

Rapid Arc in der Praxis: ein Jahr Erfahrung



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Rapid Arc?

Patientenbestrahlung in 3 Minuten

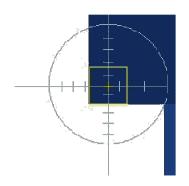
- 2 Minute Lagerungskontrolle (CBCT)
- 1 Minute Bestrahlung

Rapid Arc vs. IMRT

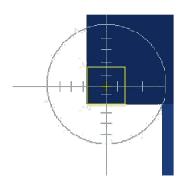
- Kurze Bestrahlungszeiten
- Weniger MUs

Fluenzmodulation: Anpassung der

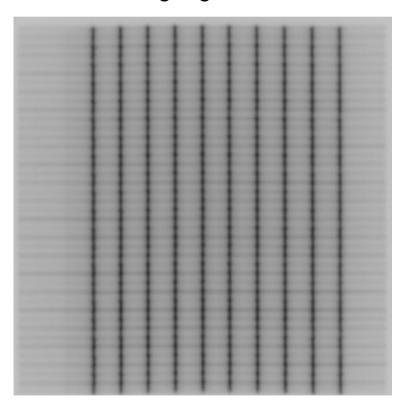
- Gantrygeschwindigkeit:
 0.5 4.8 Grad/Sek
- Dosisrate: 0-600 MU/min
- Dosis pro Grad: 0-20 MU/Grad
- MLC-Geschwindigkeit: 0-2.25 cm/Sek

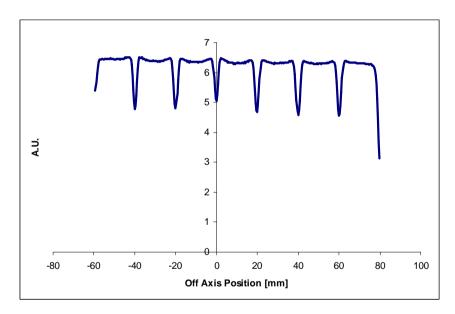






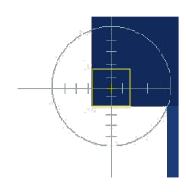
- Stabilität der Outputfaktoren bei Arc-Segmenten
- MLC-Bewegungen bei statischer vs. rotierender Gantry (Gartenzaun-Test)



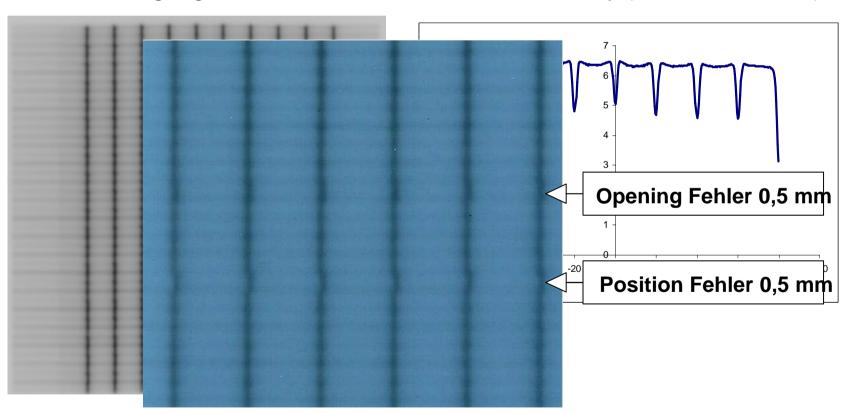


Clifton Ling et al., Int. J. Rad. Onc. Biol. Phys. 72 (2), 575-581 (2008)





- Stabilität der Outputfaktoren bei Arc-Segmenten
- MLC-Bewegungen bei statischer vs. rotierender Gantry (Gartenzaun-Test)

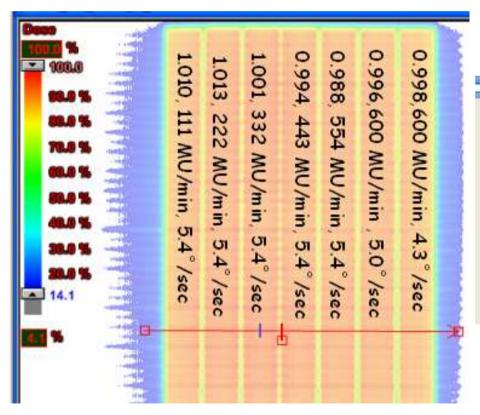


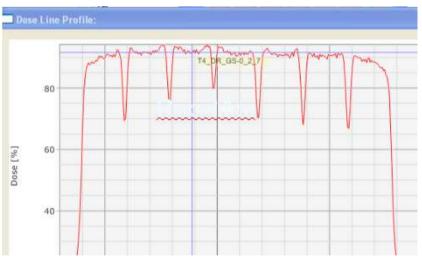
Clifton Ling et al., Int. J. Rad. Onc. Biol. Phys. 72 (2), 575-581 (2008)



