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# Streamlining Precision: The SGRT Direct-to-Unit Workflow

Chinasa Okoro RT(T)

Cherilyn Yip RT(T)

# Meet the Ethos Therapist

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- Chinasa Alex Okoro
- Radiation Therapist II



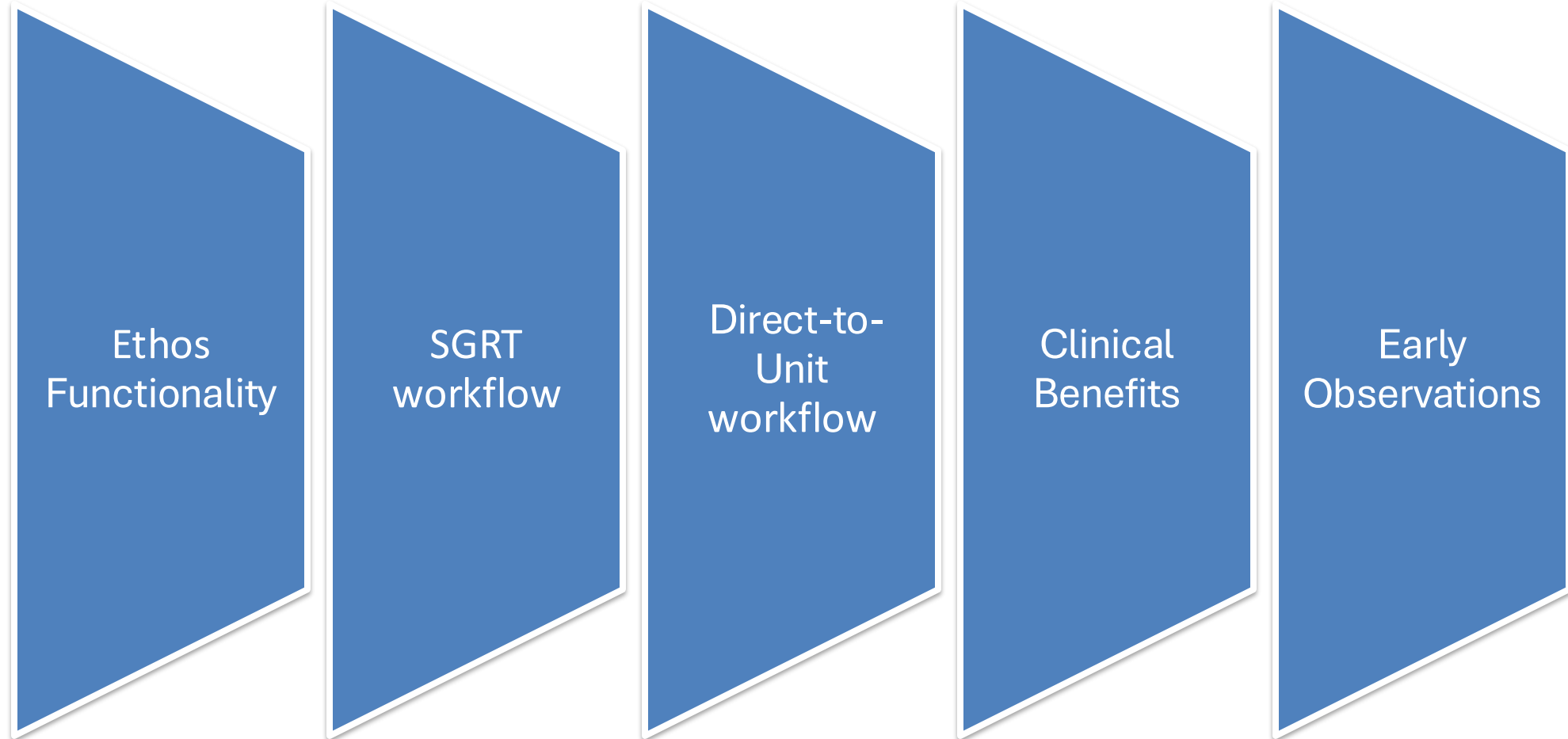
- Cherilyn Yip
- Radiation Therapist II

# UT Southwestern Radiation Oncology



# Objectives

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# The Problem

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- **Traditional Workflow Challenges**
  - **Delays between simulation and treatment**
  - **Dependence on CT simulation availability**
  - **Re-simulation for setup issues**
  - **Increased patient wait time**



