room or site^{7/}; and
 - (3) After each x-ray tube installation.
 - ii. The registrant shall perform periodic quality assurance checks required by X.8k.i. consistent with manufacturer guidance and procedures established by the Qualified Medical Physicist;
 - iii. To satisfy the requirements of X.8k.i., radiation output quality assurance checks shall be performed in accordance with current published recommendations from a recognized national professional association with expertise in the use of electronic brachytherapy. In the absence of a protocol published by a recognized national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocols, shall be followed.
 - iv. The registrant shall use a dosimetry system that has been intercompared within the previous twelve (12) months with the dosimetry system described in X.4d. to make the quality assurance checks required in X.8k.iii.;
 - v. The registrant shall review the results of each radiation output quality assurance check according to the following procedures:
 - (1) An authorized physician and Qualified Medical Physicist shall be immediately notified if any parameter is not within its acceptable tolerance. The electronic brachytherapy device shall not be made available for subsequent medical use

^{7/} *Site* is intended to include each day of use at each operating location for a self-contained electronic brachytherapy unit transported in a van or trailer. See X.8n. for additional clarification.

- until the Qualified Medical Physicist has determined that all parameters are within their acceptable tolerances;
- (2) If all radiation output quality assurance check parameters appear to be within their acceptable range, the quality assurance check shall be reviewed and signed by either the authorized physician or Qualified Medical Physicist within two (2) days; and
 - (3) The Qualified Medical Physicist shall review and sign the results of each radiation output quality assurance check at intervals not to exceed thirty (30) days.
- vi. To satisfy the requirements of X8k.i., safety device quality assurance checks shall, at a minimum, assure:
- (1) Proper operation of radiation exposure indicator lights on the electronic brachytherapy device and on the control console;
 - (2) Proper operation of viewing and intercom systems in each electronic brachytherapy facility, if applicable;
 - (3) Proper operation of radiation monitors, if applicable;
 - (4) The integrity of all cables, catheters or parts of the device that carry high voltages; and
 - (5) Connecting guide tubes, transfer tubes, transfer-tube-applicator interfaces, and treatment spacers are free from any defects that interfere with proper operation.
- vii. If the results of the safety device quality assurance checks required in X.8k.vi. indicate the malfunction of any system, a registrant shall secure the control console in the OFF position and not use the electronic brachytherapy device except as may be necessary to repair, replace, or check the malfunctioning system.
- viii. The registrant shall maintain a record of each quality assurance check required by X.8k.iii. and X.8k.vii.in an auditable form for three (3) years.
- (1) The record shall include the date of the quality assurance check; the manufacturer's name, model number and serial number for the electronic brachytherapy device; the name and signature of the individual who performed the periodic quality assurance check and the name and signature of the Qualified Medical Physicist who reviewed the quality assurance check;
 - (2) For radiation output quality assurance checks required by X.8k.iii., the record shall also include the unique identifier for the electronic brachytherapy source and the manufacturer's name; model number and serial number for the

instrument(s) used to measure the radiation output of the electronic brachytherapy device.

1. Therapy-Related Computer Systems. The registrant shall perform acceptance testing on the treatment planning system of electronic brachytherapy-related computer systems in accordance with current published recommendations from a recognized national professional association with expertise in the use of electronic brachytherapy. In the absence of an acceptance testing protocol published by a recognized national professional association, the manufacturer's acceptance testing protocol shall be followed.
 - i. Acceptance testing shall be performed by, or under the direct supervision of, a Qualified Medical Physicist. At a minimum, the acceptance testing shall include, as applicable, verification of:
 - (1) The source-specific input parameters required by the dose calculation algorithm;
 - (2) The applicator-specific input parameters required by the dose calculation algorithm;
 - (3) The accuracy of dose, dwell time, and treatment time calculations at representative points;
 - (4) The accuracy of isodose plots and graphic displays;
 - (5) The accuracy of the software used to determine radiation source positions from radiographic images; and
 - (6) If the treatment-planning system is different from the treatment-delivery system, the accuracy of electronic transfer of the treatment delivery parameters to the treatment delivery unit from the treatment planning system.
 - ii. The position indicators in the applicator shall be compared to the actual position of the source or planned dwell positions, as appropriate, at the time of commissioning.
 - iii. Prior to each patient treatment regimen, the parameters for the treatment shall be evaluated and approved by the authorized physician and the Qualified Medical Physicist for correctness through means independent of that used for the determination of the parameters.
- m. Training.
 - i. A registrant shall provide instruction, initially and at least annually, to all individuals who operate the electronic brachytherapy device, as appropriate to the individual's assigned duties, in the operating procedures identified in X.8h. If the interval between patients exceeds one year, retraining of the individuals shall be provided.

- ii. In addition to the requirements of X.3c. for therapeutic radiation machine authorized physicians and X.3d. for Qualified Medical Physicists, these individuals shall also receive device specific instruction initially from the manufacturer, and annually from either the manufacturer or other qualified trainer. The training shall be of a duration recommended by a recognized national professional association with expertise in the use of electronic brachytherapy. In the absence of any training protocol recommended by a recognized national professional association, the manufacturer's training protocol shall be followed. The training shall include, but not be limited to:
 - (1) Device-specific radiation safety requirements;
 - (2) Device operation;
 - (3) Clinical use for the types of use approved by the FDA;
 - (4) Emergency procedures, including an emergency drill; and
 - (5) The registrant's Quality Assurance Program.
- iii. A registrant shall retain a record of individuals receiving instruction required by X.8m.i. and ii in an auditable form for three (3) years. The record shall include a list of the topics covered, the date of the instruction, the name(s) of the attendee(s), and the name(s) of the individual(s) who provided the instruction.
- n. Mobile Electronic Brachytherapy Service. A registrant providing mobile electronic brachytherapy service shall, as a minimum:
 - i. Check all survey instruments before medical use at each address of use or on each day of use, whichever is more restrictive.
 - ii. Account for the electronic brachytherapy source in the electronic brachytherapy device before departure from the client's address.
 - iii. Perform, at each location on each day of use, all of the required quality assurance checks specified in X8k. to assure proper operation of the device.

Sec. X.9 - Shielding and Safety Design Requirements.

- a. Each therapeutic radiation machine subject to X.6 or X.7 shall be provided with such primary and/or secondary barriers as are necessary to ensure compliance with Part D of these regulations and are in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies.
- b. Facility design information for all new installations of a therapeutic radiation machine or installations of a therapeutic radiation machine of different model with a different isocenter or higher energy or workload into a room not previously approved for that energy or isocenter or planned workload shall be submitted for Agency approval prior to actual

installation of the therapeutic radiation machine. The minimum facility design information that must be submitted is contained in Appendix A to Part X.

Sec. X.10 - Quality Assurance For Radiation Therapy Simulation Systems and Imaging Systems Used for Guidance During Therapeutic Radiation.

- a. Quality assurance for a conventional or virtual simulator and for imaging systems used for guidance during therapeutic radiation shall include acceptance testing and periodic verification of system performance; and
- b. Be performed in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies. In the absence of a protocol published by a recognized national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocols, shall be followed.
- c. Imaging systems used exclusively for simulation or guidance of therapeutic radiation shall be exempt from the provisions of Part F of these regulations.

Sec. X.11 - Calibration of Survey Instruments and Dosimetry Systems.