Stabilität der Dosisoutput bei Modulation der:

1. Gantrygeschwindigkeit + Dosisrate

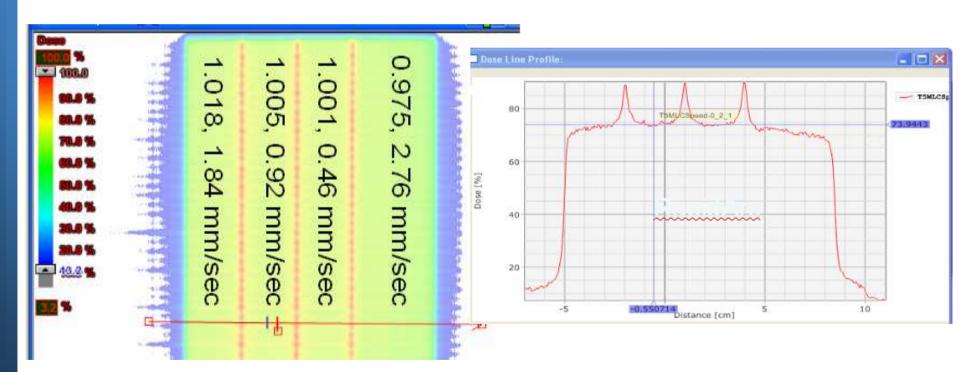






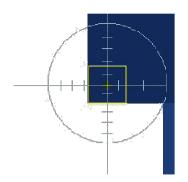
Stabilität der Dosisoutput bei Modulation der:

- 1. Gantrygeschwindigkeit + Dosisrate
- 2. MLC-Geschwindigkeit + Dosisrate

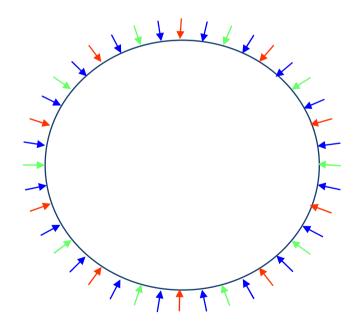




RapidArc Bestrahlungsplanung: PRO



- Planungssystem (Varian Eclipse 8.5)
 - PRO (Progressive Resolution Optimizer)
- » MLC Dosimetric Leaf Gap, MLC DoseRate dynamic
- » Basisdatensätze PCB
- » AAA für die Berechnung

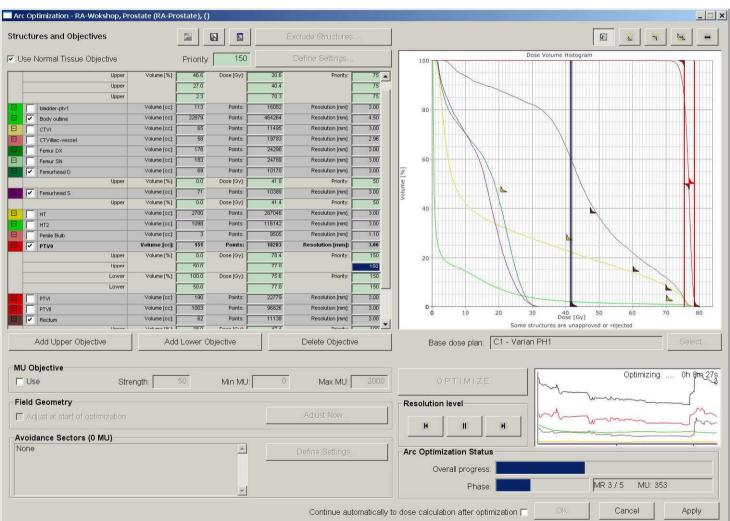


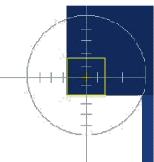
- Fängt mit wenigen Richtungen an
- Optimierung von Dose Rate, MLC, und Gantrygeschwindigkeit für jeden Kontrollpunkt
- Unter Berücksichtigung der technischen Einschränkungen des Clinacs



Planung: "Dose Constraints"

