RAYPLAN v2026

Release Notes

Traceback information:
Workspace Main version a1134
Checked in 2026-06-30
Skribenta version 5.6.020.1

Disclaimer

For information on functionality not available for regulatory reasons, see the Regulatory Information in the RayPlan Instructions for Use.

Declaration of conformity

CE 2862

Complies with Medical Device Regulation (MDR) 2017/745. A copy of the corresponding Declaration of Conformity is available on request.

Safety notices

Warning and caution notices in the user documentation inform about the safe use of the product and must be followed.

WARNING!

A warning notice informs about a risk for bodily harm or death. In most cases, the risk is related to mistreatment of the patient.

CAUTION!

A caution notice informs about a risk for damage to equipment, software or data.

Note: *A note provides additional helpful information, tips or reminders.*

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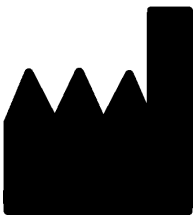
1 INTRODUCTION

1.1 ABOUT THIS DOCUMENT

This document contains important notes about the RayPlan v2026 system. It contains information related to patient safety and lists new features, known issues and possible workarounds.

Every user of RayPlan v2026 must be familiar with these known issues. Contact the manufacturer for any questions about the content.

1.2 MANUFACTURER CONTACT INFORMATION



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1.3 REPORTING OF INCIDENTS AND ERRORS IN SYSTEM OPERATION

Report incidents and errors to the RaySearch support email: support@raysearchlabs.com or to your local support organization via telephone.

Any serious incident that has occurred in relation to the device must be reported to the manufacturer.

Depending on applicable regulations, incidents may also need to be reported to national authorities. For the European Union, serious incidents must be reported to the competent authority of the European Union Member State in which the user and/or patient is established.

2 NEWS AND IMPROVEMENTS IN RAYPLAN v2026

This chapter describes the news and improvements in RayPlan v2026 as compared to RayPlan v2025.

2.1 EPID QA

- New module for performing patient specific EPID QA.
- Creation of verification plans for delivery with the EPID.
- Import of measured EPID images from Varian machines.
- Computation of EPID images using EPID model defined on the LINAC machine model.
- Comparison of measured and computed EPID images using response differences, line profiles and gamma metrices.
- Required license: rayEpid

2.2 GENERAL SYSTEM IMPROVEMENTS

- The default color tables can be modified in the *Adjust color tables* dialog.
- It is now possible to switch between planning activities and modules using the keyboard, as an alternative to clicking the activity or module tab. Press the Alt key and then the underlined letter in the activity or module name (e.g., Alt+M to switch to Patient modeling, or Alt+O to Plan optimization).
- Support for Microsoft SQL Server version 2025.
- The *Measure* tool can be toggled on and off using keyboard shortcut M.
- RayPlan is validated on NVIDIA Blackwell GPUs (since RayPlan v2025 SP2).

2.3 PATIENT MODELING

- It is now possible to approve individual ROI and POI geometries.
  - An approved geometry will be locked from editing on the selected image set.
  - It is still possible to edit ROI and POI properties (for example name, color and material) when the geometry is approved.
  - The approval information is stored in the audit log.

  - The option is enabled for users belonging to the RayStation-PlanApproval group.
  - Single sign-on (SSO) can be enabled for approval of geometries in Clinic settings.
- Multiple image layout: Three images can now be displayed side-by-side. The left-most view will always show the primary image set, on which contours are modified when using contouring tools, and the other two views can present any image next to it. If an image has a registration to the primary image set, synchronized scrolling is enabled, and contouring is possible.

2.4 BRACHYTHERAPY PLANNING

- During channel reconstruction, the views are now automatically aligned with channel direction.
- Added support for basal point creation.
- Improved display of dwell point data by showing the source strength corrected treatment time per dwell point, and the dwell point positions relative to a pre-configured reference point.
- TG43 and brachytherapy Monte Carlo doses are capped at 100 Gy during dose computation.
- *Zoom to max D90* checkbox is added to DVH graphs to be able to quickly zoom in a graph.
- An applicator model can now be created from structures (ROIs, LOIs and POIs) via scripting.
- TG43 dose can now be computed on CBCT images.