- a. Survey Instruments.
 - i. The registrant shall ensure that the survey instruments used to show compliance with Part X have been calibrated before first use, at intervals not to exceed twelve (12) months, and following repair.
 - ii. To satisfy the requirements of X.11 a.i., the registrant shall:
 - (1) Calibrate all required scale readings up to 10 mSv (1000 mrem) per hour with an appropriate radiation source that is traceable to the National Institute of Standards and Technology (NIST);
 - (2) Calibrate at least two (2) points on each scale to be calibrated. These points should be at approximately 1/3 and 2/3 of full-scale; and
 - iii. To satisfy the requirements of X.11 ii., the registrant shall:
 - (1) Consider a point as calibrated if the indicated dose rate differs from the calculated dose rate by not more than 10 percent; and
 - (2) Consider a point as calibrated if the indicated dose rate differs from the calculated dose rate by not more than 20 percent if a correction factor or graph is conspicuously attached to the instrument.
 - iv. The registrant shall retain a record of each calibration required in X.11 a. in an auditable form for three (3) years. The record shall include:

- (1) A description of the calibration procedure; and
 - (2) A description of the source used and the certified dose rates from the source, and the rates indicated by the instrument being calibrated, the correction factors deduced from the calibration data, the signature of the individual who performed the calibration, and the date of calibration.
- v. The registrant may obtain the services of individuals licensed by the Agency, the US Nuclear Regulatory Commission or an Agreement State to perform calibrations of survey instruments. Records of calibrations that contain information required by X.11d. shall be maintained in an auditable form by the registrant.
 - vi. The registrant shall maintain a record of each calibration in an auditable form for the duration of the registration. The record shall include: the manufacturer's name, model name, serial number, date of calibration and name of the lab where the calibration was performed.
- b. Dosimetry Systems.
- i. The registrant shall have a calibrated dosimetry system available for use. The system shall have been calibrated by the National Institute for Standards and Technology (NIST) or by an American Association of Physicists in Medicine (AAPM) Accredited Dosimetry Calibration Laboratory (ADCL). The calibration shall have been performed within the previous twenty-four (24) months and after any servicing that may have affected system calibration. A system may be cross-calibrated with another system that has been calibrated in accordance with this section. This cross-calibration shall have been performed within the previous twelve (12) months and after each servicing that may have affected system calibration.
 - (1) The dosimetry system shall have been calibrated at an energy (energy range) appropriate for the radiation being measured.
 - (2) Field sizes of less than 3 x 3 cm² are considered to be small and require small volume micro-detector dosimetry systems.
 - ii. The registrant shall maintain a record of each calibration in an auditable form for the duration of the registration. The record shall include: the manufacturer's name, model name, serial number, date of calibration and name of the lab where the calibration was performed.

Sec. X.12 - Other Use of Electronically-Produced Radiation to Deliver Therapeutic Radiation Dosage. ^{8/}

- a. A person shall not utilize any device which is designed to electrically generate a source of ionizing radiation to deliver therapeutic radiation dosage, and which is not appropriately regulated under any existing category of therapeutic radiation machine, until:

^{8/} Reference CRCPD Technical White Paper: Guidance for State Programs that Regulate Proton Therapy.

- i. The applicant or registrant has, at a minimum, provided the Agency with:
 - (1) A detailed description of the device and its intended application(s);
 - (2) Facility design requirements, including shielding and access control;
 - (3) Documentation of appropriate training for authorized physician(s), qualified medical physicist(s), and other personnel who will be involved in performing quality assurance tasks and/or setting up patients for treatment or delivering treatment;
 - (4) Methodology for measurement of dosages to be administered to patients or human research subjects;
 - (5) Documentation regarding calibration, maintenance, and repair of the device, as well as instruments and equipment necessary for machine quality assurance radiation safety;
 - (6) Radiation safety precautions and instructions; and
 - (7) Other information requested by the Agency in its review of the application; and
- ii. The applicant or registrant has received written approval from the Agency to utilize the device in accordance with the regulations and specific conditions the Agency considers necessary for the medical use of the device.

Sec. X.13 - Emerging and Future Technologies.

- a. Each registrant shall develop, implement, and maintain a dedicated quality management program to control the processes used to administer therapeutic radiation with newly acquired FDA-cleared emerging technologies or previously unused features of a future technology system.
- b. Implementation and on-going clinical use of the emerging technology or new features must include:
 - i. An explicit strategy to ensure quality of processes and patient safety.
 - ii. Approval from facility management and the radiation oncology safety team before the technology arrives and/or new features are used.
- c. The quality management program shall be developed by the radiation oncology safety team.
- d. The quality management program shall address, at a minimum:
 - i. Education and training about the new technology and/or features;

- ii. A system and timeline for on-going competency assessment;
 - iii. A system for real-time recording of on-going issues related to the technology and clinical use of the new technology and/or features;
 - iv. A strategy for timely investigation and adjudication of accidents and process deviations that may be captured in the system developed in X.13.b.i.;
 - v. A strategy for routine review at intervals not to exceed thirteen (13) months of the clinical use of the new technology and/or features which includes an assessment of the current use compared to X.13b. and plan to either update the clinical use plan or steps to bring the clinical use back into alignment with X.13b.;
 - vi. A strategy to ensure quality of equipment functions;
 - vii. An explicit strategy for ensuring quality after hardware and software updates and after equipment repair.
- e. The quality management program shall be in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies. In the absence of a protocol published by a recognized national professional association, the manufacturer's protocol or equivalent quality, safety, and security protocol shall be followed.
- f. New technology issues should be reported through the vendor/manufacturer, applicable regulatory agency alerts, and/or customer service bulletins and be reviewed and addressed via a documented reporting system.

PART X**APPENDIX A****INFORMATION ON RADIATION SHIELDING REQUIRED FOR DESIGN REVIEWS****I. All Therapeutic Radiation Machines.**

- A. Basic facility information including: name, telephone number and Agency registration number of the individual responsible for preparation of the shielding plan; name and telephone number of the facility supervisor; and the street address [including room number] of the therapeutic radiation machine facility. The plan should also indicate whether this is a new structure or a modification to existing structure(s).
- B. All wall, floor, and ceiling areas struck by the useful beam shall have primary barriers.
- C. Secondary barriers shall be provided in all wall, floor, and ceiling areas not having primary barriers.

II. Therapeutic Radiation Machines up to 150 Kv (photons only).

In addition to the requirements listed in Section I above, therapeutic radiation machine facilities which produce only photons with a maximum energy less than or equal to 150 kV shall submit shielding designs which contain, as a minimum, the following additional information:

- A. Equipment specifications, including the manufacturer and model number of the therapeutic radiation machine, as well as the maximum technique factors;
- B. Maximum design workload for the facility including total weekly radiation output, [expressed in gray (rad) or air kerma at 1 meter], total beam-on time per day or week, the average treatment time per patient, along with the anticipated number of patients to be treated per day or week;
- C. A facility blueprint/drawing indicating: scale [0.25 inch = 1 foot is typical]; direction of North; normal location of the therapeutic radiation machine's radiation port(s); the port's travel and traverse limits; general direction(s) of the useful beam; locations of any windows and doors; and the location of the therapeutic radiation machine control panel. If the control panel is located inside the therapeutic radiation machine treatment room, the location of the operator's booth shall be noted on the plan and the operator's station at the control panel shall be behind a protective barrier sufficient to ensure compliance with Part D.1201 of these regulations;

- D. The structural composition and thickness or lead/concrete equivalent of all walls, doors, partitions, floor, and ceiling of the room(s) concerned;
- E. The type of occupancy of all adjacent areas inclusive of space above and below the room(s) concerned. If there is an exterior wall, show distance to the closest area(s) where it is likely that individuals may be present; and
- F. The calculations which show the methodology used to determine the amount of shielding required for each physical condition [i.e.: primary and secondary/leakage barriers, restricted and unrestricted areas, entry door(s)] and shielding material in the facility:
 - 1. If commercial software is used to generate shielding requirements, please also identify the software used and the version/ revision date.
 - 2. If the software used to generate shielding requirements is not in the open literature, please also submit an explanation of the calculations used to verify the results obtained with the software.