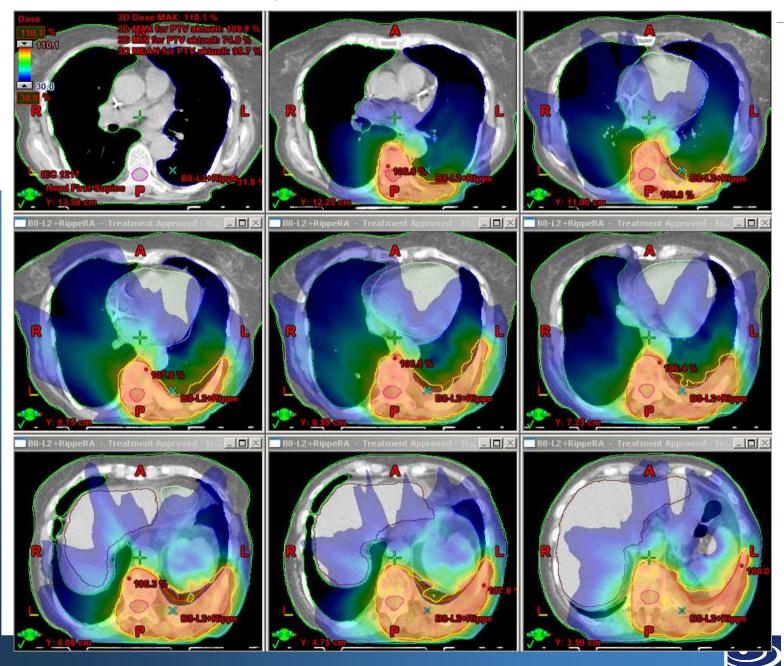
Cave: max. Punktanzahl für die Optimierung: 1.000.000!

