Script project:

* Purpose
  + Standardization of colors and names
  + Standardized organ sets (PRO 2019)
  + Workflow streamlining
  + Plan evaluation
  + Peer review
* Script + dictionaries ensure:
  + Standard nomenclature for structures (TG-263)
    - Standard colors
    - Standard DVH line styles to differentiate
      * Laterality
      * PRV
      * GTV from PTV
  + Standard structure set per site (PRO paper)
  + Standard dose constraints
    - Input: CSV file for Michigan script (find reference - nrg website?)
      * Edits to Michigan script:
        + Edit the script to take the current format
        + Add the capability of not displaying the “acceptable variation” if the ideal has been met
        + Look into the D100% issue
      * Edit CSV to have an identifier that groups the constraints
        + Add group number and group ranking columns in CSV files
        + Figure out how to mark the ranking in the grouping to indicate if a dose constraint is not applicable (dose constraints for patients with only one kidney, etc.)
  + Genex viewer
    - Take in plan evaluation parameters for peer evaluation
* Demonstrate functionality with treatments that have more standardized constraints
  + SBRT
  + Breast (B-51 protocol maybe?)

To do:

* Embed the priority in a useful manner as opposed to it being a place holder

Timeline:

1. AAPM Abstract submission (March 2020)
   1. MW to be lead on this (draft by mid January)
2. Manuscript submission:
   1. Modify script by mid January
      1. CSV files to have priority numbers included
         1. ideal/acceptable
   2. Draft by end of April
   3. Submit by end of May