III. Therapeutic Radiation Machines Over 150 kV.

In addition to the requirements listed in Section I above, therapeutic radiation machine facilities that produce photons with a maximum energy in excess of 150 kV and/or electrons shall submit shielding designs which contain, as a minimum, the following additional information:

- A. Equipment specifications including the manufacturer and model number of the therapeutic radiation machine, and gray (rad) at the isocenter and the energy(s) and type(s) of radiation produced [i.e.: photon, electron]. The target to isocenter distance shall be specified;
- B. Maximum design workload for the facility including total weekly radiation output [expressed in gray (rad) at 1 meter], total beam-on time per day or week, the average treatment time per patient, along with the anticipated number of patients to be treated per day or week;
- C. Facility blueprint/drawing [including both floor plan and elevation views] indicating relative orientation of the therapeutic radiation machine, scale [0.25 inch = 1 foot is typical], type(s), thickness and minimum density of shielding material(s), direction of North, the locations and size of all penetrations through each shielding barrier [ceiling, walls and floor], as well as details of the door(s) and maze;
- D. The structural composition and thickness or concrete equivalent of all walls, doors, partitions, floor, and ceiling of the room(s) concerned;
- E. The type of occupancy of all adjacent areas inclusive of space above and below the room(s) concerned. If there is an exterior wall, show distance to the closest area(s) where it is likely that individuals may be present;

- F. Description of all assumptions that were in shielding calculations including, but not limited to, design energy [i.e.: room may be designed for 6 MV unit although only a 4 MV unit is currently proposed], work-load, presence of integral beam-stop in unit, occupancy and use(s) of adjacent areas, fraction of time that useful beam will intercept each permanent barrier [walls, floor and ceiling] and "allowed" radiation exposure in both restricted and unrestricted areas; and
- G. At least one example calculation which shows the methodology used to determine the amount of shielding required for each physical condition [i.e.: primary and secondary/leakage barriers, restricted and unrestricted areas, small angle scatter, entry door(s) and maze] and shielding material in the facility:
 - (1) If commercial software is used to generate shielding requirements, also identify the software used and the version/ revision date; and
 - (2) If the software used to generate shielding requirements is not in the open literature, also submit an explanation of the calculations used to verify the results obtained with the software.

IV. Neutron Shielding

In addition to the requirements listed in Section III above, therapeutic radiation machine facilities that are capable of operating at greater to or equal to 10 MV shall submit shielding designs which contain, as a minimum, the following additional information:

- A. The structural composition, thickness, minimum density and location of all neutron shielding material;
- B. Description of all assumptions that were used in neutron shielding calculations including, but not limited to, neutron spectra as a function of energy, neutron fluence rate, absorbed dose and dose equivalent (due to neutrons) in both restricted and unrestricted areas;
- C. At least one example calculation which shows the methodology used to determine the amount of neutron shielding required for each physical condition [i.e.: restricted and unrestricted areas, entry door(s) and maze] and neutron shielding material utilized in the facility:
 - (1) If commercial software is used to generate shielding requirements, also identify the software used and the version/ revision date; and
 - (2) If the software used to generate shielding requirements is not in the open literature, also submit an explanation of the calculations used to verify the results obtained with the software.
- D. The method(s) and instrumentation that will be used to verify the adequacy of all neutron shielding installed in the facility.

PART X

APPENDIX B

EXTERNAL AUDIT

Purpose: To provide licensees and registrants with a standard form for documenting compliance with the audit requirements contained in X.7.u.

X.7u.i.(1) requires that each registrant providing radiation therapy with therapeutic radiation equipment shall maintain a program audit. This audit shall be completed by an authorized physician and qualified medical physicist. This audit shall be conducted at intervals not exceeding 36 months and when new technology and/or features are used. The auditing physician and physicist must be external.

The licensee or registrant shall promptly review the audit findings; address the need for modification or improvements, and document actions taken. If recommendations are not acted on, the reason for no action or an alternative will also be documented.

This guidance document contains the suggested minimum expectations of a X.7u.i.(1) audit. Licensees and registrants may need to expand and/or focus on more specific facets of their program.

Documentation: Licensees and registrants are required by X.7u.iii, to maintain the outcome of the external audit and it shall be available for inspection and provided to the Agency upon request.

The physician audit requirement is a review of all the clinical aspects of the practice such as patient management (medical record review), including treatment response seen in follow-up visits if appropriate, and assessment of staffing levels including physician assistants, therapists and nurses based on patient volume and technology and complexity of services provided at the facility. The reviewing physician shall meet the requirements of X.3c.

The physicist audit consists of a review of the QA manual and records, policies and procedures and an assessment of staffing, training and equipment needs. The reviewing physicist shall meet the requirements of X.3d.

Instructions: The audit form is divided into four sections. Section A contains general questions about the practice, including therapy modalities, facility, staffing, patient simulation and treatment. Section B, the review of patient charts and images, must be completed by a physician who is active in the practice and type of radiation therapy offered by the licensee or registrant. Section C, the physics component, must be completed by a physicist who is active in the practice of the technology and modalities in use at the practice under audit. Section D contains the audit summary and recommendations as well as the facility's response.

THERAPEUTIC RADIATION MACHINE PROGRAM AUDIT

A. General Information Section			
Facility Name			
Auditor Name(s)			
Period Reviewed	From:	To:	Date(s) of audit:
Modality/Device/Technology (External Beam only)	Annual Workload (# patient's/year)	Type(s):	Comments
Treatment Machine			
CT-Sim	NA		
Record and Verify System	NA		
Treatment Planning System	NA		
If necessary, use a separate sheet to list multiple machines/ devices/ technologies			
Comments:			

I.	Facility/ Mechanical/ Electrical Safety/ Data Safety	Yes /No/ NA
1.	Is the facility size adequate for the number of patients treated?	
2.	Are appropriate shielding calculations and radiation surveys available for the treatment and simulation rooms?	
3.	Do therapy rooms have functioning: Door interlocks? Door closing safety interlocks? Machine collision interlocks? Radiation on light? Audio/Video monitors? Multi-device interlock switch?	
4.	Are there plans for any replacements or additions? Comment:	
5.	Is there a Departmental Policy & Procedures Manual?	
6.	Is there a Continuous Quality Improvement (CQI) program in place and does it include the following? Weekly patient chart rounds/ New patient conferences Patient morbidity and mortality rounds Patient satisfaction surveys Individual physician/physicist peer review Clinical studies on patient outcomes (e.g. post-treatment issues, side effects, quality of life, etc.) Facility practice improvement studies (e.g. department improvement activities/projects that are measured)	
7.	Is there an Interdisciplinary Quality Assurance and Safety Committee and do they review and follow-up on following? Departmental CQI program results (see above) Patient/ Staff medical/ safety events (e.g. incident learning systems, Hospital/ department reporting system, etc.) New procedures approval (any new technology/ modalities/ treatment techniques should be reviewed and approved before clinical implementation) Medical Physicist QA/ Machine downtime reports	
8.	Do you have emergency procedures for on-site and weekend/off hour treatments?	
9.	Is there a plan for disaster recovery and continuity of care?	
10.	Is there a protocol that properly addresses the mechanical and safety operation for external beam therapy units and is this protocol being followed?	
11.	Comments:	

II. Staffing	
1.	Radiation Oncologists: Board Certified FTE____ Non-Board Certified FTE____ Resident FTE _____
2.	Physicists: Board Certified FTE____ Non-Board Certified FTE____ FTE Residents _____
3.	Dosimetrists: Board Certified FTE____ Non-Board Certified FTE____ Student FTE _____
4.	RTTs: Board Certified/ Licensed FTE _____ Non-Board Certified FTE _____ Student FTE _____
5.	Nurses: FTE Nurses _____
6.	Physician Assistants/ Nurse Practitioners: FTE PA/ NP _____
7.	Number of patients on treatment daily _____
8.	Comments:

III. Simulation and Treatment			
QA Item		Yes /No	Comments
1.	Do you have a documented time out policy and procedure for simulation and treatment?		
2.	Is a radiation oncologist within the radiation oncology department during treatment?		
3.	Do you have a policy for patient shift changes?		
4.	Do you have a policy and procedure for overrides of interlocks for patient treatments? (Who, when, documentation etc)		
5.	Do you have a policy and procedure for MD and Physicist attendance for high dose per fraction cases (e.g. SRS/ SBRT)?		
6.	Is a Winston-Lutz test performed and approved prior to each day of use for SRS cases?		
7.	Comments:		

