

MROQC Clinical Champion/Participating Physician/Facility Administrator

Breakout Session

Thursday, February 12, 2026

Summary

The meeting focused on updates and discussions related to the Michigan Radiation Oncology Consortium (MROC) and its working groups. Melissa provided updates on leadership changes and survey results, highlighting the need for timely MRIs and the potential for expanding SRS treatment criteria. Donna and Eyad discussed brain metastasis treatment practices, emphasizing the importance of MRI timing and the use of memantine for neurocognitive preservation. Lori and Frank presented on post-mastectomy radiation therapy and proposed a pilot for long-term breast cancer patient follow-up, which received mixed interest from participants. The group also discussed the challenges of capturing patient-reported outcomes and the need for further collaboration with medical oncology and radiology groups to improve brain metastasis screening practices.

Next Steps

1. **Melissa:** Send out the Blue Cross Blue Shield of Michigan Biennial CQI Survey one more time by Monday, February 25th.
2. **Melissa:** Review and use the results from the post-meeting materials poll to discuss internally and consider adjustments to how post-working group meeting materials are shared.
3. **Donna, Eyad, and Lana:** Begin discussions in the rebranded METS working group (starting March, fourth Monday at 3 p.m.) to drill down into priority areas identified from the BrainMets survey, including timing of treatment planning MRI, SRS/SBRT practice patterns, and neurocognitive preservation strategies.
4. **Melissa:** Distribute the brief survey to assess post-mastectomy radiation therapy (PMRT) utilization across MROC centers, targeted for beginning of March.
5. **Frank and Lori:** Develop and finalize a short, one-page long-term breast follow-up and outcomes form for the pilot.
6. **Frank and Lori:** Identify and coordinate with clinical champions and centers willing to participate in the breast long-term follow-up and outcomes data pilot, based on poll responses.

7. **Working group members:** Attend the new METS working group meetings (starting March) to provide feedback and participate in ongoing QI discussions.

8. **Melissa:** Discuss with Moxie (and potentially other groups) the opportunity to collaborate on evaluating practice patterns around screening brain MRIs, as suggested by Michelle.

SMART CHAPTERS

MROQC Clinical Leaders Retreat Preview

Melissa welcomed new working group clinical co-leads Dr. Garth Torman for MROC Lung and Dr. Donna Edwards for MROC Metz, both of whom will support their respective teams alongside existing leaders. The meeting clarified that this was a retreat preview rather than a separate MROC meeting, with 43-44 participants confirmed. The discussion noted that headquarters would be moving between Tuesday and Wednesday, which might affect response times, and Robert mentioned that the retreat would focus on future directions in their 15-year anniversary year.

Post-Meeting Materials Feedback Survey

Melissa announced a poll to gather feedback on how working group members use and receive post-meeting materials, with the goal of improving their distribution. She emphasized the importance of completing the Blue Cross Blue Shield of Michigan Biennial CQI Survey by February 25th, as response rates significantly impact the results and consortium performance.

Brain Metastasis Treatment Survey Results

Donna presented survey results on brain metastasis treatment practices, highlighting areas of divergence in treatment approaches, particularly for patients with 5-10 metastases. The group discussed challenges around timing of MRI scans relative to radiation treatment, with Eyad noting the need for balance between immediate imaging and allowing for post-surgical healing. Michael emphasized the importance of considering patient heterogeneity when developing treatment guidelines, while the group agreed that reducing the interval between planning MRI and treatment could help improve outcomes.

SRS MRI Workflow Optimization

The group discussed MRI timing and workflow challenges for stereotactic radiosurgery (SRS) and stereotactic radiotherapy (SRT) treatments, with consensus that MRI scans should ideally be obtained within two weeks of treatment. They explored strategies to improve MRI access, including reserved slots and same-day imaging, while acknowledging

that some institutions may require special authorization. The discussion then shifted to expanding SRS treatment criteria beyond the current guideline of four or fewer brain metastases, with participants noting that emerging data supports treating up to 20 metastases with SRS, though technical limitations and treatment time considerations remain challenges.

Memantine Compliance and Treatment Outcomes

The group discussed the use of memantine for brain metastasis patients, with David noting lower compliance rates in real-world settings compared to clinical trials. Donna and Krisha highlighted the importance of assessing patient adherence and the potential need to re-evaluate dosing protocols. Mark raised concerns about the impact of long-term treatments on patient tolerance, while Robert suggested developing metrics to assess the effectiveness and adherence to memantine treatment. The group also considered evaluating practice patterns around screening brain MRIs to improve early detection of brain metastases and inform better quality standards.

Cancer Research Collaboration Planning

The group discussed opportunities for studying metastatic brain disease and other cancer types, with Michelle highlighting the potential for examining incidence rates and practice patterns. David and Melissa mentioned collaboration with Moxie and the need to distribute a survey on post-mastectomy radiation therapy (PMRT) utilization by early March. Frank and Lori emphasized the importance of gathering data on PMRT practices across clinics to assess current utilization rates and understand changes due to chemotherapy and breast conservation treatments.

Breast Dataset Expansion Planning

The team discussed expanding their breast dataset to include long-term follow-up data, with a focus on capturing disease status, toxicity, and tumor outcomes at specific time points (1 year, 3 years, and 5 years) through chart abstraction. They explored the possibility of including patient-reported outcomes, particularly for cardiac toxicity, though this would require further discussion due to practical implementation challenges. Lori and Frank committed to creating a brief one-page follow-up form for the pilot, and the team agreed to gather input on participation in the pilot study.

Medical Follow-up Survey Discussion

The group discussed a survey about medical follow-up patterns, with Mark noting that while participation in a pilot program would be feasible at his facility, there are institutional pressures to reduce follow-ups. The discussion centered around time points for follow-up

data collection, with Lori clarifying that the working group had discussed iterative follow-ups rather than single time points. The conversation ended with Robert mentioning that the next gathering would likely be in May, and Melissa encouraged participation in upcoming working groups that would start next month, noting that 2026 had already been a busy year with new quality measures in development.