

Edinburgh Cancer Centre
Western General Hospital



***A step towards Adaptive Radiation Therapy:
Integrating Cone Beam CT with
Transit Dosimetry
for quantitative dose analysis***

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Work Flow



ARIA

Tr.Plan Details
[CT Scans,
Rs, Rp & Rd]

CBCT &
EPID
Transit Images

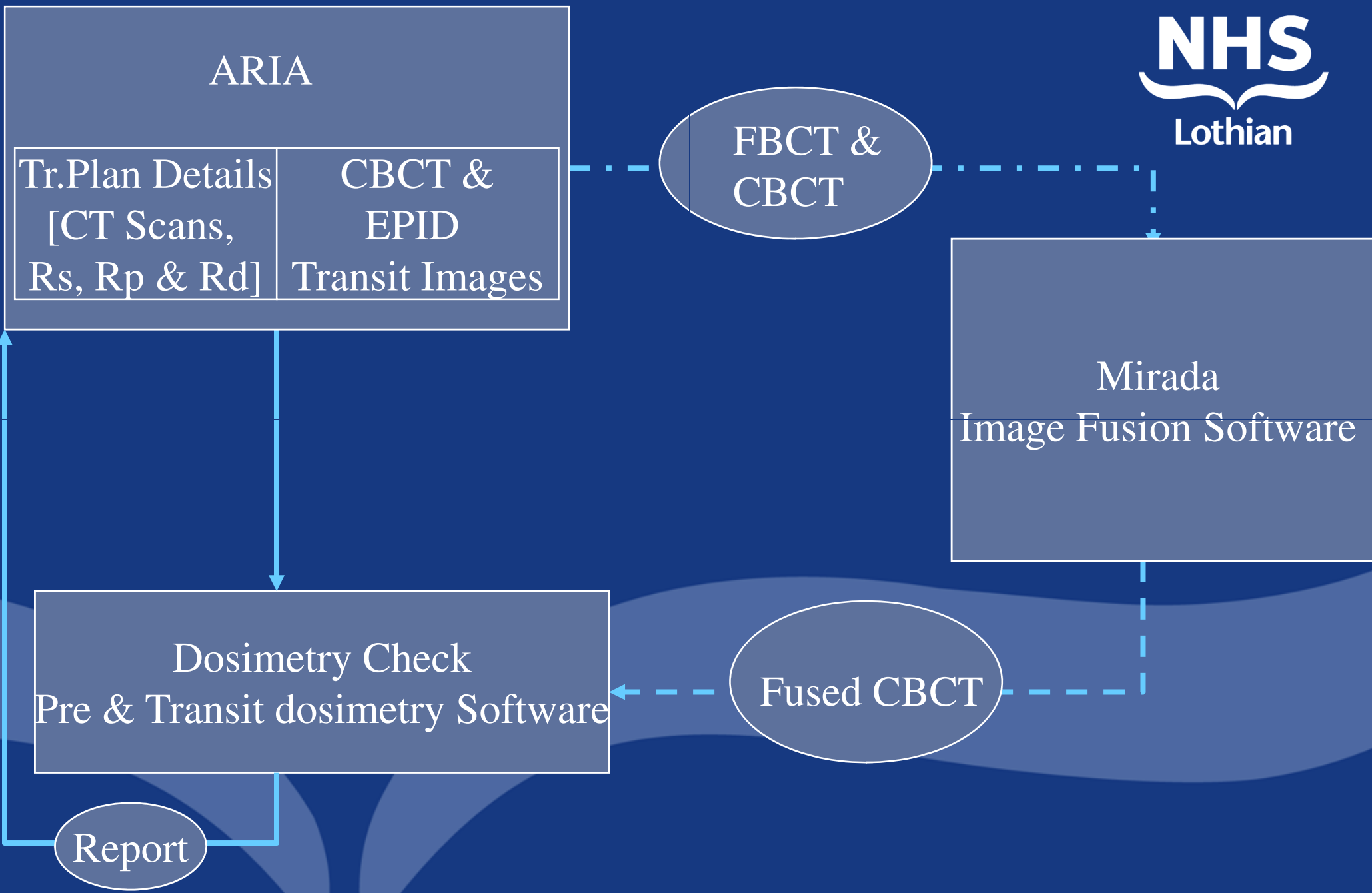
FBCT &
CBCT

Mirada
Image Fusion Software

Dosimetry Check
Pre & Transit dosimetry Software

Fused CBCT

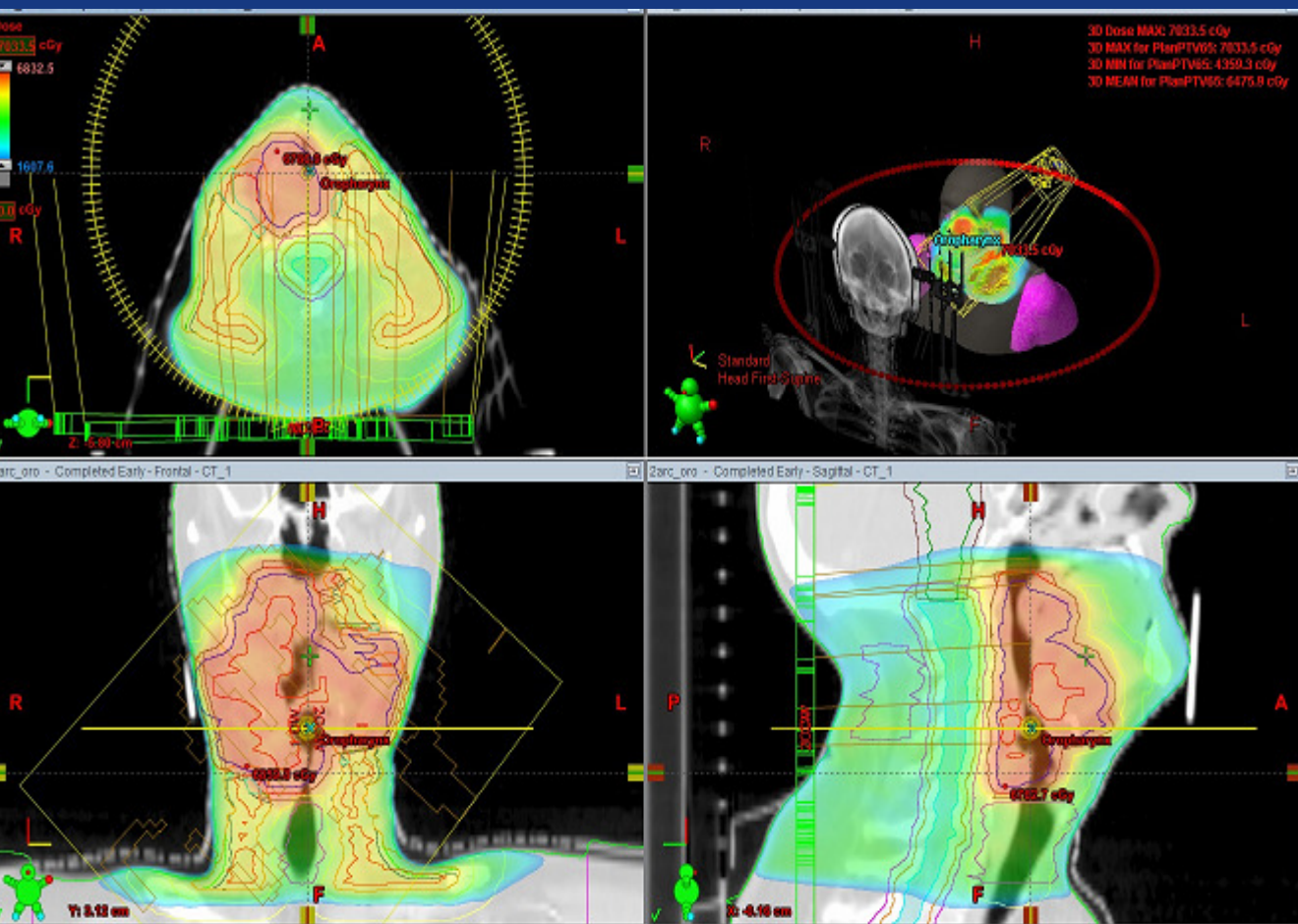
Report



Tr.Plan Details [CT Scans, Rs, Rp & Rd]



