



**HUMANITAS**  
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**STEREOTACTIC  
BODY  
RADIATION  
THERAPY**  
Implementazione, Sostenibilità, Avanzamento Tecnologico  
e Risultati a Confronto

**SBRT pre-treatments  
QA: two different  
approaches**

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Milano  
24-25 Ottobre 2014

## SBRT treatment technology

Stereotactic body radiation therapy (SBRT) delivers a very high dose of radiation to the tumor target with high precision using a small number of fractions

**SBRT is the result of technological advances in:**



- 1 Patient/tumor immobilization
- 2 Image guidance
- 3 Treatment planning and delivery
- 4 More comprehensive quality assurance program

## 6 SBRT and 3 SRS treatments with different dose fractionations

### 3 Lung Cases

2 patients: 15 x 3 Gy  
1 patient: 8 x 4 Gy

### 3 Liver Cases

2 patients: 15 x 3 Gy  
1 patient: 10 x 3 Gy

### 3 Brain Cases

2 patients: 21 x 1 Gy  
1 patient: 15 x 1 Gy



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## Purpose

The aim of this study is to test a 3D dosimetry analysis package (IBA), COMPASS 3.0 with MatriXX<sup>Evolution</sup> ion chamber array, for SBRT pre treatment verification in terms of 3D dose, gamma analysis, Target and OAR structures DVH.



In comparison with our routinely used  
EPID dosimetry system based on the  
EPIQA<sup>™</sup> software

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## Pre-treatment verification Epiqa™



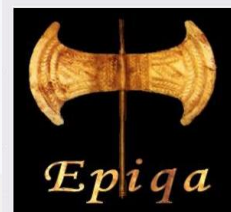
Amorphous Silicon  
Electronic Portal Imager  
Portal Vision As1000  
(pixel size of 0.392 mm)

EPID dosimetric image  
are converted into  
Dose Map and  
compared with a  
reference dose  
distribution



Conversion is based on  
the GLAaS algorithm

Integrated images  
were acquired with  
EPID positioned in the  
isocenter



Epiqa version 3.1.0

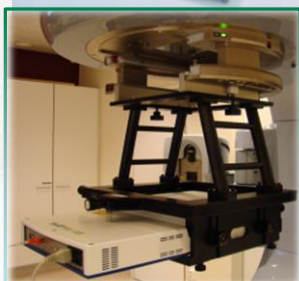
### EPIQA benefits:

- Calibration based on data measured by user
- Resolution comparable to film dosimetry
- Very good long term stability
- Independent of TPS

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## Pre-treatment verification Compass 3.0-MatriXX<sup>Evolution</sup>



### MatriXX<sup>Evolution</sup>

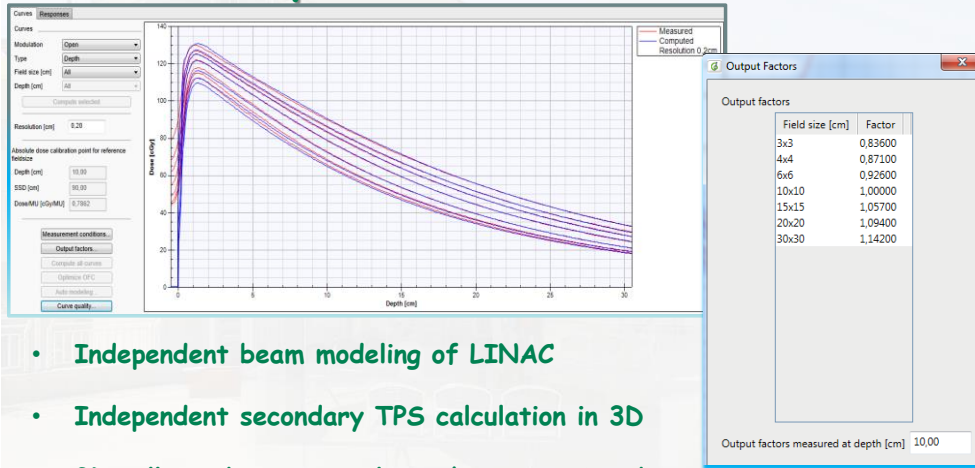
Number of chambers:	1020
Active area:	24.4 x 24.4 cm <sup>2</sup>
Sensor layout:	matrix in a plane arranged in a 32 x 32 grid
Pixel distance:	7.62 mm center-to-center
Chamber type:	vented pixel ionization chambers
Chamber size:	4.5 (Ø) x 5 (h) mm, chamber volume 0.08 cm <sup>3</sup>
Typical sensitivity:	0.42 Gy/nC
Effective point of measurement:	3 mm from surface
Accuracy of angle sensor:	+/- 0.6°