2.5 PLAN OPTIMIZATION

- Changed behavior for VMAT and Conformal arc: If the collimator angle or the couch angle is changed, the segments of the beam are removed.

2.6 DICOM

- RayStation supports DICOM Transport Layer Security (TLS) for secure, encrypted data transfer with compliant DICOM systems.
- It is now possible to DICOM import from a PACS source in the *PACS* tab.
- Increased precision and configurable rounding of exported decimal values are added.
- "RECON TOMO" multi-frame NM (SPECT) data is now supported (including DICOM import and export, visualization, registration and contouring). No real-world conversion is included (data will be displayed unitless).
- Exported QA plan doses now populate the Image Orientation (Patient) (0020,0037) based on what is selected in the dialog. In previous versions, the image orientation for coronal and sagittal views would be exported incorrectly, leading to incorrect orientation. This was corrected in RayPlan v2025 SP2.

2.7 RAYPLAN DOSE ENGINE UPDATES

The changes to the dose engines for RayPlan v2026 are listed below.

Dose engine	v2025	v2026	Requires recommissioning	Dose effect[i]	Comment
All	-	-	-	Negligible	Small change in the conversion to voxel ROI. ROI volumes might be slightly different when compared with an identical ROI in previous versions of RayPlan.
Photon Collapsed Cone	5.11	5.12	No	Negligible	Routine version increment
Photon Monte Carlo	3.3	3.4	No	Negligible	Routine version increment
Electron Monte Carlo	5.3	5.4	No	Negligible	Routine version increment
Brachy TG43	1.7	1.8	No	Negligible	Fraction dose values are capped at 100Gy. This is a postprocessing step in the dose computation. It does not affect the dose computation itself, or evaluation of the doses.
Brachy Monte Carlo	1.1	1.2	No	Negligible	Fraction dose values are capped at 100Gy. This is a postprocessing step in the dose computation. It does not affect the dose computation itself, or evaluation of the doses.

i The dose effect (Negligible/Minor/Major) refers to the effect when recommissioning of the machine model is not performed. After successful recommissioning the dose changes should be minor.

2.8 CHANGED BEHAVIOR OF PREVIOUSLY RELEASED FUNCTIONALITY

- Note that RayPlan 11A introduced some changes regarding prescriptions. This information is important if upgrading from a RayPlan version earlier than 11A:
  - Prescriptions will always prescribe dose for each beam set separately. Prescriptions defined in RayPlan versions prior to 11A relating to beam set + background dose are

obsolete. Beam sets with such prescriptions cannot be approved and the prescription will not be included when the beam set is DICOM exported.

- Prescription percentage is no longer included in exported prescription dose levels. In RayPlan versions prior to 11A, the Prescription percentage defined in RayPlan was included in the exported Target Prescription Dose. This has been changed so that only the Prescribed dose defined in RayPlan is exported as Target Prescription Dose. This change also affects exported nominal dose contributions.
- In RayPlan versions prior to 11A, the Dose Reference UID exported in RayPlan plans was based on the SOP Instance UID of the RT Plan/RT Ion Plan. This has been changed so that different prescriptions can have the same Dose Reference UID. Because of this change, the Dose Reference UID of plans exported prior to 11A has been updated so that if the plan is re-exported a different value will be used.

- Note that RayPlan 11A introduced some changes regarding Setup imaging systems. This information is important if upgrading from a RayPlan version earlier than 11A:
  - A Setup imaging system (in earlier versions called Setup imaging device) can now have one or several Setup imagers. This enables multiple setup DRRs for treatment beams as well as a separate identifier name per setup imager.
    + Setup imagers can be gantry-mounted or fixed.
    + Each setup imager has a unique name which is shown in its corresponding DRR view and is exported as a DICOM-RT Image.
    + A beam using a setup imaging system with multiple imagers will get multiple DRRs, one for each imager. This is available for both setup beams and treatment beams.
- Note that RayPlan 11B introduced changes in the dose statistics calculations. This means that small differences in evaluated dose statistics are expected when comparing to a prior version.

