Michigan script:

* Determine what columns we want displayed – Consensus vs Patient-Specific?
  + Add a column called “type”: “standard” vs “pt specific”
* Discuss if there is a specific filename structure we want to follow and decide on what that is
  + Script doesn’t care. Check with dosimetry to confirm the current standard is fine
* Settle on a location for the template files
  + Setup a separate directory for them

Templates:

* Target volumes for breast cases do not follow the standard conversion. Figure out what others we need to include
* Plan sums:
  + For composites from previous treatments – discuss and figure out if we want to take out dose constraints that are for doses greater than the prescription dose
  + No boost, one dose for all? Is it uncommon enough that it would be easiest to just edit the template?
  + Sequential – no xml? do dosimetrists ever use the XML for initial?