Attached to the Gantry (SSD 76 cm)  
provides zero angular dependency  
higher data quality for 360°  
measurements;  
Gantry Angle Sensor:

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## Pre-treatment verification Compass 3.0-MatriXX<sup>Evolution</sup>

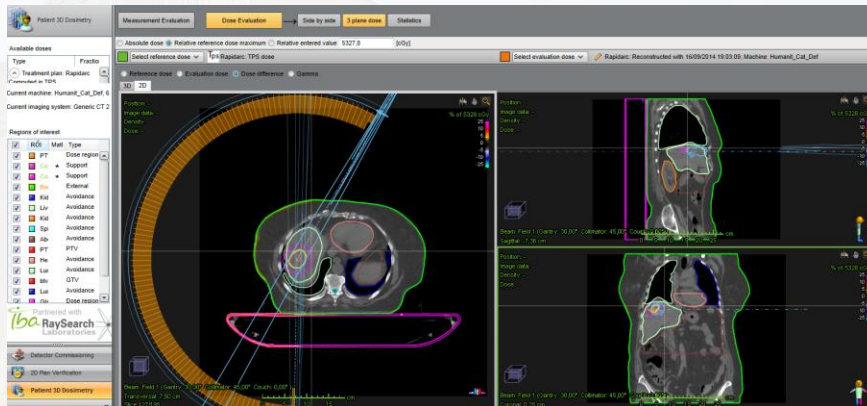


- Independent beam modeling of LINAC
- Independent secondary TPS calculation in 3D
- 3D collapsed cone convolution/superposition dose reconstruction

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## Pre-treatment verification: Compass 3.0-MatriXX<sup>Evolution</sup>



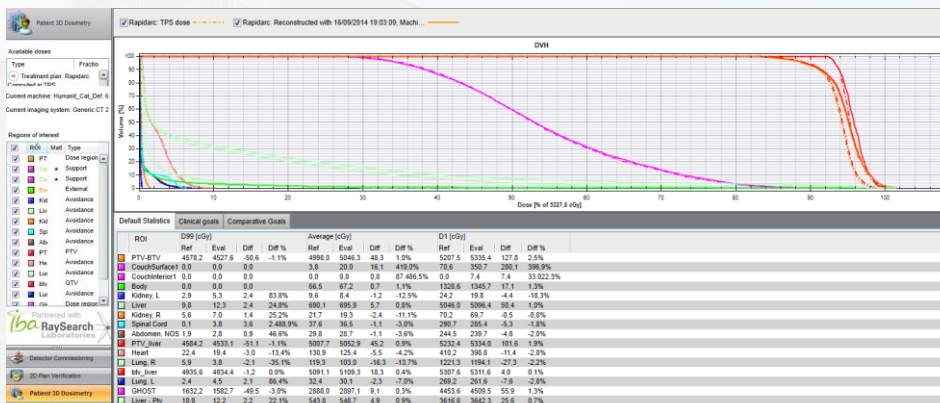
- Patient anatomy based verification with RTPS accuracy
- Pre-treatment verification in terms of 3D dose, gamma analysis, and DVH

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## Pre-treatment verification: Compass 3.0-MatriXX<sup>Evolution</sup>



- Patient anatomy based verification with RTPS accuracy
- Pre-treatment verification in terms of 3D dose, gamma analysis, and DVH

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## Parameters Evaluation

Eclipse TPS (AAA 10.0.28) vs Compass TPS → Evaluation in terms of  $D_{99\%}$ ,  $D_{1\%}$ ,  $D_{Mean}$