  This affects:

  - DVHs
  - Dose statistics
  - Clinical goals
  - Prescription evaluation
  - Optimization objective values

  This change also applies to approved beam sets and plans, meaning that, for example, prescription and clinical goals fulfillment may change when opening a previously approved beam set or plan from a RayPlan version prior to 11B.

  The dose statistics accuracy improvement is more noticeable with increasing dose range (difference between minimum and maximum dose within an ROI), and only minor

differences are expected for ROIs with dose ranges smaller than 100 Gy. The updated dose statistics no longer interpolates values for Dose at volume, $D(v)$, and Volume at dose, $V(d)$. For $D(v)$, the minimum dose received by the accumulated volume v is instead returned. For $V(d)$, the accumulated volume that receives at least the dose d is returned. When the number of voxels within an ROI is small, the discretization of the volume will become apparent in the resulting dose statistics. Multiple dose statistics measures (e.g., D5 and D2) may get the same value when there are steep dose gradients within the ROI, and similarly, the dose ranges lacking volume will appear as horizontal steps in the DVH.

- Note that RayPlan 2024A introduced the possibility to associate a clinical goal to either the beam set dose or the plan dose. This information regarding existing plans and templates with clinical goals is important if upgrading from a RayPlan version earlier than 2024A:
  - Physical clinical goals in single beam set plans will now be automatically associated with that beam set.
  - For plans with multiple beam sets, physical clinical goals will be duplicated to ensure all possible associations within the plan. For example, a plan with two beam sets will yield three corresponding copies of each clinical goal: one for the plan and one for each of the two beam sets.
  - Clinical goals defined in templates will be assigned to beam set with name 'BeamSet1'. Users who plan with multiple beam sets are advised to update their templates with the correct association and beam set name.
- Note that RayPlan v2025 introduced changes related to materials that are available. This information is important for users if upgrading from a RayPlan version earlier than v2025:
  - The materials installed with RayPlan will no longer be available when setting a material override for an ROI until actively selected to be available. The selection is made by clicking *ROI material management* (available in the *ROI* list and the *ROI/POI details* dialog), then *Add new common material* and then selecting materials to add from the list under *Add predefined*.
- Note that RayPlan v2025 introduced changes related to collimator rotation for beams with a block or cutout. This information is important for photon and electron users if upgrading from a RayPlan version earlier than v2025:
  - The block or cutout contour will by default be kept constant when rotating the collimator for photon and electron beams. In previous versions, the default behavior was to change the contour to maintain the same exposed area after the collimator rotation. This has now changed so that the contour is kept constant.

2.9 RESOLVED FIELD SAFETY NOTICES (FSNS)

The issues described in Field Safety Notices (FSNs) 159027, 161525 and 167168 have been resolved.

Resolved: [FSN 159027] ROI contours flipped upside down

There was an issue where certain operations made on an ROI that was defined on an image set with slice normal (0, 0, -1) could flip the ROI upside down and place it in an incorrect location. This issue has now been resolved.

(1310961)

Resolved: [FSN 161525] Generation of non-unique UIDs in RayGateway

DICOM UIDs generated during export from RayPlan to iDMS via RayGateway were not guaranteed to be unique. This issue has now been resolved.

(1313444)

Resolved: [FSN 167168] Missing dose invalidation for ROI with material override

In rare cases related to ROIs with a material override applied or ROIs of type *Bolus*, *Fixation* or *Support*, the dose was not invalidated when a geometry was added or modified, or when the material was removed. This issue has now been resolved.

(1477976)

2.10 NEW AND SIGNIFICANTLY UPDATED WARNINGS

For the complete list of warnings, see *RSL-D-RP-v2026-IFU, RayPlan v2026 Instructions for Use*.

2.10.1 New warnings

WARNING!

Brachytherapy Monte Carlo dose engine: Validation method and commissioning. The RayPlan brachytherapy Monte Carlo dose engine has been validated against consensus reference data in water: the AAPM HEBD consensus along-away dataset for the supported sources in a water phantom. Additionally, the brachytherapy Monte Carlo has been validated versus the RayPlan TG-43 using clinical plans in patient anatomies overridden to water.