B. Patient Chart Review Section			
<p>Although every patient's treatment plan and management may be peer reviewed prior to and during treatment, it is important to conduct chart audits. Medical records of at least 15 patients must be included in the annual audit, if applicable. Patient selection for the audit should include all radiation oncologists who provided service during the audit period, those with treatment completed, those under treatment, different disease/treatment sites, curative/palliative treatment and the different modalities/technology services provided under the license/registration. At least one treatment completed chart of each of the new procedures or technologies added since the last audit should be among the charts selected.</p>			
<p><i>Instructions: Complete one form for each patient chart reviewed. Attach these reviews to the summary form (Summary of chart reviews).</i></p>			
<p>I. Treatment (Select): Curative/Palliative Treatment completed/current External beam/Other Modality/Technology</p>			
MR #	Chart Review Item	Yes/No	Comments
1.	Is there a history and physical documented in the chart?		
2.	If appropriate, is the Tumor Staged?		
3.	Is there a Pathology report?		
4.	Have appropriate imaging records and reports been obtained?		
5.	Is there a signed informed consent?		
6.	Is there a documented formal written simulation order by the physician?		
7.	Is there documentation of patient ID and setup photos?		
8.	Is there a <u>signed and dated written directive</u> stating the patient or human research subject's name, the type and energy of the beam, the total dose, dose per fraction, treatment site, treatment frequency, treatment technique, number of fractions, and patient imaging instructions?		
9.	Does the radiation oncologist review the Organs At Risk (OAR) if someone else contours them?		
10.	Is there documentation of a formal Physician peer review of target volumes and OAR's?		
11.	For SRS/SBRT/IMRT patients, is there a written order for dose volume constraints by the Radiation Oncologist?		
12.	Prior to start of treatment , for multiple lesion treatments and high dose per fraction treatments (e.g. SRS/ SBRT) is there a documented formal physician peer review of the target volumes and dose to be delivered?		
13.	Is the plan appropriate for tumor stage & type, plan approved, double-checked, DVH, dose to target organs/OAR's documented?		
14.	For Image guided Radiation Therapy (IGRT) patients, have the images been approved by the physician prior to the next fraction?		
15.	Is there documentation in the patient's chart of weekly on-treatment visits?		
16.	Is there a Physician and Physicist treatment summary?		
17.	Are there follow-up visits documented?		
Comments:			

II. Medical Record Review

Patient MR#	Disease/Treatment Site	Treatment Intent/Status Curative/Palliative Completed/Current	Treatment Technique/Modality	Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

III. Other Observations:**IV. Summary and Recommendations:**

Physician Reviewer's Signature _____ Date: _____

Print Name _____

C. Physics Review Section

<i>Instructions: This section is to be completed by a qualified medical physicist.</i>		
I.	Quality Assurance	Yes / No
1.	Is there a Physics QA manual?	
2.	In the Physics QA Manual, is the QA program adequately documented? Including:	
	a. procedure for performing the test?	
	b. frequency of the test?	
	c. acceptable deviation?	
	d. corrective actions to be taken?	
	e. initial and ongoing training for physics staff?	
	f. reviewed by a qualified physicist? Frequency?	
3.	Is there evidence of a new equipment evaluation and assessment policy in the QA manual?	
4.	Is there documentation of initial (acceptance testing and commissioning), daily, weekly, monthly, and annual treatment machine and CT-simulator QA?	
5.	Are appropriate protocols used for treatment machine and CT-simulator QA?	Specify all that are used:
6.	Does the medical physicist supervise the maintenance and repair of radiation oncology equipment?	
7.	Is there evidence that the medical physicist participates in regular departmental QA meetings and presents documentation of QA activities?	
8.	Is a departmental radiation safety program in place?	
9.	Is there evidence of physics chart checks at least once every 6 fractions? Is there a chart check protocol for short course treatments (less than or equal 5 fractions)?	
10.	Is there evidence of a physicist end of treatment chart check and was it completed within 1 week of the patient finishing?	
11.	Comments:	

II.	Measurement Equipment	Yes / No
1.	Does the facility have appropriate physics equipment to properly evaluate and calibrate the treatment machines?	
2.a	Are dosimetry systems used for linear accelerator beams calibrated according to current approved protocols? If so, list protocol(s) and date(s) below.	
2.b	Protocol(s): Date(s):	
3.a	Are survey meters calibrated by approved laboratories? Current calibration protocols? List meter(s) date(s) of calibration	
3.b	Meter(s): Date(s):	
4.	Comments:	

III.	Treatment Planning (Items 2, 3 and 4 below are part of acceptance testing and commissioning of Treatment Planning Systems prior to clinical use)	Yes / No
1.	Is there a Treatment Planning Manual/ guidelines? Is the method used for computation of the treatment time or monitor units clearly documented in this manual?	
2.	Are monitor units and time calculations confirmed by data measured for relevant cases (benchmark data)?	
3.	Has dose distribution data used by the treatment planning system been measured and/or verified (reference data)?	
4.	Are the TPS computer algorithms verified against the appropriate measured or published data (benchmark data)?	
5.	Is there a periodic QA program for the treatment planning system? Is this QA program documented?	
6.	Is there is evidence of a double check system and documentation performed prior to the patient commencing treatment? For IMRT patients, is there evidence of patient-specific QA?	
7.	Are all treatment plans and calculations approved by a qualified medical physicist and authorized physician?	
8.	Comments:	

Qualified Medical Physicist Reviewer's Signature _____ Date: _____

Print Name _____

D. Audit Summary Section

I. Recommendations:

Auditor's Signatures:

Qualified Medical Physicist _____ Date:

Authorized Physician _____ Date:

II. Facility's Response and Corrective Actions:

Facility's Signatures:

Qualified Medical Physicist _____ Date:

Authorized Physician _____ Date:

Facility Director _____ Date:

V. References

- A. NCRP Report 49, "Structural Shielding Design and Evaluation for Medical Use of X Rays and Gamma Rays of Energies Up to 10 MeV" (1976).
- B. NCRP Report 79, "Neutron Contamination from Medical Electron Accelerators" (1984).
- C. NCRP Report 144, "Radiation Protection for Particle Accelerator Facilities" (2003).
- D. NCRP Report 151, "Structural Shielding Design and Evaluation for Megavoltage X- and Gamma-Ray Radiotherapy Facilities. (2006).

Part X Therapeutic Radiation Machines

Introduction

Part X of the Suggested State Regulations for Control of Radiation (SSRCR) is concerned with the requirements for use of linear accelerators, superficial and orthovoltage X-ray units, and electronic brachytherapy (eBx) in the administration of radiation therapy. Part X was originally published in 1999 and amended in 2005 and 2009. However, since the last amendments in 2009, therapeutic radiation machines have evolved to include some functionality that cannot be adequately regulated under the current Part X. Therefore, a committee comprised of individuals from state radiation control programs, relevant professional societies (e.g., AAPM, ASTRO), and practicing therapy medical physicists was assembled and charged with updating Part X. The use of the term current in this document refers to the SSR Part X 2009 version.

Global Corrections.

The term *misadministration* has been replaced with *medical event* for consistency with NRC usage in 10 CFR Part 35.

The term *authorized user* has been replaced with *authorized physician* to make it clear that only a properly qualified physician may be designated as a “user” of a therapeutic radiation machine.

All references to *equipment installed after the effective date of these regulations* have been deleted.

All references to *locking device* have been changed to *control device* to reflect the fact that many control panel functions previously secured by a mechanical lock are now secured through password access to the control panel functions. However, the term *control device* is general enough to still include mechanical locks utilized in legacy systems.

The contents of Sec. X.8 and Sec. X.11 have been reversed for better continuity and the title of the revised Sec. X.11 has been changed to *Calibration of Instruments*.

A new Sec. X.13 on *Emerging and Future Technologies* has been added.

A new Appendix B has been added.

Specific Provisions

Sec. X.1 – Purpose and Scope.

Sec. X.1b. has been revised to indicate that use of therapeutic radiation machines shall be by, or under the supervision of, an authorized physician who meets the criteria established by X.3c. This section had previously designated “licensed practitioner of the healing arts”.