Eclipse TPS – AAA [Ver. 10.0.28]



RA – Since Oct 2011
H&N and Prostate
6 MV X-rays

H&N

2 Arcs
250 MU /Arc
(Average)
600 MU /min

Prostate

1 Arc
600 - 900 MU
600 MU /min

Total : 107 patients

CBCT & Transit Images

CBCT - OBI ver 1.5

H&N – Full Fan mode

Prostate – Half Fan mode

Pixel Matrix : 384 x 384



Transit Images

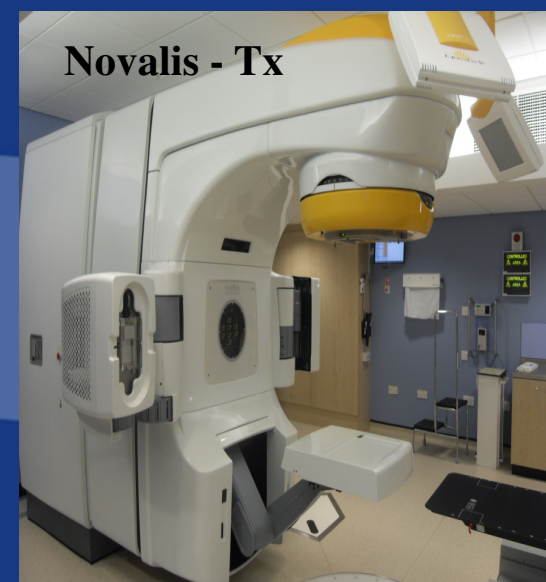
Mode of Acquisition : Continuous

Each image – Avg. of 12 frames

7.5 frames per sec (600 MU/min)

Pixel Matrix : 1024 x 768 [Full resolution]

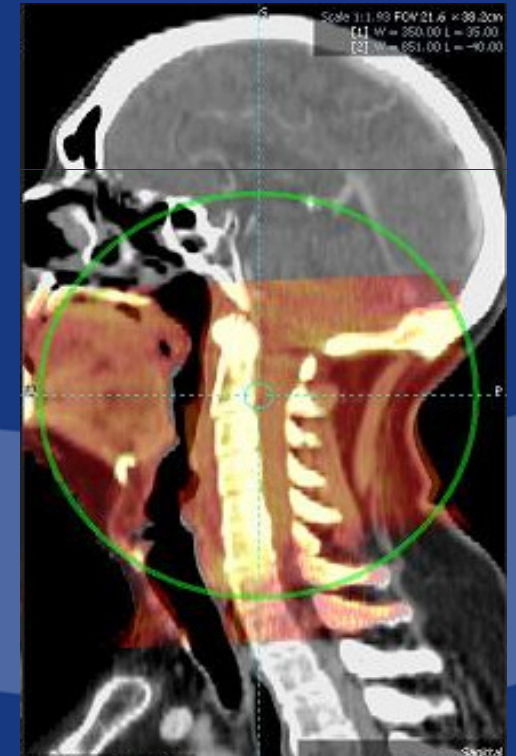
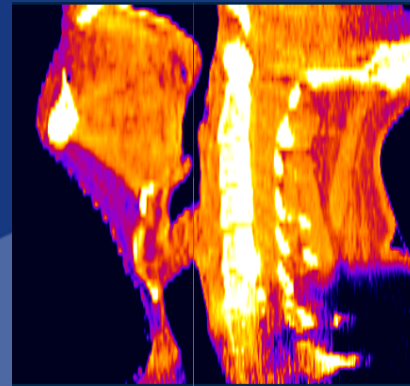
Approx. 40 – 47 images per arc



Mirada
Image Fusion Software



XD3 Advanced Image Fusion Ver. 3.4.5.5
Initial Manual Alignment
&
Automatic Rigid