For heterogeneous geometries, validation was performed in clinical patient anatomies and slab phantoms with bone, lung, air and high-Z material interfaces, by comparison to the independent Monte Carlo code *egs_brachy* and not by direct phantom dose measurements.

For details on the commissioning of a brachytherapy Monte Carlo dose engine, refer to AAPM TG-186 and WGDCAB Report 372 (or equivalent regional guidelines).

(1593258)

WARNING!

Capping of brachytherapy doses. Brachytherapy doses computed with the TG43 and Monte Carlo dose computation engines are capped at 100 Gy per fraction. Any

dose value exceeding this threshold will be limited to 100 Gy in the resulting dose distribution. This affects all dose-related outputs, e.g., dose views, DVHs, dose statistics and clinical goal evaluations.

Note that when dose distributions including capped dose values are rescaled, the capped values will be rescaled by the same factor, i.e. if a dose distribution including dose values capped at 100 Gy is scaled by a factor z, the capped dose values will have the new value z x 100 Gy. Consider recomputing dose after performing significant downward rescaling of the dose distribution to avoid capping clinically relevant dose values.

(1312866)

WARNING!

Evaluation criteria for EQD2 distributions. Evaluation criteria for physical dose cannot be used directly for assessment of EQD2 distributions. The physical dose criteria must always first be converted to the EQD2 domain. This is essential also for treatments prescribed at 2 Gy/fraction to the tumor: even if the prescribed dose in the tumor will be 2 Gy per fraction both in physical dose and in EQD2, cold and hot spots inside the tumor will be further aggravated in the EQD2 domain. More importantly, normal tissue tolerances can differ significantly between the physical dose and the EQD2 distribution also for 2 Gy-fractionated treatments.

(1538161)

2.10.2 Significantly updated warnings

WARNING!

Brachytherapy models must be validated before clinical use. Brachytherapy afterloaders, source models and application setups must be validated before clinical use.

It is the responsibility of the user to validate all brachytherapy afterloaders, source models and application setups before clinical use. For more details on application setups, see warning 283879.

For the TG43 source models, refer to warning 283358, and for the Monte Carlo source models, refer to warning 1593258.

(285635)

WARNING!

Assignment of CBCT density table. For direct usage of the raw CBCT information in dose computation, RayPlan uses an image-specific CBCT density table. Since there is a limited set of density levels specified for a CBCT compared to what is normally specified for a CT, dose computation on CBCT images may be less accurate than using CT images or converted CBCT images. The accuracy of the dose computation using CBCT with an assigned density table relates to the tuning of this table, and how well the real density in the patient maps to the selected densities in the table.

Always review the density table before it is used in dose computation. The review can be performed through spot check of selected slices in the Create Density Table for CBCT dialog where the effect of the density table is visualized.

Dose calculation on raw CBCT image data sets is only supported for photons, and for brachytherapy with the TG43 dose engine.

(9355)

WARNING!

Machine constraints. RayPlan relies on delivery of RayPlan generated treatment plans being performed with a treatment delivery verification/control system that ensures safe performance preventing treatments not achievable due to non-feasible machine parameters such as, e.g., gantry angle, collimator angle, MLC leaf positions and MU, snout position, as well as gantry and leaf speed for dynamic treatments.

If the machine constraints defined in RayPlan Physics do not accurately reflect the behavior of the treatment machine and R&V system, the plans may either be stopped at delivery or adjusted outside RayPlan, resulting in a delivered dose that differs from the approved dose. When creating a machine model from a template, ensure that all machine constraint parameters are adapted to the specific treatment machine. Even when RayPlan adheres to all machine constraints specified in RayPlan Physics, there is no guarantee that all plans will be deliverable. Ensure that plans are not modified outside RayPlan in any way that significantly affects dose without proper evaluation.

(3185)

WARNING!

Ensure that doses computed with different dose engines are compatible. Combining or comparing doses computed with different dose engines (e.g., in fall-back, co-optimization, background doses, summation of doses) must be handled with care if the dose convention differs between algorithms and the plan is sensitive to dose in high Z materials.