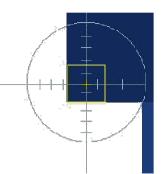




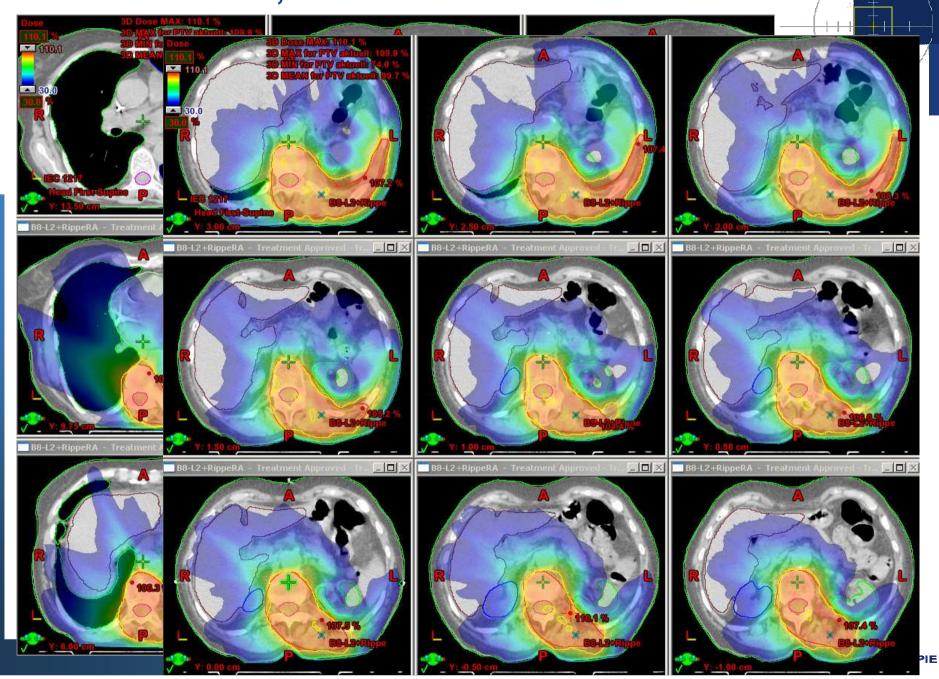


Patient Nr. 1: NHL, Knochenbefall



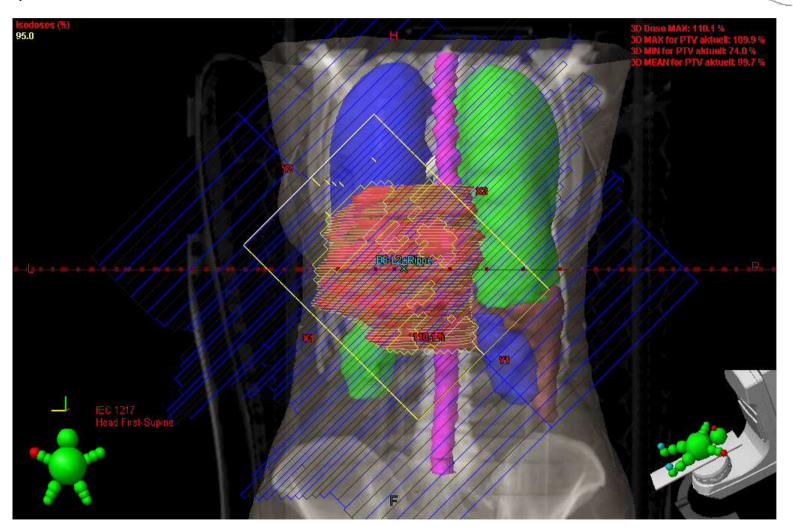


Patient Nr. 1: NHL, Knochenbefall



Patient Nr. 1: NHL, Knochenbefall

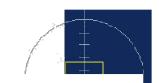
1 ARC, 530 MU



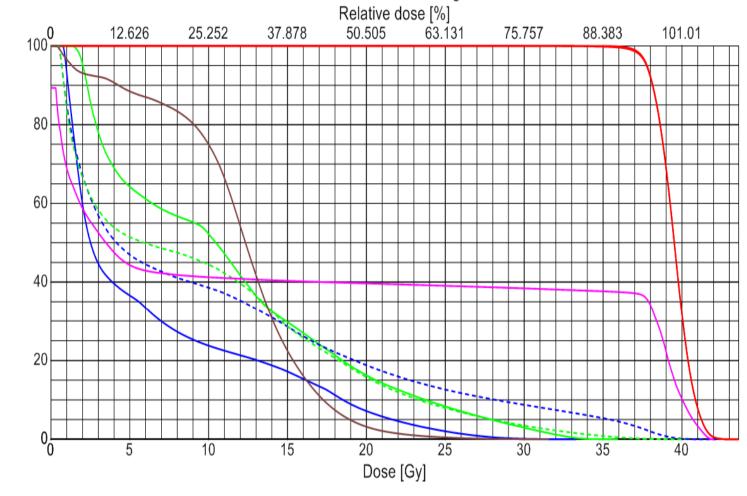


Ratio of Total Structure Volume [%]

Patient Nr. 1: NHL, Knochenbefall

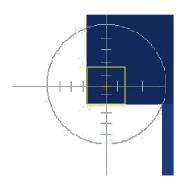


Cumulative Dose Volume Histogram

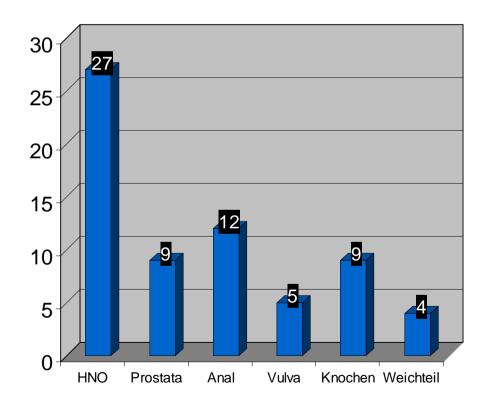


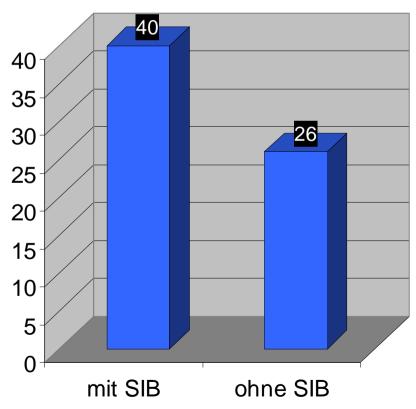
Structure	Plan	Plan Status Course	Coverage [%/%]	Volume	Min Dose	Max Dose	Mean Dose	Modal Dose	Median Dose	Std Dev
li.Niere	B8-L2+RippeRA ()	Treatment Approved Metas Apr09	100.0 / 100.0	92.7 [cm ³]	1.3 Gy	35.9 Gy	11.2 Gy	2.4 Gy	10.5 Gy	8.3 Gy
Myelon	B8-L2+RippeRA ()	Treatment Approved Metas Apr09	89.3 / 99.7	93.5 [cm³]	0.3 Gy	42.1 Gy	18.5 Gy	0.3 Gy	4.9 Gy	18.3 Gy
<pre>—— re.Niere</pre>	B8-L2+RippeRA ()	Treatment Approved Metas Apr09	100.0 / 100.0	112.8 [cm³]	0.7 Gy	33.3 Gy	6.4 Gy	1.0 Gy	2.5 Gy	7.1 Gy
—— PTV Test RA	B8-L2+RippeRA ()	Treatment Approved Metas Apr09	100.0 / 100.0	869.2 [cm³]	31.4 Gy	43.6 Gy	39.5 Gy	39.6 Gy	39.5 Gy	1.0 Gy
—— PTV aktuell	B8-L2+RippeRA ()	Treatment Approved Metas Apr09	100.0 / 100.0	872.5 [cm³]	29.4 Gy	43.6 Gy	39.5 Gy	39.6 Gy	39.5 Gy	1.1 Gy
Leber	B8-L2+RippeRA ()	Treatment Approved Metas Apr09	100.0 / 100.0	905.2 [cm³]	0.4 Gy	31.6 Gy	11.9 Gy	11.9 Gy	12.3 Gy	4.8 Gy
li.Lunge	B8-L2+RippeRA ()	Treatment Approved Metas Apr09	100.0 / 100.0	1301.3 [cm³]	0.5 Gy	42.2 Gy	10.1 Gy	0.8 Gy	4.2 Gy	11.0 Gy

Patientenkollektiv



- 66 Patienten (ca. 1,2 neuer Pat. Pro Woche)
- z.T. mit Simultan Intgriertem Boost (SIB)







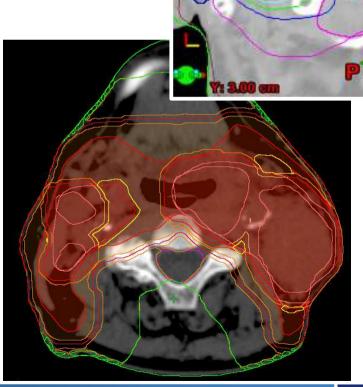
1 Std.