Output : Reformatted CBCT similar to FBCT parameters

Dosimetry Check

Pre & Transit dosimetry Software

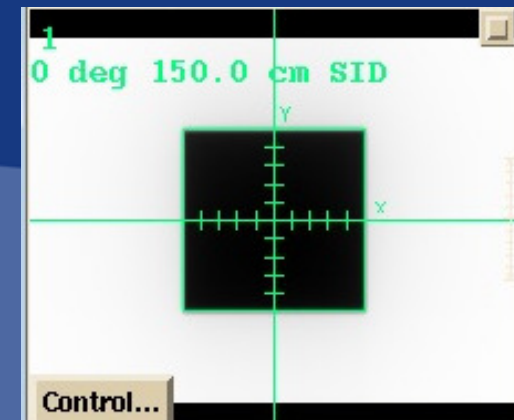
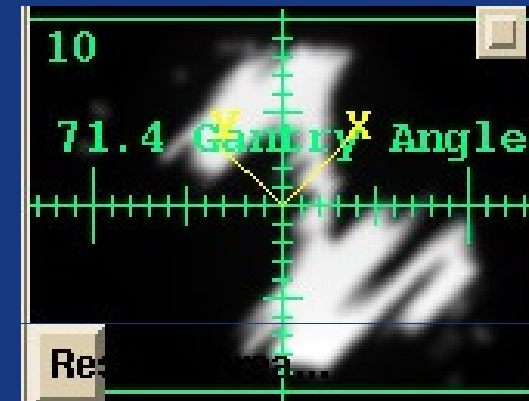


EPID acquired transit Images are used as a primary information for Dose computation.

The pixel values of the 2-d fluence pattern is normalized using a ref. field centre's darkness level corresponding to a ref. MU

$$\text{Epid Image} = \psi_p^{(x,y)} \ominus \text{PSF}$$

For different medium thicknesses along the beam path, PSF is needed.



Center All/Cal. All	File Name	LA6_6MV_FS10X10_100MU_FI	Center cm	0.06 -0.02
Signal for All Calibration	291412.125000	Monitor Units	100	

Dosimetry Check

Pre & Transit dosimetry Software



Point Spread Function / Kernel

For $n = 5$, each thickness of the medium will give 10 fitted parameters for the PSF.

$$k(r) = \sum_i^n a_i e^{-b_i r}$$

Deconvolution of the EPID image will give the intensity in air.

Three-dimensional IMRT verification with a flat-panel EPID

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$$S_{c,p} = S_c \times S_p$$

With the knowledge of CT density and ray tracing,
Dose distribution within the CT volume can be recreated.

Clinical Pathway.....