The electron Monte Carlo dose engines report dose to water with radiation transport in medium. The photon collapsed cone dose engine computes dose to water with radiation transport in different density water, a property which is in between dose to water and dose to medium when computed in medium. The photon and brachy Monte Carlo dose engines for RayPlan v2026 report dose to medium with radiation transport in medium. When transported in medium, differences between dose to water and dose to medium for photons have been found to be small for tissues other than bone (1-2%), but the difference can become relatively large for bone (10%) or other high Z materials.

The dose convention for imported doses is unknown to RayPlan, and should be handled with care if the plan is sensitive to dose in high Z materials and if the dose is used as background dose or for dose-mimicking.

(409909)

WARNING!

Interpretation of evaluation EQD2 distributions. Evaluation EQD2 distributions computed in the Plan evaluation module use a priority-based approximation for assignment of α/β-values to voxels that belong to multiple ROIs. Special care must be taken when interpreting such distributions:

- For an evaluation EQD2 distribution, adjacent or overlapping ROIs can be assigned with different α/β-values, causing the EQD2 distribution to be discontinuous across boundaries between ROIs with different α/β-values. For voxels that only partially belong to an ROI, or that lie within a region of ROI overlap, a priority rule is used to assign a single α/β-value for the EQD2 computation. As a result, the α/β-value specified for an ROI may be applied only in part of that ROI.
- To ensure that a specific α/β-value is used for the entire ROI when a clinical goal is evaluated for an evaluation EQD2 distribution, it is recommended to first extract the physical dose clinical goal and then convert it to EQD2 with the α/β-value of choice, rather than extracting the clinical goal directly from the EQD2 distribution. Reporting of EQD2 metrics is common in brachytherapy, and RayPlan supports EQD2 clinical goals in the Brachy planning module, which automatically performs the recommended conversion.

(408774)

3 KNOWN ISSUES RELATED TO PATIENT SAFETY

There are no known issues related to patient safety in RayPlan v2026.

Note: *Additional release notes may potentially be distributed after installation.*

4 OTHER KNOWN ISSUES

4.1 GENERAL

Slight inconsistency in dose display

The following applies to all patient views where dose can be viewed on a patient image slice. If a slice is positioned exactly on the border between two voxels, and dose interpolation is disabled, the dose value presented in the view by the "Dose: XX Gy" annotation can differ from the actual presented color, with regards to the dose color table.

This is caused by the text value and the rendered dose color being fetched from different voxels. Both values are essentially correct, but they are not consistent.

The same can occur in the dose difference view, where the difference might seem larger than it actually is, because of neighboring voxels being compared.

(284619)

4.2 IMPORT, EXPORT AND PLAN REPORTS

RayPlan sometimes reports a successful TomoTherapy plan export as failed

When sending a RayPlan TomoTherapy plan to iDMS via RayGateway, there is a timeout in the connection between RayPlan and RayGateway after 10 minutes. If the transfer is still ongoing when the timeout starts, RayPlan will report a failed plan export even though the transfer is still in progress.

If this happens, review the RayGateway log to determine if the transfer was successful or not.

338918

Report Templates must be upgraded after upgrade to RayPlan v2026

The upgrade to RayPlan v2026 requires upgrade of all Report Templates. Also note that if a Report Template from an older version is added using Clinic Settings, this template must be upgraded to be used for report generation.

Report Templates are upgraded using the Report Designer. Export the Report Template from Clinic Settings and open it in the Report Designer. Save the upgraded Report Template and add it in Clinic Settings. Do not forget to delete the old version of the Report Template.

(138338)

4.3 BRACHYTHERAPY PLANNING

Mismatch of planned number of fractions and prescription between RayPlan and SagiNova version 2.4.1.0 or earlier

There is a mismatch in the interpretation of the DICOM RT Plan attributes *Planned number of fractions* (300A, 0078) and *Target prescription dose* (300A,0026) in RayPlan compared to the brachytherapy afterloading system SagiNova. This applies specifically to SagiNova versions 2.1.4.0 or earlier.

When exporting plans from RayPlan:

- The target prescription dose is exported as the prescription dose per fraction multiplied by the number of fractions of the beam set.
- The planned number of fractions is exported as the number of fractions for the beam set.