Sec. X.2 – Definitions.

The definition of *therapeutic radiation machine* has been revised to include to include devices which utilize carbon ions and helium nuclei.

The definitions of *accessible surface*, *added filtration*, *intensity modulated radiation therapy (IMRT)*, *mobile electronic brachytherapy service*, *nominal treatment distance*, and *shadow tray* have been removed because

they are no longer used in Part X.

Definitions have been added for *dosimetry system, image guided radiation therapy (IGRT), mobile electronic brachytherapy, mobile therapeutic radiation machine, patient intervention, quality management program, radiation oncology safety team, radiation protection plan, safety assessment plan, survey instruments, treatment frequency, treatment modality, treatment technique, and treatment site.*

Definition of *absorbed dose* has been expanded to include *electrically generated radiation producing devices* and is no longer limited to *linear accelerators*.

Definition of *electronic brachytherapy* has been revised to specify *low energy* source of ionizing radiation.

Definition of *virtual simulator* has been revised to replace *a computed tomography (CT) unit* with *an imaging unit*.

Sec. X.3 – General Administrative Requirements for Facilities Using Therapeutic Radiation Machines.

Sec. X.3b. has been modified to specify that a therapeutic radiation machine that does not meet the provisions of these regulations *or has not received U.S. Food and Drug Administration (FDA) clearance or premarket approval*, shall not be used for irradiation of patients.

Sec. X.3c. has been modified to revise the list of specialty board certifications that are acceptable for an *authorized physician*. There are no longer any acceptable *alternate pathways* for being designated as an *authorized physician*. Similarly there is no *alternate pathway* to qualify a limited *authorized physician* solely for a particular category or type of therapeutic radiation machine.

Sec. X.3d. has been modified to require that a *qualified medical physicist* be licensed/registered, as applicable, with the appropriate state regulatory authority. This section has also revised the list of specialty board certifications that are acceptable for a *qualified medical physicist*. There are no longer any acceptable *alternate pathways* for being designated as a *qualified medical physicist*. A number of comments were received during the peer review period which indicated that removal of an *alternate pathway* would prevent medical physicists “in-training” from performing any of the duties that require a *qualified medical physicist*. The committee has reviewed these comments and respectfully disagrees. Trainee medical physicists will still be able to perform these tasks under the supervision of a *qualified medical physicist* who would have to countersign their work (this supervision is implied throughout Part X and specifically spelled out in Sec. X.6p.i., X.8g.i.(3) and X.8j.i.)

Sec. X.3e. has been modified to replace “Registered Radiation Therapy Technologists” with “RT(T)” in keeping with how these individuals are commonly known.

A comment was received during the peer review process regarding Sec. X.3e. which suggested that “registry eligible” candidates should also be acceptable. The committee has reviewed this comment and respectfully disagrees. *Alternate pathways* have been removed as a method for qualifying both an *authorized physician* and *qualified medical physicist* and the committee believes the same logic should be applied to a radiation therapist.

A comment was received during the peer review process regarding Sec. X.3e. which suggested that footnote² should be updated to reflect the most current (2021) version of Joint Review Committee on Education in Radiologic Technology “Standards for an Accredited Education Program in Radiologic Sciences”. The committee concurs and has made that change.

Sec. X.3f. has been modified to require that all procedures be developed by a radiation oncology safety team, including a *qualified medical physicist*. The current regulations only required that a *qualified medical physicist* develop these procedures.

Sec. X.3h. has been modified to change *visiting authorized user* to *visiting authorized physician* for consistency with use of the term *authorized physician* throughout the remainder of Part X.

Sec. X.3i. has been modified to broaden the scope of training required of all individuals associated with the operation of a therapeutic radiation machine. In addition references to specific sections within Part D have been changed to a more general reference to Part D.

Sec. X.3j. has been modified to include the following items as required records. *commissioning reports, shielding designs, date maintenance was performed and records of approval process for returning therapeutic radiation machines to clinical use.*

Sec. X.3k. has been modified to remove any specific reference to microfilm as an acceptable archive method.

Sec. X.4 - General Technical Requirements for Facilities Using Therapeutic Radiation Machines.

Current Sec. X.4a. has been redesignated as Sec. X.4b. and a new Sec. X.4a. has been added to provide more specificity as to essential requirements for *shielding and safety designs requirements* for therapeutic radiation machines.

New Sec. X.4b. title has been changed to *Radiation Shielding Surveys* and more specific direction has been provided about the essential elements of a *radiation shielding survey*.

Current Sec. X.4b. has been redesignated as Sec. X.4c. and has changed references from specific sections within Part D to a more general reference to Part D.

Sec. X.4b.iii. has been modified from the public comment draft to reinsert *or a Medical Health Physicist*. Several commenters noted that shielding evaluation is within the scope of practice of many non-medical health physicists. This is also consistent with the changes made in Sec. X.4b.i.(3).

Current Sec. X.4c. has been deleted and moved to Sec. X.11. as part of an overall reorganization of some sections.

Current Sec. X.4d has been redesignated as Sec. X.4e. with no change in contents.

New Sec. X.4d. has been added to require appropriate, operable, and calibrated radiation measurement equipment be available for use.

Sec. X.5 - Quality Management Program.

Sec. X.5a.i. has been revised to better define the required contents and handling of written directives.

Sec. X.5a.ii. has been revised to clarify the *written procedures* specified in the current edition of these regulations.

Sec. X.5a.ii.(3)(a) has been revised to clarify the requirements for “cross-check” of calculations associated with the treatment plan.

Sec. X.5a.ii.(4) has been revised to better define *deviations* from the written directive.

Sec. X.5b.i. has been revised to more clearly define when a notification of a *medical event* is required.

Sec. X.5b.ii. has been revised to more clearly define the conditions that constitute a *medical event*.

Sec. X.5b.iii., iv. & v. have been revised to clarify the timeline for reporting a *medical event*.

Current Sec. X.5c. has been deleted to avoid duplication of material now contained in other sections of Part X.

Sec X.6 - Therapeutic Radiation Machines of Less Than 500 kV.

The header of Sec. X.6 has been modified to replace the language in the public comment draft with the following language. *Documentation from the manufacturer and installer that the therapeutic radiation machine was manufactured and installed in accordance with most current applicable IEC standards in effect at the time of manufacturing/installation shall be sufficient to demonstrate compliance with the applicable requirements of Secs. X.6a. through X.6m.*

Sec. X.6o.ii. deletes specific requirements on control panel location and now only specifies that the control panel be in a location that *ensures compliance with Part D of the SSRCR.*

Sec. X.6p. has been expanded to include requirements for *acceptance testing and commissioning*, as well as the previous *full calibration measurements.*

Sec. X.6q. title has been modified for clarity to delete *Periodic* from the *Quality Assurance Checks.*

Current Sec. X.6q.ii. has been merged into revised Sec. X.6q.i. and current Sec. X.6q.ii.(1) – X.6q.v. have been reorganized as new Sec. X.6q.i.(1)-(6).

Current Sec. X.6q.vii. has been redesignated as Sec. X.6q.iii. and modified to clarify the requirements for *monthly safety quality assurance checks.*

Current Sec. X.6q.vi. has been redesignated as Sec. X.6q.ii.

Current Sec. X.6q.viii. has been redesignated as Sec. X.6q.iv. and the definition for *monthly* has also been changed from *at intervals not to exceed thirty (30) days* to *at intervals not to exceed thirty-six (36) days.*

Sec. X.7 - Therapeutic Radiation Machines - Photon Therapy Systems (500 kV and Above) and Electron Therapy Systems (500 keV and Above).

The header of Sec. X.7 has been modified to replace the language in the public comment draft with the following language. *Documentation from the manufacturer and installer that the therapeutic radiation machine was manufactured and installed in accordance with most current applicable IEC standards in effect at the time of manufacturing/installation shall be sufficient to demonstrate compliance with the applicable requirements of Secs. X.7a. through X.7o.*

Current Sec. X.7a. has been moved to a new Sec. X.7v. (with no change in content) for consistency with other sections of Part X.