Pre-treatment
verification



Day # 0



CBCT + Transit

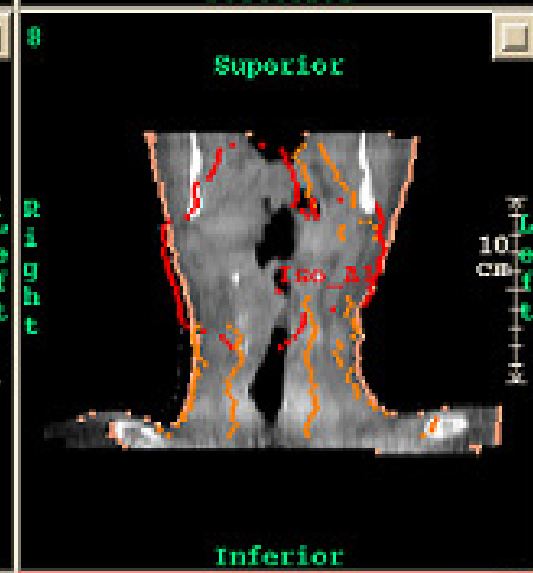
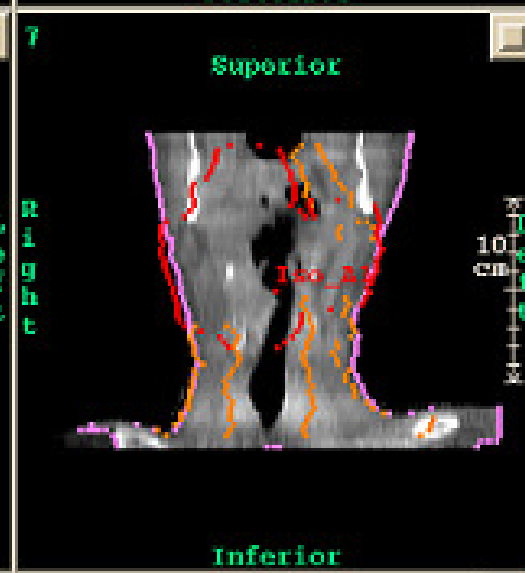
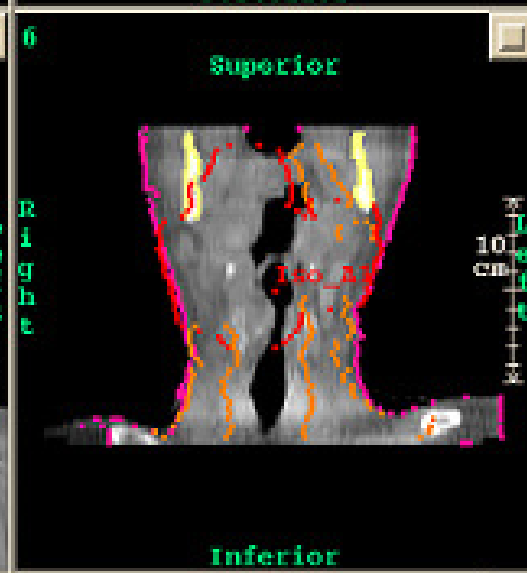
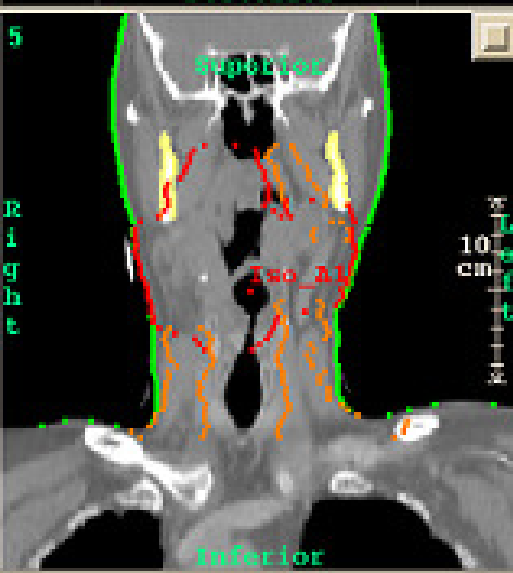
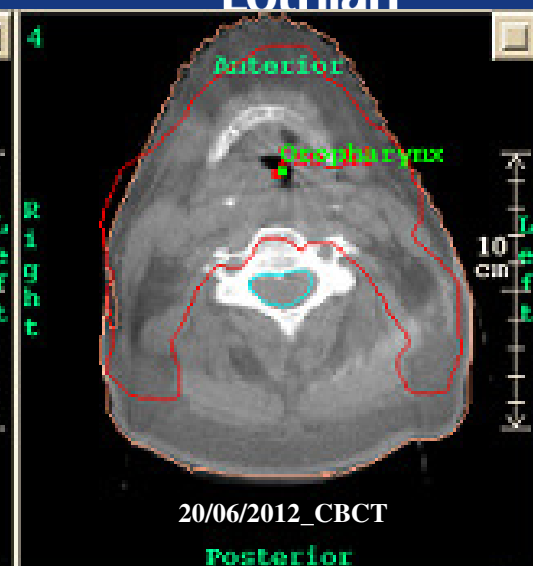
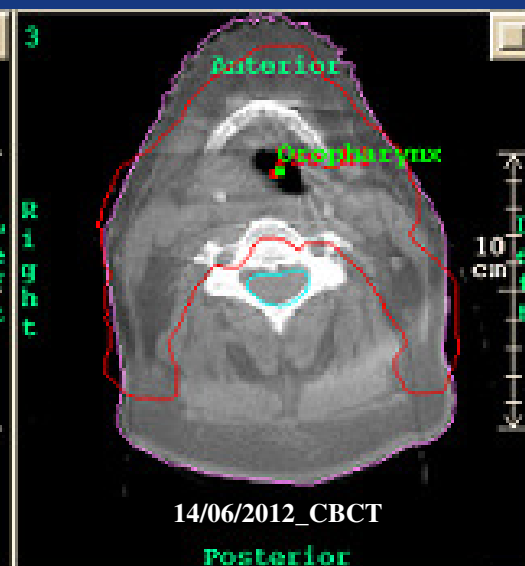
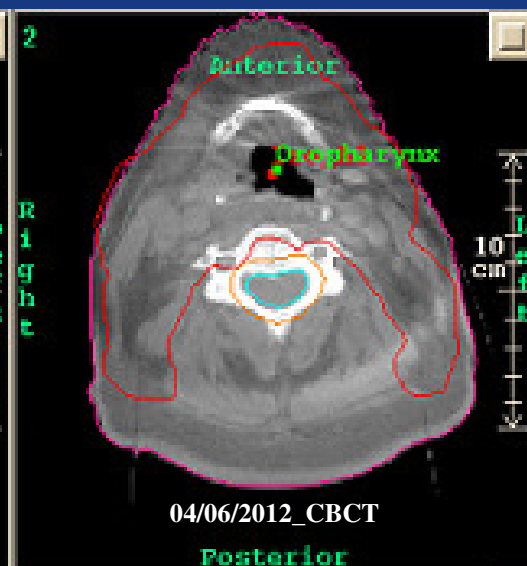
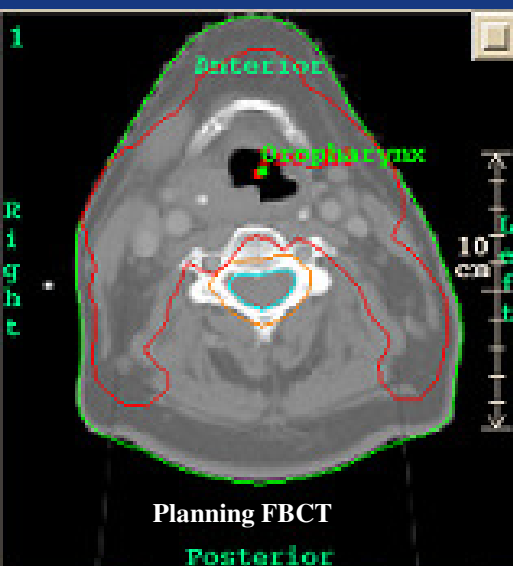