Konturierung

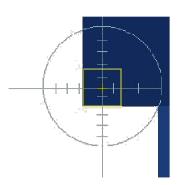
trotz automatischer Segmentation

- Optimierung
- Berechnung
- Planverifikation

- Lagerung + Kontrolle
- Bestrahlung







1 Std.

Konturierung

1 Std.

• Optimierung
Templates, mehrere Arcs

Structures and Objectives

✓ Use Normal Tissue Objective

Priority:

Berechnung

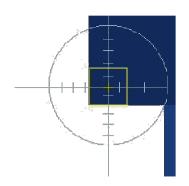
Planverifikation

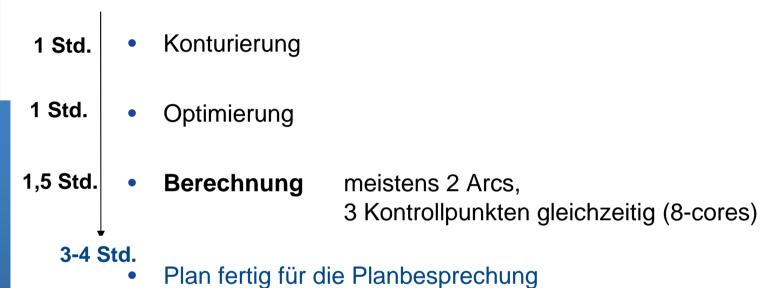
Continue automatically to dose calculation after optimization [

Bestrahlung

Lagerung + Kontrolle



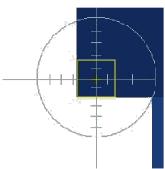




Planverifikation

- Lagerung + Kontrolle
- Bestrahlung





1 Std. • Konturierung

1 Std. • Optimierung

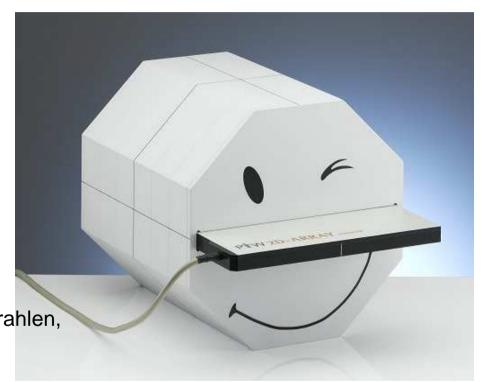
1,5 Std. • Berechnung

3-4 Std.

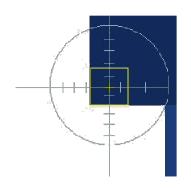
Planverifikation
 Plan erstellen + vorbereiten
 Phantom justieren, Plan bestrahlen,
 Auswerten

5-6 Std.

- Lagerung + Kontrolle
- Bestrahlung







1 Std. • Konturierung

1 Std.

Optimierung

1,5 Std.

Berechnung

Planverifikation
 Plan erstellen + vorbereiten
 Phantom justieren, Plan bestrahlen,
 Auswerten

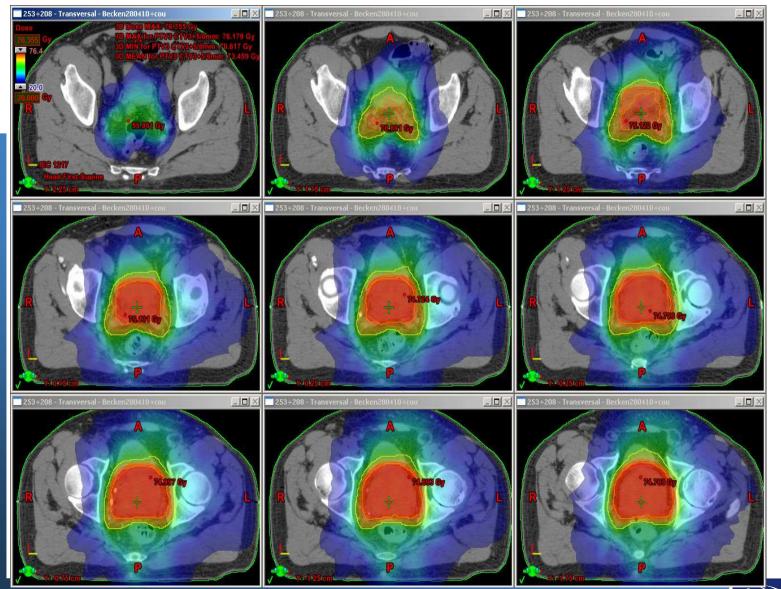
5-6 Std.