Current Sec. X.7b.-X.7u. have been redesignated as Sec. X.7a.-X.7t. respectively.

New Sec. X.7a. adds a requirement for the registrant to obtain from the manufacturer *the leakage radiation for the specifies operating conditions* for each therapeutic radiation machine.

New Sec. X.7c. has been modified to specify that a damaged wedge *be removed from clinical service* if the wedge or wedge tray is significantly damaged. The current regulation had only specified that the *transmission factor shall be redetermined.*

New Sec. X.7d. replaces *compliance with International Electrotechnical Commission (IEC) Document 60601 2 1 (most current revision)* to *compliance with the appropriate manufacturer specifications and perform as intended.*

The title of new Sec. X.7f. has been changed from *Beam Symmetry* to *Beam Flatness and Symmetry* and the contents of this section includes a revised definition of *beam flatness and symmetry.*

The title of new Sec. X.7l. has been changed from *Timer* to *Irradiation Control Device* to clarify that the control device to terminate the irradiation may not always be a traditional *timer.*

Sec. X.7o.viii. has been added to establish a requirement for a quality assurance program at facilities using equipment where the radiation therapy source is mounted on a ring gantry.

New Sec. X.7p.ii.(1) deletes specific requirements on control panel location and now only specifies that the control panel be in a location that *ensures compliance with Part D of the SSRCR*.

New Sec. X.7p.vii. has changed references from specific sections within Part D to a more general reference to Part D.

New Sec. X.7p.viii. has been revised from *At least 1 emergency power cutoff switch shall be located in the radiation therapy room and shall terminate all equipment electrical power including radiation and mechanical motion* to *At least 1 emergency power cutoff switch shall terminate all equipment electrical power including radiation and mechanical motion*.

New Sec. X.7s removes references to specific protocols required for acceptance testing commissioning and full calibration and replaces it with a more general *in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies*. This language will allow the use of new peer-reviewed calibration protocols within the necessity of amending the regulations.

New Sec. X.7t. has been modified to clarify the requirements for both *periodic quality assurance check procedures* and *monthly safety quality assurance checks*. The definition for *monthly* has also been changed from *at intervals not to exceed thirty (30) days* to *at intervals not to exceed thirty-six (36) days*.

New Sec. X.7u. has been added to establish requirements for *External Audits and Accreditation*. Additional information on External Audits and Accreditation is contained in a new Appendix B.

Current Sec. X.7v. has been deleted to avoid duplication of material now contained in other sections of Part X.

Sec X.8 - Electronic Brachytherapy.

Current Sec. X.11 has been redesignated as Sec X.8, and renumbered accordingly, with no major changes except as noted below.

Several comments were received from a device manufacturer which requested that Sec. X.8c.iv. and footnote 4 be changed from *below 50 kV* to $\leq 50 \text{ kV}$. They have indicated that they currently manufacture a device which operates at exactly 50 kV and should be regulated as an electronic brachytherapy device rather than under Sec. X.6. This change was made in both X.8c.iv. and footnote 4.

Sec. X.8c.v.(2)(b) has been modified to read shielded *or switched off* when an entrance door is opened.

Sec. X.8c.v.(2)(c) has been modified to read exposed *or switched on* following an interlock interruption.

Sec. X.8j.iv. removes references to specific protocols required for calibration of the electronic brachytherapy source output and replaces it with a more general *in accordance with current published recommendations from a recognized national professional association with expertise in the use of electronic brachytherapy*. This language will allow the use of new peer-reviewed calibration protocols within the necessity of amending the regulations.

Sec. X.8k.iii. removes references to specific protocols required for radiation output quality assurance checks of the electronic brachytherapy system and replaces it with a more general *in accordance with current published recommendations from a recognized national professional association with expertise in the use of electronic brachytherapy*. This language will allow the use of new peer-reviewed protocols within the necessity of amending the regulations.

Sec.X.8l.i.(2)-(5) have been redesignated as .Sec.X.8l.i.(3)-(6) and a new Sec. X.8l.i.(2) has been added to require *the applicator-specific input parameters required by the dose calculation algorithm.*

Sec. X.9 - Shielding and Safety Design Requirements.

Sec. X.9a. has changed references from specific sections within Part D to a more general reference to Part D. Language has also been added to require that primary and secondary barriers are *in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies.*

Sec. X.9b. has been revised to include therapeutic radiation machine of *different model with a different isocenter or higher energy or workload* as criteria that would trigger a new shielding evaluation.

Sec. X.10 - Quality Assurance For Radiation Therapy Simulation Systems and Imaging Systems Used for Guidance During Therapeutic Radiation.

Sec. X.10 global. Scope of this section has been expanded to include *Imaging Systems Used for Guidance During Therapeutic Radiation.*

Sec. X.10b. removes references to specific protocols required for quality assurance checks of a conventional or virtual simulator and for imaging systems used for guidance during therapeutic radiation and replaces it with a more general *in accordance with current published recommendations from a recognized national professional association with expertise in the use of therapeutic radiation technologies.* This language will allow the use of new peer-reviewed protocols within the necessity of amending the regulations.

New Sec. X.10c. has been added to specify that *imaging systems used exclusively for simulation or guidance of therapeutic radiation shall be exempt from the provisions of Part F of the SSRCR.*

Sec. X.11 - Calibration of Survey Instruments.

Current Sec. X.8 has been redesignated as Sec X.11, and renumbered accordingly, with no major changes except as noted below.

New Sec. X.11a. now has *Survey Instruments* as title

New Sec. X.11a.vi. specifies record retention requirements.

New Sec. X.11b. has been added to define the calibration requirements for dosimetry systems. These are not new requirements. Rather they have been consolidated from other sections in previous editions of Part X.

Sec. X.12 - Other Use of Electronically-Produced Radiation to Deliver Therapeutic Radiation Dosage.

Sec. X.12a.i.(3) has been modified to broaden the scope of individual associated with the operation of other devices that use electronically-produced radiation to deliver therapeutic radiation dosage who have to receive required training.

Sec. X.13 Emerging and Future Technologies.

Sec. X.13 is new in its entirety and establishes requirements that parallel those in .Sec.X.6, X.7 and X.8 regarding the administration of therapeutic radiation with newly acquired FDA-cleared emerging technologies or previously unused features of a future technology system.

Appendix B - External Audit.

This appendix has been added to provide licensees and registrants with a standard form for documenting compliance with the audit requirements contained in Sec. X.7v.

2009 Rationale
Part X
Therapeutic Radiation Machines

Introduction

Part X of the Suggested State Regulations for Control of Radiation (SSRCR) was previously concerned with the requirements for use of linear accelerators and superficial and orthovoltage X-ray units in the administration of radiation therapy. Section X.10 has been added to address QA/QC requirements for radiation therapy simulators. Section X.11, along with revisions to existing sections, has been added to address regulation of electronic brachytherapy (eBx) devices. Section X.12 has been added to address any new technology that is not readily addressed by the existing Part X. Part X has also been amended to address Intensity Modulated Radiation Therapy (IMRT), as well as the inclusion of various "housekeeping" amendments.

Global Corrections:

All references to "External Beam Radiation Therapy" (units) have been replaced with "Therapeutic Radiation Machine" to include electronic brachytherapy devices within the scope of these requirements.

All references to "1 month", with regard to the interval at which specified checks or calibrations should be conducted, have been replaced with "30 days".

Specific Provisions

Sec. X.2 - Definitions. The definitions of "conventional simulator", "electronic brachytherapy", "electronic brachytherapy device", "electronic brachytherapy source", "intensity modulated radiation therapy (IMRT) ", "mobile electronic brachytherapy service", "Qualified Medical Physicist" and "virtual simulator" have been added. The definitions of "simulator" and "therapeutic radiation machine" have been revised. The definition of "Radiation Therapy Physicist" has been deleted because this designation is no longer utilized.

"Conventional simulator", "simulator" and "virtual simulator". These definitions were added/ revised to address the differences in QA/QC requirements for each simulator type that has been identified in new Section X.10.