Session Number	2 arc		Isocheck		
	2CCW	1CW	ISOLat	IsoAP	ISOCBCT
1	CACQ	CACQ	OBI_KV	OBI_KV	OBI_CBCT
2	CACQ	CACQ	OBI_KV	OBI_KV	
3	CACQ	CACQ	OBI_KV	OBI_KV	
4	Integrated I...	Integrated I...	OBI_KV	OBI_KV	
5			OBI_KV	OBI_KV	
6			OBI_KV	OBI_KV	
7			OBI_KV	OBI_KV	
8	CACQ	CACQ	OBI_KV	OBI_KV	OBI_CBCT
9			OBI_KV	OBI_KV	
→ 10	Active		Active (Img)		
			OBI_KV	OBI_KV	
11	Active		Active (Img)		
			OBI_KV	OBI_KV	
12	Active		Active (Img)		
			OBI_KV	OBI_KV	
13	Active (Img)		Active (Img)		
	CACQ	CACQ	OBI_KV	OBI_KV	OBI_CBCT
14	Active		Active (Img)		
			OBI_KV	OBI_KV	
15	Active		Active (Img)		
			OBI_KV	OBI_KV	
16	Active		Active (Img)		
			OBI_KV	OBI_KV	
17	Active		Active (Img)		
			OBI_KV	OBI_KV	
18	Active (Img)		Active (Img)		
	CACQ	CACQ	OBI_KV	OBI_KV	OBI_CBCT

Ca. Oropharynx :