# The Solution

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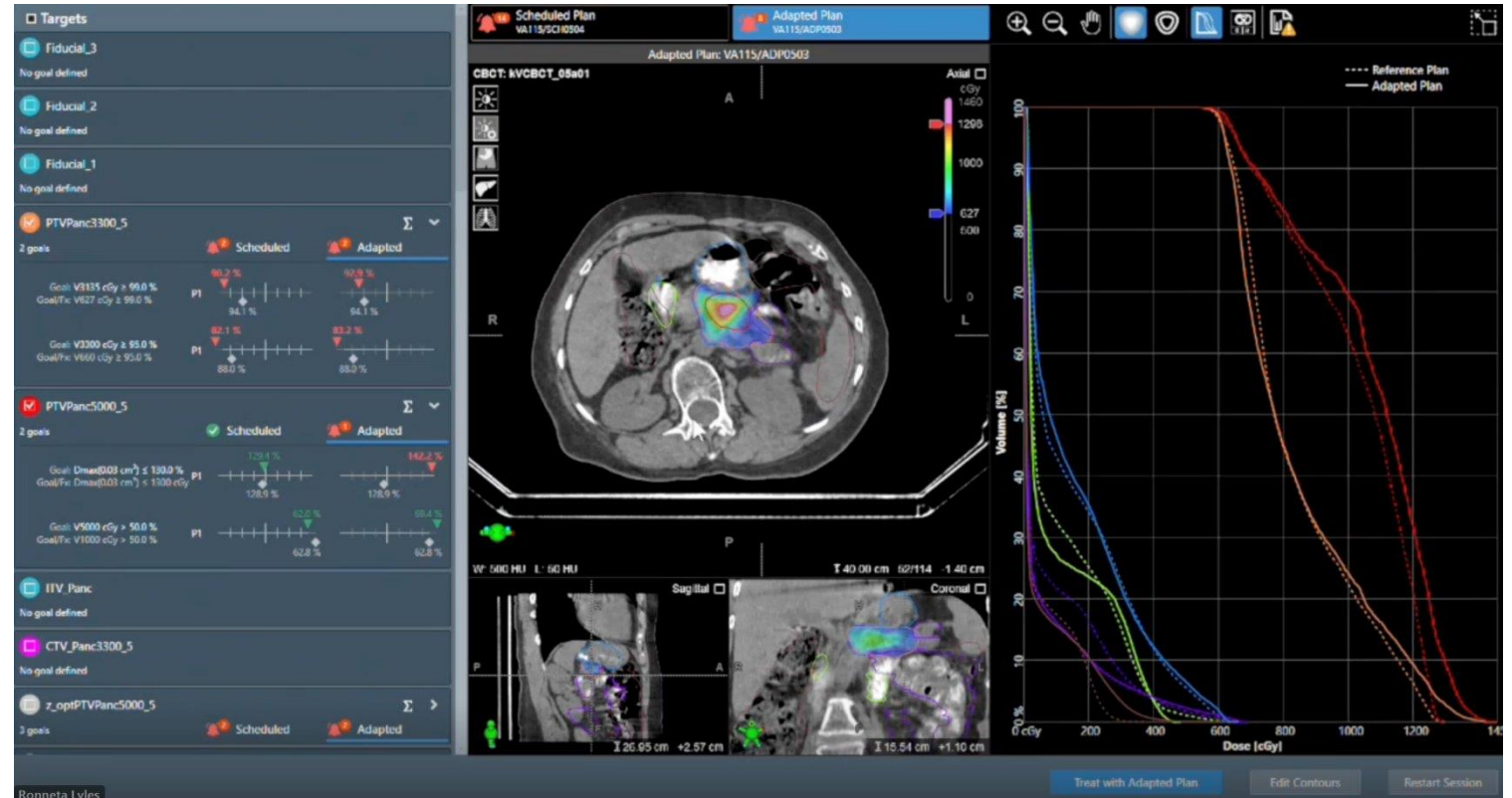
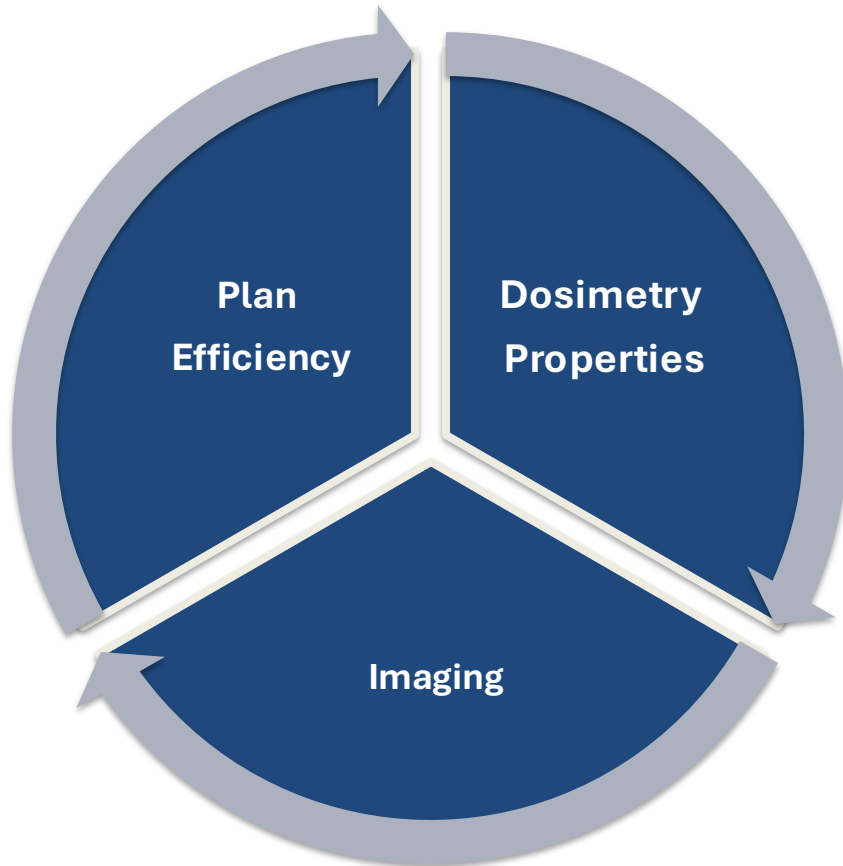
## SGRT with Adaptive Therapy