Compass 3.0  
MatriXX<sup>Evolution</sup>



Local gamma analysis: 3%-3 mm and 2%-2 mm on Targets and OAR; local calculation threshold of 10 % of  $D_{Max}$   
DVH analysis in terms of  $D_{99\%}$ ,  $D_{1\%}$ ,  $D_{Mean}$

Epiqa<sup>TM</sup>



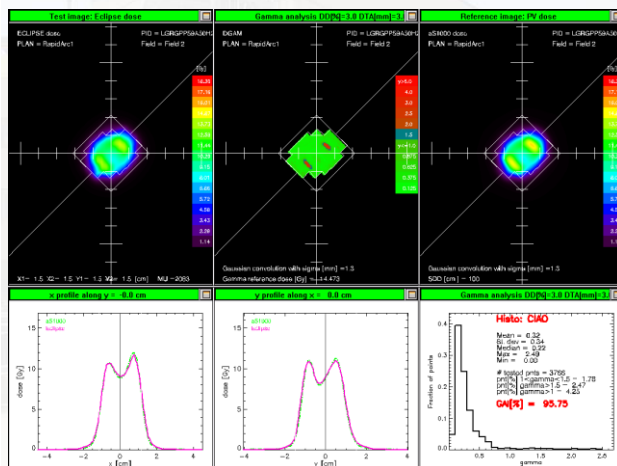
Global gamma analysis: 3%-3 mm and 2%-2 mm; Gaussian Convolution with a Sigma of 1.25 mm

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## EPID dosimetry with EPIQA™

### Results



CIAO: the fraction of open field within the shape defined by the MLC (the Completely Irradiated Area Outline)

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## EPID dosimetry with EPIQA™

### Results

EPIQA Gaussian Convolution Sigma 1.25 mm GLOBAL GAMMA		
	3 % ; 3mm	2% ; 2 mm
BRAIN	97.87 %	95.66 %
	99.20 %	97.19 %
	97.16 %	94.92 %
LIVER	98.96 %	94.11 %
	99.92 %	99.13 %
	98.99 %	96.35 %
LUNG	98.79 %	94.39 %
	98.41 %	96.56 %
	97.56 %	94.85 %

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## Compass 3.0-MatriXX<sup>Evolution</sup> Eclipse TPS vs Compass TPS - Results



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## Compass 3.0-MatriXX<sup>Evolution</sup>

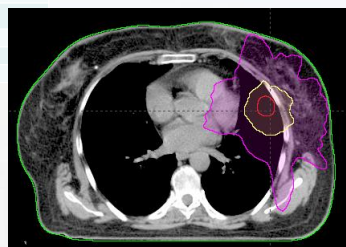
Gamma index results  
% of points with  $\gamma > 1$

	LUNG local gamma 3% 3mm				
	PTV	Dose 50%	Dose 20%	Esophagus	Spinal Cord
Case 1	27.98	7.60	8.20	3.01	0.15
Case 2	3.26	1.55	2	0.17	0.85
Case 3	2.93	0.83	0.54	—	0.44

	LUNG local gamma 2 % 2mm				
	PTV	Dose 50%	Dose 20%	Esophagus	Spinal Cord
Case 1	43.24	15.85	17.95	7.54	1.71
Case 2	13.62	5.86	8.59	1.82	5.61
Case 3	9.04	3.20	2.79	—	3.03

	LIVER local gamma 3% 3mm				
	PTV	Dose 50%	Dose 20%	Liver	Kidney, R
Case 1	2.71	0.92	0.71	1.55	0.46
Case 2	1.38	0.68	1.52	0.72	0.03
Case 3	0.1	0.17	0.56	0.77	0.01
	LIVER local gamma 2 % 2mm				
Case 1	20.24	5.47	4.05	4.77	1.51
Case 2	9.09	4.07	6.08	4.03	2.24
Case 3	0.68	0.73	3.36	3.74	0.1

BRAIN local gamma 3% 3mm				
	PTV	Dose 50%	Dose 20%	Brain Stem
Case 1	3.55	0.77	0.36	1.79
Case 2	1.05	0.34	0.73	0.06
Case 3	2.80	0.59	0.40	0.0
BRAIN local gamma 2% 2mm				
Case 1	15.26	3.62	2.78	4.28
Case 2	11.41	5.61	6.69	0.2
Case 3	14.61	4.96	4.60	0.4



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## Issues

Does it exist a correlation  
between gamma passing rate  
and clinical evaluation in  
terms of selected metrics?