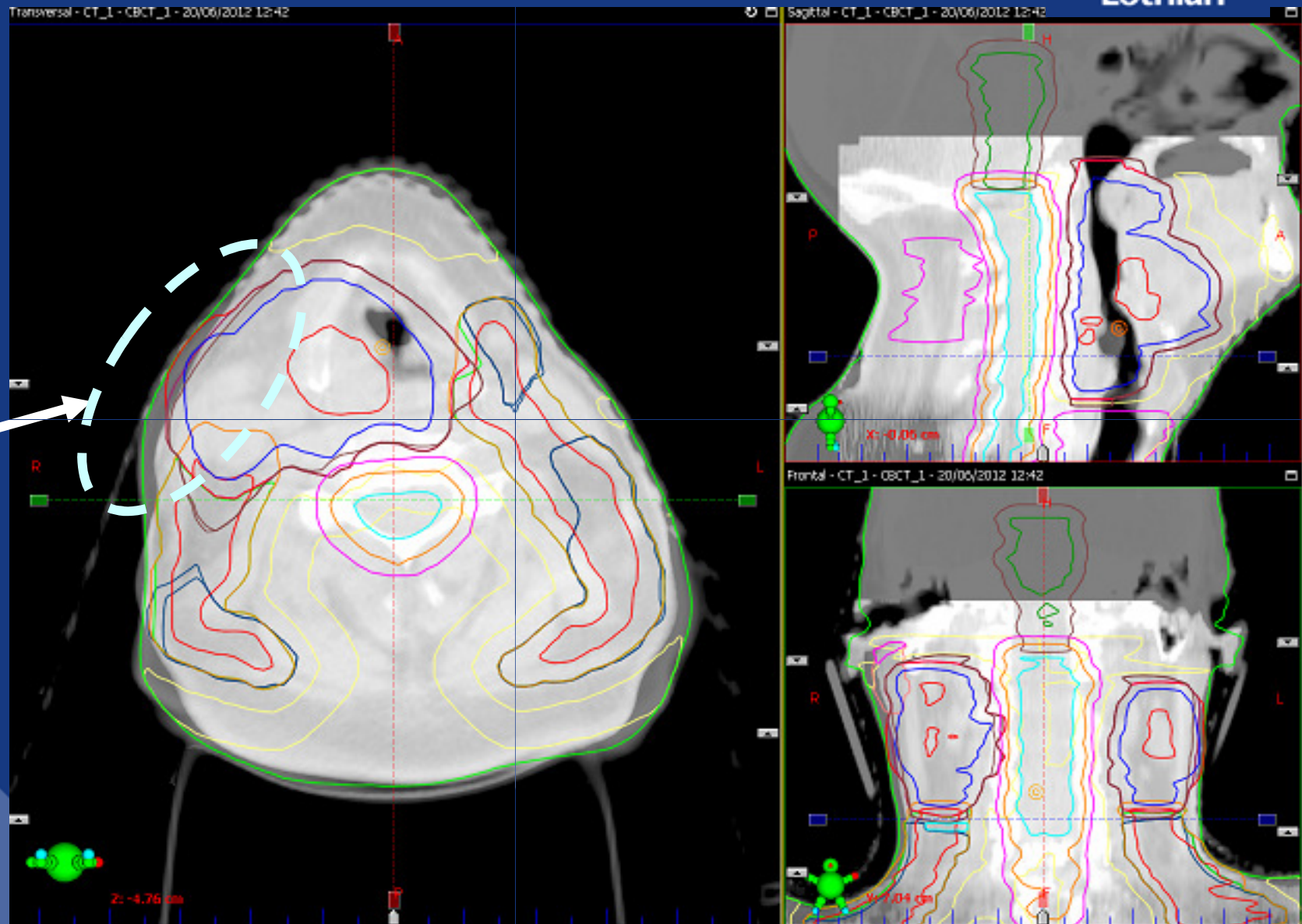
Planning CT :14/05/2012

First Treatment: 04/06/2012

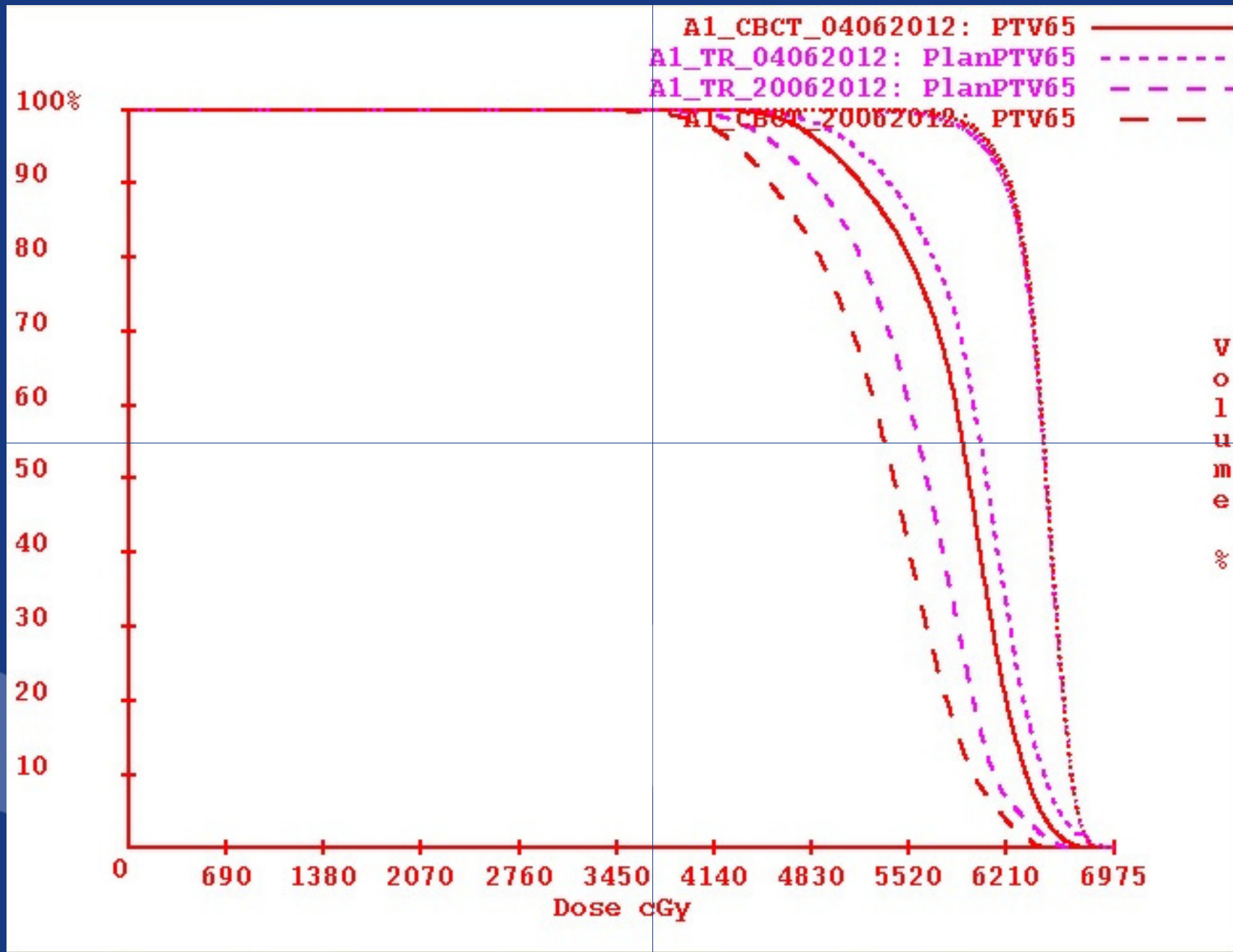


ARIA – Image Registration Result

Body
Volume
Change



Dose – Volume Histogram : Comparison



Point Dose Results - Summary

Verification Type	ISO	Oropharynx
Pre-verification	2.0%	2.3%
Transit_FBCT_04062012	1.7%	2.6%
Transit_FBCT_05062012	3.8%	4.2%
Transit_FBCT_07062012	-3.3%	-2.3%
Transit_FBCT_14062012	-3.3%	-2.1%
Transit_FBCT_20062012	-6.5%	-5.4%
Transit_CBCT_04062012	0.6%	1.5%
Transit_CBCT_14062012	-5.6%	-4.5%
Transit_CBCT_20062012	-6.4%	-5.2%

Uncertainties



CBCT Image Quality

Fusion Algorithm's accuracy

Eclipse AAA vs DC Pencil Beam

Limitations

CBCT's FOV (24.0 cms)

EPID Imager dimensions

Resources

ADVANTAGES



Potential replacement for external 2d/3d array
based Pre-treatment verifications

Systematic approach on Quality Treatment

Reliable in-vivo tool

Possibility to estimate Radiobiological Outcomes

REFERENCES



Adobe Acrobat 7.0
Document

Thank You