"Electronic brachytherapy", "electronic brachytherapy device", "electronic brachytherapy source" and "mobile electronic brachytherapy service". These definitions were added to reflect terminology used in new Section X.11. The definition of "therapeutic radiation machine" was specifically amended to identify electronic brachytherapy (eBx) as a modality included under this definition.

"Intensity Modulated Radiation Therapy (IMRT)". This definition was added because QA/QC for this modality is now specifically addressed under X.7v.

"Mobile Electronic Brachytherapy Service" was added to address the transport of eBx units to multiple locations and/or eBx units configured in self-contained mobile vans. Based on discussions with several state radiation control programs, mobile units are likely to play a significant role for utilizing this treatment modality in their jurisdiction.

"Patient" Minor changes in wording based on peer review comments.

"Periodic quality assurance check" Minor changes in wording based on peer review comments.

"Qualified Medical Physicist" This definition was added to parallel the use of "Authorized Medical Physicist" in SSRCR Part G and 10 CFR 35. However, the SR-X Committee opted to avoid possible confusion by using "Qualified", rather than "Authorized" because the Part X training/experience requirements differ in several key aspects from those in SSRCR Part G and 10 CFR 35. This designation replaces the "Radiation Therapy Physicist" terminology previously used in Part X.

"Therapeutic radiation machine" This definition has been modified to specifically include electronic brachytherapy (eBx) devices.

In addition, minor changes (suggested during peer review) were made for the definitions of "patient", "periodic quality assurance check" and "redundant beam monitoring system".

X.3c. Training for Therapeutic Radiation Machine Authorized User The list of acceptable board certifications has been clarified to address questions concerning board certification in "Radiology" by the American Board of Radiology.

X.3d. Training for Qualified Medical Physicist: The training and experience requirements have been modified to more closely align with what is mandated for therapy AMPs under Part G and 10 CFR 35. However, the training and experience requirements are not identical because physicists supporting therapeutic radiation machines require a "skill set" which differs in certain key areas from those necessary to support therapy devices used pursuant to Part G and 10 CFR 35.

X.6 Therapeutic Radiation Machines of Less Than 500 kV: A footnote has been added at the beginning of this section to indicate that eBx devices are subject to Section X.11 and not Section X.6.

X.7c.i. This section has been modified to address measurement of leakage radiation in those situations where the maximum available field size is less than 100 cm².

X.7v. This section has been added to require appropriate QA/QC checks for IMRT-capable therapeutic radiation machines.

Sec. X.10 Quality Assurance For Radiation Therapy Simulation Systems: This section has been added to establish appropriate QA/QC checks for various types of radiation therapy simulators.

Sec. X.11 – Electronic Brachytherapy Devices.

This section has been added to establish radiation safety requirements for proper utilization of eBx devices. [NOTE: X.11 does not contain the "for equipment manufactured after" statement that is typically used when new equipment requirements are being introduced. This was intentional. The requirements in X.11 have been developed based on current eBx units, which are "first generation" devices that have no need for a "grandfather" clause to address existing technology that is currently in use. However, individual States may still adopt an effective date, if they believe it to be necessary.]

X.11a. Applicability: The section is self-explanatory

X.11b. through X.11k.: These sections establish radiation safety requirements that are comparable to those established for other low energy therapy devices in X.6, while recognizing some unique aspects of eBx devices.

X.11l. Therapy-Related Computer Systems: This section establishes requirements for QA/QC of treatment planning systems, similar to those established in X.7. There is no comparable requirement in X.6 because the equipment regulated under this section generally predates utilization of computer-based planning systems.

X.11m. Training: This section establishes training and experience requirements unique to EBT devices. It should be considered as a supplement to the general training and experience requirements in X.3, not a replacement.

X.11n. Mobile Electronic Brachytherapy Service: This section establishes the minimum QA/QC requirements that must be met prior to utilization of an eBx device at non-fixed locations.

X.12 – Other Use of Electronically-Produced Radiation to Deliver Therapeutic Radiation Dosage

The sudden emergence of eBx devices has demonstrated the necessity for a "catch-all" provision, similar to that established by NRC under 10 CFR 35.1000, for regulating new radiation therapy modalities that aren't readily addressed by current regulations.

Appendix A – Shielding Requirements.

This appendix has been amended to reference the most current NCRP documents applicable to shielding requirements for therapeutic radiation machines.

Matters for Future Consideration

At this time the committee has no additional specific charges from CRCPD. However, the committee intends to conduct a review of the CRCPD CyberKnife white paper, as well as current technical literature regarding Tomotherapy and IGRT (e.g., Trilogy) units, to determine if any Part X amendments are needed to specifically address these technologies. The committee also intends to review other emerging therapeutic radiation machine technologies (e.g., proton therapy) for possible inclusion in a future revision of Part X.

2005 Rationale

Part X Therapeutic Radiation Machines

Introduction

Part X of the Suggested State Regulations for Control of Radiation (SSRCR) is concerned with the requirements for use of linear accelerators and superficial and orthovoltage X-ray units in the administration of radiation therapy. Part X has been revised to be consistent with 10 CFR Part 35 and SSRCR Part G regarding the quality management program.

Specific Provisions

Sec. X.2 - Definitions. The definitions of "misadministration", "prescribed dose", and "written directive" have been added. These definitions are essentially identical to 10 CFR Part 35 and SSRCR Part G definitions specific to teletherapy.

"Misadministration" The NRC deleted the term "misadministration" and included the definition under "medical event". SR-G retained the term "misadministration" because it is clearer and more appropriate. The committee has also retained this terminology. This definition is equivalent to 35.3045 and G.119.a.

"Prescribed dose" Essentially identical to 35.2 and G.2. In addition for clarification purposes, SR-X retained the supplemental definition developed in the 1999 revision.

"Written directive" Essentially identical to 35.2 and G.2. and includes specific required information as 35.40(a)(1) and G.22.

Sec. X.5 - Quality Management Program.

The committee added this section to incorporate the requirements for written directives, procedures for administrations requiring written directives, and reports and notifications of medical events into a single section.

Sec. X.5a. Essentially identical to 35.2040 and 35.41, and G. 22, G.23 and G.92.

Sec. X.5b. Essentially identical to 35.4045 and G.119.

Sec. X.5c. Essentially identical to G.93. There is no equivalent requirement in 10 CFR Part 35.

Appendix B - Quality Management Program.

This appendix has been deleted. It has been replaced by new definitions included in Sec. X.2 and Sec. X.5.

Appendix C - Alternate Quality Management Program.

This appendix has been deleted. It has been replaced by new definitions included in Sec. X.2 and Sec. X.5.

Matters for Future Consideration

At this time the committee has no outstanding charges from CRCPD. The committee has had preliminary discussions via telephone regarding matters of future consideration, but no actions have been taken regarding the identified matters. It is probable that the committee will address issues associated with computer-controlled linear accelerators, computer programs used to plan and/or control administrations with linear accelerators, and Intensity Modulated Radiation Therapy (IMRT).

1999 Rationale

Part X Therapeutic Radiation Machines

Introduction

Part X of the Suggested State Regulations for Control of Radiation (SSRCR) is concerned with the requirements for use of linear accelerators, superficial and orthovoltage Xray units in the administration of radiation therapy. With the addition of Part X, the requirements for therapeutic radiation machines are now located in a single Part of the SSRCR and have been removed from Sections F.8, F.9 and I.4. Additionally, previous cross-references to other portions of Part I have been incorporated into appropriate sections of Part X.