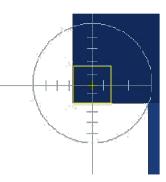
- Lagerung + Kontrolle
- Bestrahlung

20 Minuten Slot



Beispiel Prostata, 2 Arcs, 253+208 MU





CHIPP Studie

PTV1 59,2 Gy (Prost+SB)

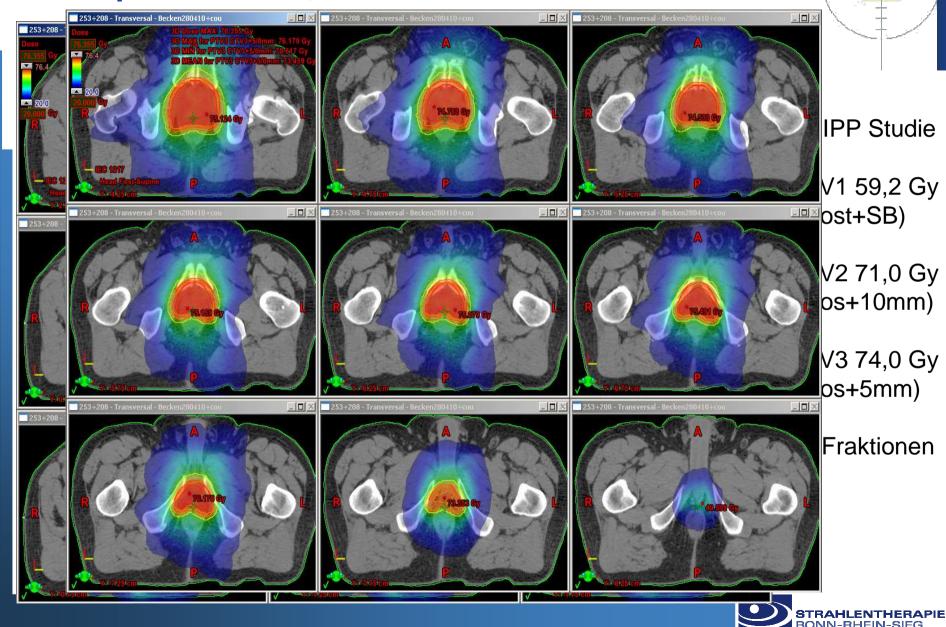
PTV2 71,0 Gy (Pros+10mm)

PTV3 74,0 Gy (Pros+5mm)

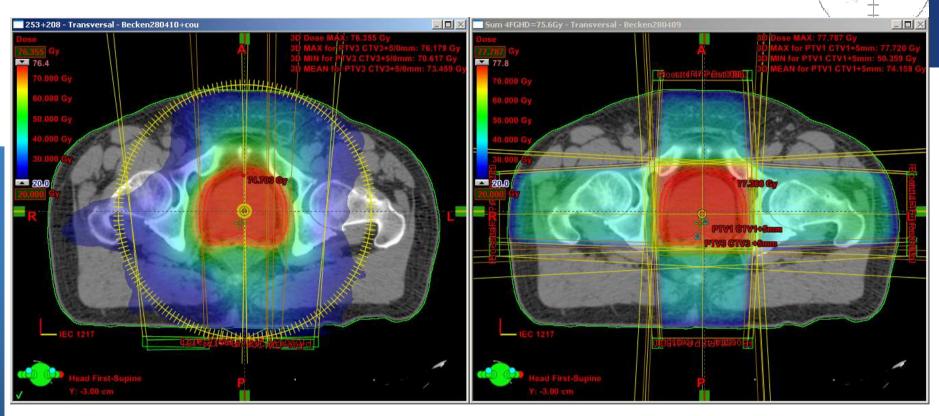
37 Fraktionen



Beispiel Prostata, 2 Arcs, 253+208 MU



Beispiel Prostata



Rapid Arc

PTV 1 59,2 Gy

PTV 2 71,0 Gy

PTV 3 74,0 Gy

37 Fraktionen

ED 2,0 Gy (PTV 1)