Real-time  
imaging and  
planning

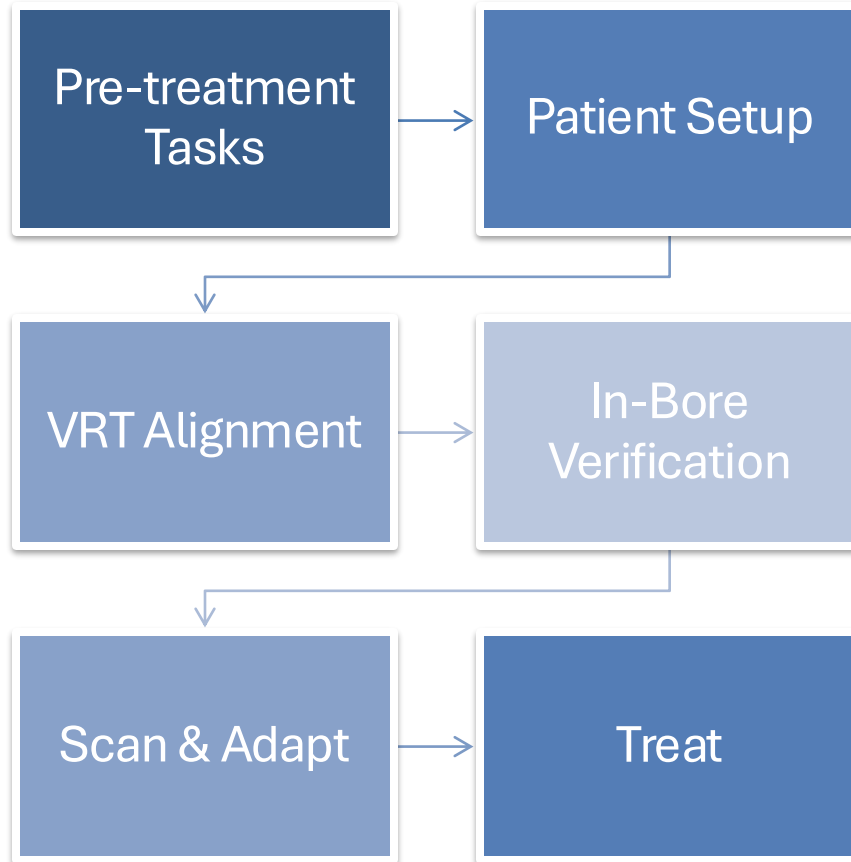
Surface-  
guided  
positioning

Treatment  
without  
traditional  
simulation

# What Makes ETHOS Different



# SGRT Workflow on ETHOS



# Direct-to-Unit Workflow

Patient Identified