The SSRCR Part F Working Group had not proposed any amendments to the regulations for therapeutic radiation machines [Sections F.8 and F.9] subsequent to the 1982 edition of the SSRCR. The Part X Working Group also noted that Sections G.48-G.62, G.72-G.74 and G.76 of these regulations established new regulations for Co-60 & Cs-137 teletherapy units. The initial draft of Part X was based, whenever possible, on these requirements, current regulations for therapeutic radiation machines that had been developed by several states, and information contained in NCRP Report 102 [Medical X-Ray, Electron Beam and Gamma-Ray Protection for Energies up to 50 MeV - Equipment Design, Performance and Use]. Subsequent revisions of this working draft were made to address the requirements of International Electrotechnical Commission (IEC) Publications 788 [Medical Radiology Terminology], 601-1 [Medical Electrical Equipment], 601-2-1 [Electron Accelerators-Safety; published 1981, currently in revision], 976 [Electron Accelerators-Performance] and 977 [Electron Accelerators-Guideline].

In addition to addressing all of the above criteria documents and the material received during the public comment period, the Part X Working Group has edited this final version of Part X to ensure consistency, to the extent possible, with the recent recommendations contained in "Medical Accelerator Safety Considerations: Report of AAPM Radiation Therapy Committee Task Group No. 35", "Comprehensive QA for Radiation Oncology: Report of AAPM Radiation Therapy Committee Task Group 40" and "AAPM Code of Practice for Radiotherapy Accelerators: Report of AAPM Radiation Therapy Task Group 45"

Specific Provisions

Sec. X.1 - Scope and Applicability. This section establishes the scope of Part X and requires that physicians who will use and/or supervise the use of therapeutic radiation machines meet specified training requirements. The training requirements are essentially identical to those mandated by Section G.72 of the SSRCR 8th Edition and are fully described in Paragraph X.3c.

Sec. X.2 - Definitions. Many of the definitions previously contained in Part F of the SSRCR 8th Edition have been significantly modified, and many new definitions have been added, to accommodate the significant changes in what had previously been designated as Section F.9 in the SSRCR 8th Edition (new Section X.7). To the

extent that it was possible, the definitions used are essentially identical to the terminology contained in IEC Publication 788 [Medical Radiology Terminology].

Sec. X.3 - General Administrative Requirements for Facilities Using Therapeutic Radiation Machines. This section establishes general record keeping requirements for all types of therapeutic radiation machines and defines the training mandated for authorized user-physicians (X.3c.), Radiation Therapy Physicists (X.3d.) and therapeutic radiation machine operators (X.3e.). The Part X Working Group has purposely defined these education/experience requirements in general terms and has not addressed licensure/certification of medical physicists or operators of therapeutic radiation machines. Any state that has adopted such requirements should replace X.3d. and/or X.3e. with the appropriate licensure/certification requirements for their state.

Sec. X.4 - General Technical Requirements for Facilities Using Therapeutic Radiation Machines. This section identifies several equipment and technical reporting requirements that are applicable to all facilities utilizing any type of therapeutic radiation machine.

Sec. X.5 - Quality Management Program. This section establishes specific quality management program requirements for all facilities utilizing therapeutic radiation machines. These requirements are essentially identical to those mandated by the US Nuclear Regulatory Commission for Co-60/Cs-137 teletherapy devices.

Sec. X.6 - Therapeutic Radiation Machines of Less Than 500 kV. This is an updated and expanded version of regulations previously promulgated as Section F.8 in the SSRCC 8th Edition. NCRP Report 102 has recommended using 500 kV, rather than the previous 1 MeV, as a cut-off point to differentiate between traditional therapeutic X-ray tubes and medical accelerators.

Sec. X.7 - Therapeutic Radiation Machines - Photon Therapy Systems (500 kV and Above) and Electron Therapy Systems (500 keV and Above). The Part X Working Group had originally intended this section to be an updated and expanded version of regulations previously promulgated in Sections F.9 and I.4, as well as several other sections scattered throughout Part I of the SSRCC 8th Edition. However, after reviewing several significant criteria documents that have been recently issued and the recent amendments to SSRCC Part G (10 CFR 35) for teletherapy units, the Part X Working Group determined that a total rewrite of this entire section would be required to adequately address all the recommendations contained in these amendments and criteria documents. Several of these changes represent a significant departure from previous requirements and are summarized in the following three paragraphs.

X.7g.ii. - Beam Symmetry. After considerable discussion, the value of ± 10 percent asymmetry was chosen to accommodate existing equipment that is currently in use. Given the wide variety of equipment configurations that have previously been manufactured and no easy way of determining which units were still in clinical use, the Part X Working Group decided that a before/after date was not a viable option for this section. However, the AAPM and manufacturer representatives on the Part X Working Group indicated that the vast majority of units now in clinical use, and essentially all units currently being manufactured, are capable of maintaining ± 3 percent asymmetry, as specified by NCRP Report 102.

Sec. X.7p. - Selection of Stationary Beam Radiation Therapy or Moving Beam Radiation Therapy. In Section F.9 of the SSRCC 8th Edition, as well as in previous drafts of Part X, this paragraph only distinguished between "stationary beam" and "rotational arc" radiation therapy. However, because of the complex treatment modalities

that are becoming available with computer controlled radiation therapy units, the Part X Working Group decided to broaden the requirements for "rotational arc" radiation therapy contained in this paragraph to address all types of "moving beam" radiation therapy (i.e. any planned displacement of radiation field or patient relative to each other, or with any planned change of absorbed dose distribution.).

Sec. X.7r. - Radiation Therapy Physicist Support. The Part X Working Group is of the opinion that all therapeutic radiation machines with energies of 500 kV and above (i.e. linear accelerators) are sufficiently complex so as to require the services of a Radiation Therapy Physicist on at least a consulting basis. Although the Part X Working Group believes that a facility with multiple units and/or multiple energies/modes requires the services of at least one full time Radiation Therapy Physicist, there were a number of technical/legal reasons why this requirement was not incorporated into the regulations at this time. However, individual states may wish to modify X.7r. to reflect this recommendation. The duties and required training of a "Radiation Therapy Physicist" are essentially identical to those of a "teletherapy physicist" as defined in Part G of the SSRCR 8th Edition. The term "Radiation Therapy Physicist" has replaced all previous references (in Sections F.8 and F.9 of the SSRCR 8th Edition) to a "qualified expert".

Sec. X.8 - Calibration and Check of Survey Instruments. Many facilities utilize both Co-60 teletherapy units and therapeutic radiation machines. Therefore, the specific requirements to maintain operable and calibrated survey instruments are essentially identical to those mandated by Section G.17 of the SSRCR 8th Edition.

Sec. X.9 - Shielding and Safety Design Requirements [Appendix A]. This section establishes specific content requirement for radiation shielding plans at all facilities utilizing therapeutic radiation machines. The plan required by this section is more specific and requires more detailed information than the general radiation shielding plan that may currently be required under Section F.3b. of the SSRCR 8th Edition.

Matters for Future Consideration

1. Several International Electrotechnical Commission (IEC) and American Association of Physicists in Medicine (AAPM) criteria documents pertaining to medical accelerators have been recently released and/or are currently nearing completion and it may be necessary to revise Section X.7 in accordance with these documents. Although the Part X Working Group reviewed "Medical Accelerator Safety Considerations: Report of AAPM Radiation Therapy Committee Task Group No. 35" (July 1993), "Comprehensive QA for Radiation Oncology: Report of AAPM Radiation Therapy Committee Task Group 40" (April 1994) and "AAPM Code of Practice for Radiotherapy Accelerators: Report of AAPM Radiation Therapy Task Group 45" (July 1994) and addressed most of their recommendations in this current version of Part X, several of the TG-35, TG-40 and TG-45 recommendations will require additional study and discussion by the Part X Working Group before they can be converted into regulatory requirements. These areas are identified in Items 2-5 below.
2. Consideration should be given to the possibility of developing a minimum specification for acceptance testing of therapeutic radiation machines prior to their initial use on humans.
3. Consideration should be given to the establishment of more detailed quality control/quality assurance program requirements, particularly in the area of "man-machine interface".

4. Consideration should be given to the possibility of requiring any computer program used for planning or administration of radiation therapy to "pass" some type of standard check-out algorithm prior to its initial use on humans. It is the Part X Working Group's understanding that an AAPM Task Group is currently working on the development of such an algorithm.
5. Consideration should be given to the safety requirements and verification of delivered dose from computer controlled linear accelerators.