3D Konformal

PTV 1 50,4 Gy

PTV 2 66,6 Gy

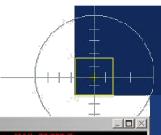
PTV 3 75,6 Gy

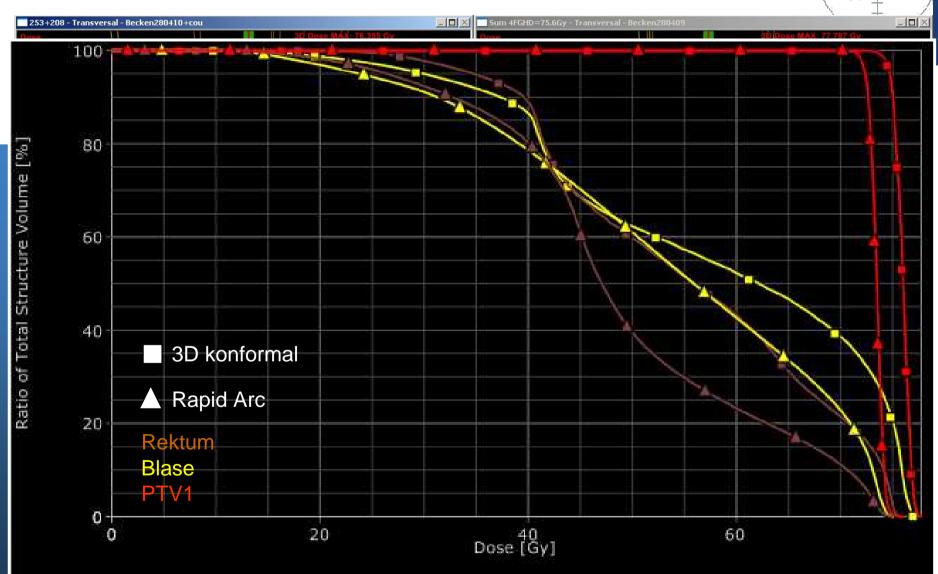
42 Fraktionen

ED 1,8 Gy (PTV 1)