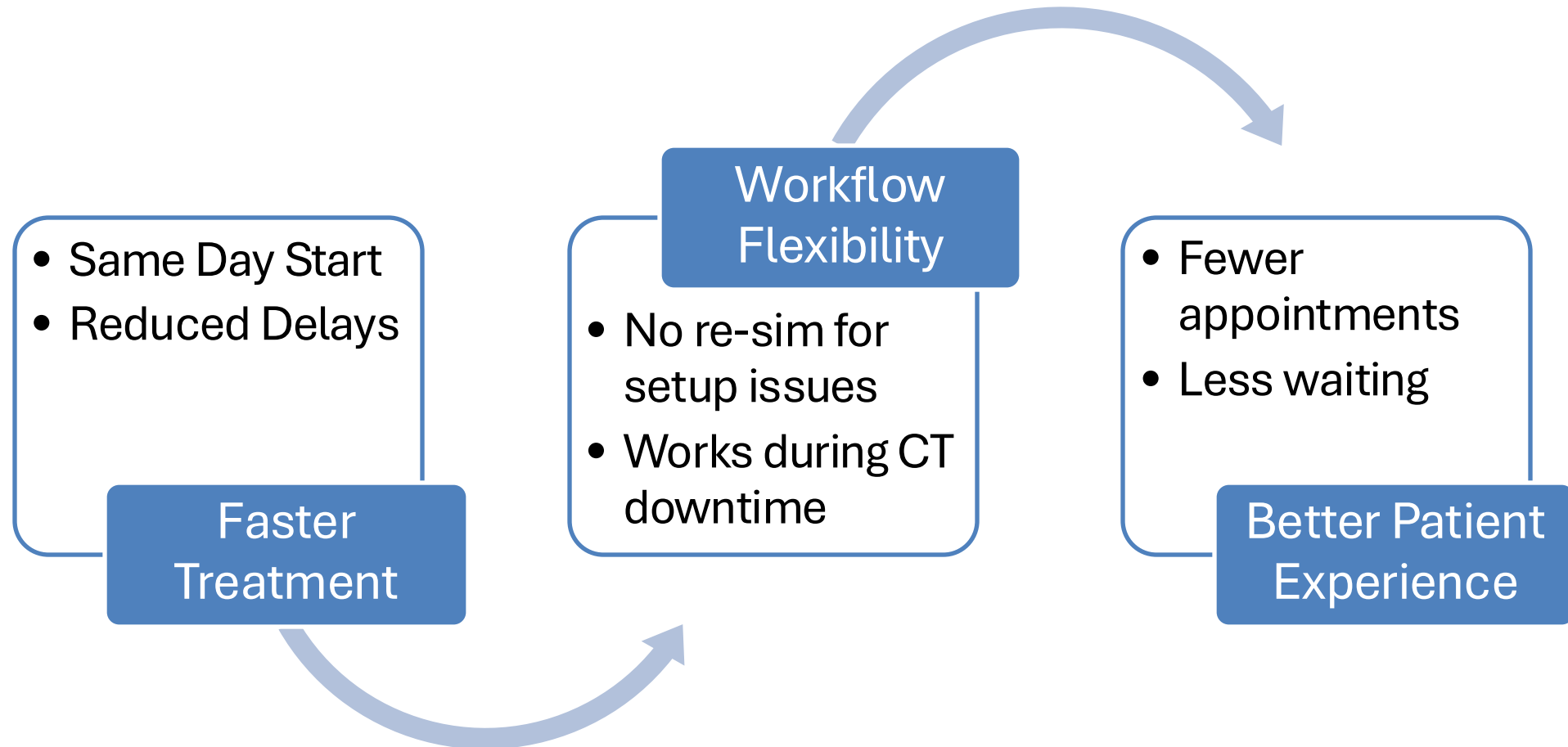
Diagnostic CT Imported

Setup In Treatment Unit

Refine Isocenter

Treat Same Day

# Why Direct-to-Unit Matters



# Early Observations



Improved workflow efficiency



Reduced patient wait time



Increased adaptability in urgent cases

# Questions?