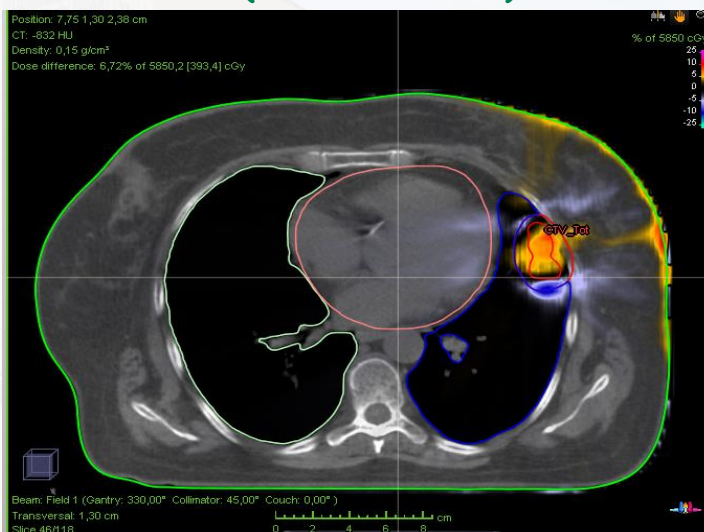


Does it exist a threshold in terms of metrics  
that can prevent false positives or false  
negatives in a gamma analysis?

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## Compass 3.0-MatriXX<sup>Evolution</sup> Results (Worst Scenario)



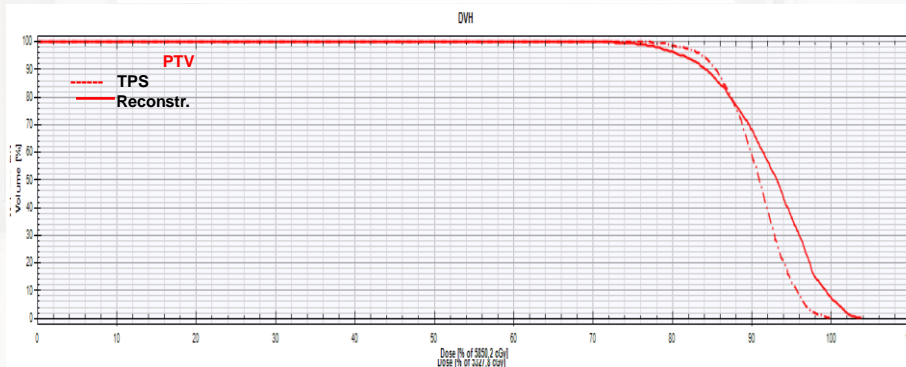
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## Compass 3.0-MatriXX<sup>Evolution</sup> Results

BRAIN Average Dose PTV					
	Dose Prescr. (Gy)	TPS (Gy)	COMPASS RECONSTRUCTED (Gy)	Absolute diff. (Gy)	Diff. %
Case 1	21	23.42	23.68	0.26	1.1
Case 2	21	22.16	22.38	0.21	1.0
Case 3	15	16.70	16.76	0.06	0.4



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## Conclusions

- ✓ Different system devices → different kind of measurements.
- ✓ If we apply a «unique» threshold metric we risk to generate false positives or false negatives

## Open Questions

- ✓ Need to develop new Monte Carlo based software for QA results in terms of DVH
- ✓ Further studies are required to analyze new methods that will be both effective and practical in the clinical settings
- ✓ Has gamma index a clinical meaning in systems that do not permit to localize «failed points» into the patient's anatomical inhomogeneity?

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*Grazie per l'attenzione*