When importing plans into SagiNova for treatment delivery:

- The prescription is interpreted as the prescription dose per fraction.
- The number of fractions is interpreted as the total number of fractions, including fractions for any previously delivered plans.

Possible consequences are:

- At treatment delivery, what is displayed as prescription per fraction on the SagiNova console is actually the total prescription dose for all fractions.
- It might not be possible to deliver more than one plan for each patient.

Consult with SagiNova application specialists for appropriate solutions.

(1483614)

DICOM connectivity issue with Oncentra Brachy related to measured source paths

An issue has been identified affecting the DICOM import of measured applicator model source paths into Oncentra Brachy.

When importing an applicator model from an XML file into RayPlan, it is possible to import measured source paths. These measured source paths are characterized by absolute 3D positions of the source points that are not equidistant. The measured source paths are imported from the XML files as described in *RSL-D-RP-v2026-BAMDS, RayPlan v2026 Brachy Applicator Model Data Specification*, and the resulting 3D source positions in RayPlan correctly represent the source paths provided in the XML files. The 3D source positions are also correct in DICOM exports from RayPlan. However, when importing the file into Oncentra Brachy the measured source paths undergo a shift, causing a discrepancy between the absolute source positions in Oncentra Brachy and RayPlan. This could mean that a dose distribution recomputed in Oncentra does not match the corresponding dose distribution calculated in RayPlan.

The dose distribution computed by RayPlan is correct, provided that the applicator is correctly modeled in RayPlan. As noted in the *RSL-D-RP-v2026-IFU, RayPlan v2026 Instructions for Use* (see warning 726082, Review applicator models), users are strongly advised to adhere to industry standards on applicator model quality assurance to ensure that the applicator is accurately represented in RayPlan.

This issue is specific to measured source paths within applicator models and does not affect source paths reconstructed by other methods.

(1043992)

4.4 PLAN DESIGN AND 3D-CRT BEAM DESIGN

Center beam in field and collimator rotation may not keep the desired beam openings for certain MLCs

Center beam in field and collimator rotation in combination with "Keep edited opening" might expand the opening. Review apertures after use and if possible use a collimator rotation state with "Auto conform".

(144701)

4.5 PLAN OPTIMIZATION

No feasibility check of max leaf speed performed for DMLC beams after dose scaling

DMLC plans that result from an optimization are feasible with respect to all machine constraints. However, manual rescaling of dose (MU) after optimization may result in violation of the maximum leaf speed depending on the dose rate used during treatment delivery.

(138830)

4.6 CYBERKNIFE PLANNING

Verifying deliverability of CyberKnife plans

CyberKnife plans created in RayPlan may, for about 1% of the cases, fail the deliverability validation. Such plans will not be deliverable. The affected beam angles will be identified by the deliverability checks that are run at plan approval and plan export.

(344672)

The spine tracking grid smaller in Accuray TDC than the grid displayed in RayPlan

The spine tracking grid used and displayed in Accuray TDC (Treatment Delivery Console) for treatment delivery setup will be around 80% smaller than the grid visualized in RayPlan. In RayPlan, make sure to assign the grid a margin around the intended setup area. Note that the grid size is editable in Accuray TDC at delivery.

(933437)

4.7 RAYPLAN PHYSICS

Updated recommendations for detector height usage

Between RayPlan 11A and RayPlan 11B, recommendations on the usage of detector height and depth offset for depth dose curves have been updated. If the previous recommendations were followed, the modeling of the build-up region for photon beam models could lead to surface dose overestimation in computed 3D dose. When upgrading to a RayPlan version newer than 11A, it is recommended to review and, if needed, update photon beam models with respect to the new recommendations. Refer to section *Detector height and depth offset* in *RSL-D-RP-v2026-REF, RayPlan v2026 Reference Manual*, section *Depth offset and detector height* in *RSL-D-RP-v2026-RPHY, RayPlan v2026 RayPlan Physics Manual* and *RSL-D-RP-v2026-BCDS, RayPlan v2026 Beam Commissioning Data Specification* for information about the new recommendations.

(410561)

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