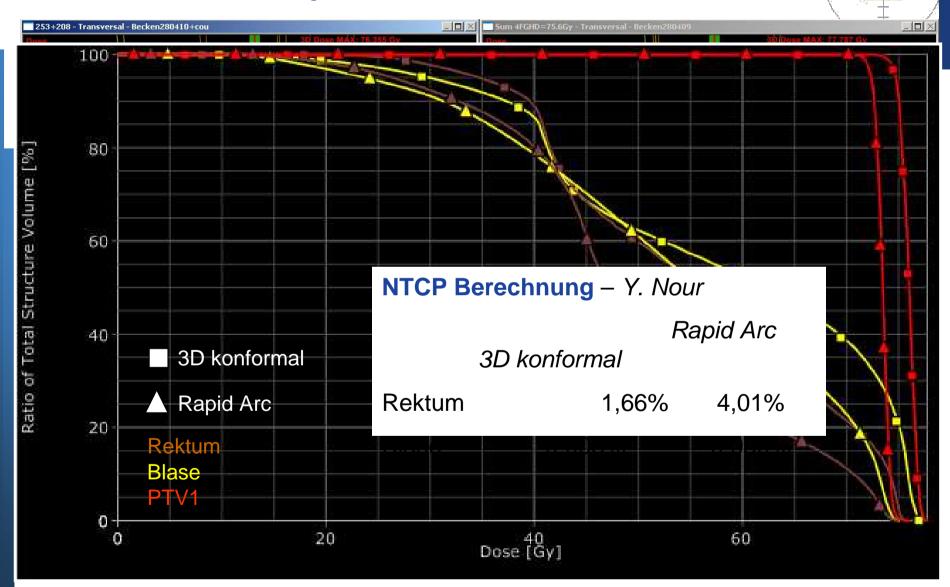
Beispiel Prostata





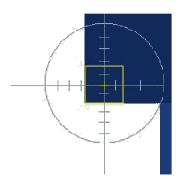


Beispiel Prostata

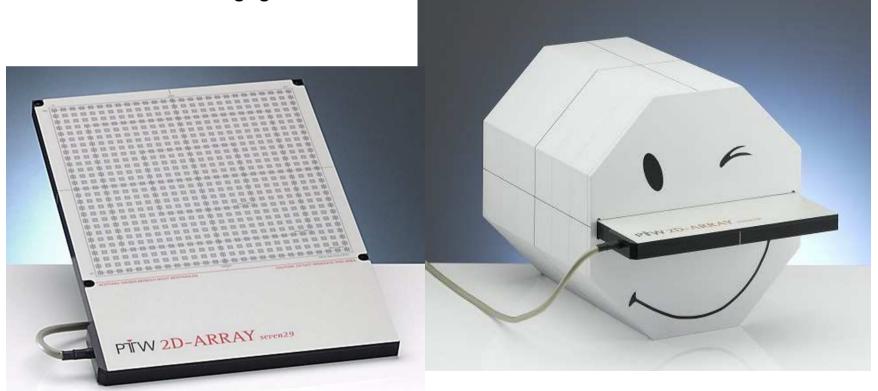




Planverifikation

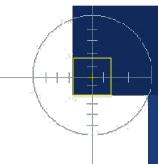


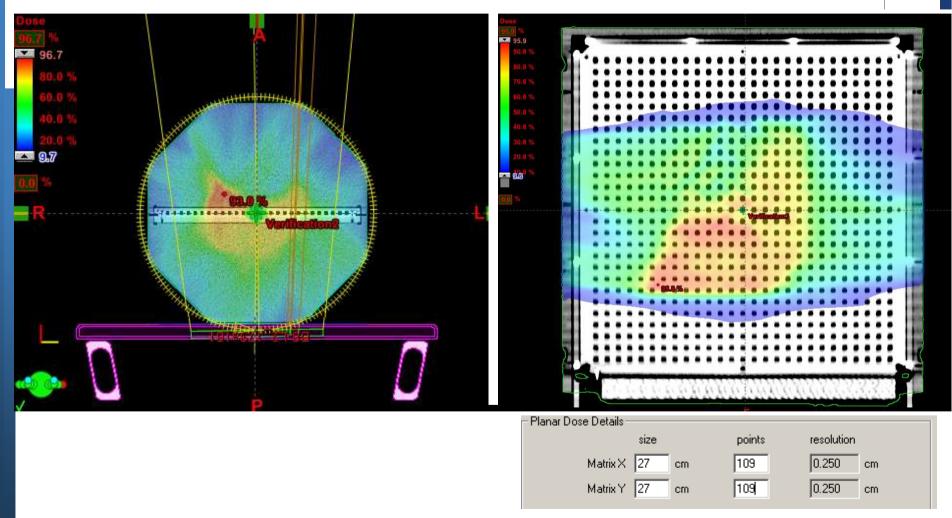
- Keine EPID-Messung möglich ?
- Gleiche Bestrahlungsgeometrie





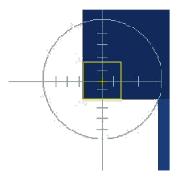
Planverifikation

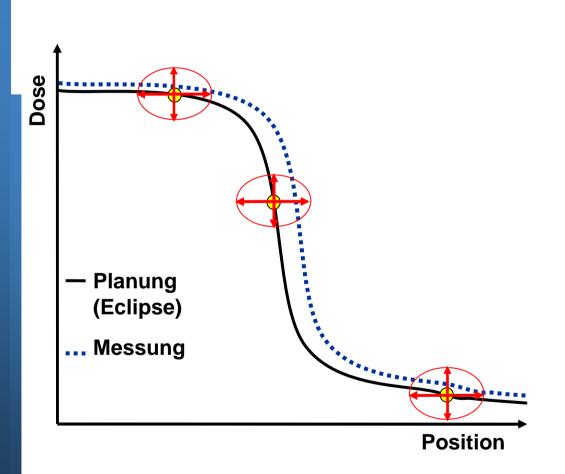






Gamma Kriterium

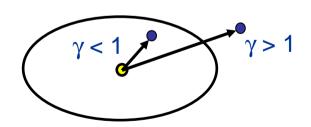




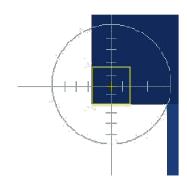
$$\Delta D_{max}$$
 = max. Dosisabweichung

DTA = Distance To Agreement

$$\gamma = \sqrt{\frac{\Delta D^2}{\Delta D_{\text{max}}^2} + \frac{\Delta d^2}{DTA^2}}$$



Passkriterien

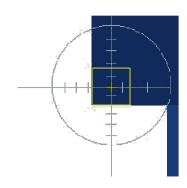


Gamma Evaluation

- Punkten mit Dosis < 10% werden nicht ausgewertet
- ΔD des globalen Maximums
- - o zwischen 90 und 95%
 - weniger als 90%
- DTA 2 mm
- ∆D **2**%



Passkriterien



Gamma Evaluation

- Punkten mit Dosis < 10% werden nicht ausgewertet
- ΔD des globalen Maximums
- Ergebnis: mehr als 95%
 - zwischen 90 und 95%
 - weniger als 90%
- DTA **2 mm**

Für alle Körperregionen?

• ∆D **2%**



Beispiel HNO

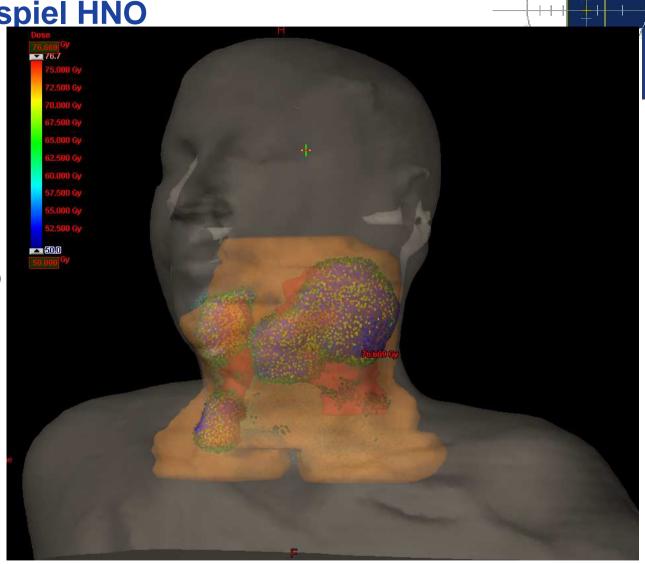
Hyphopharynx

GTV 70,0 Gy

PTV high risk 59,4 Gy

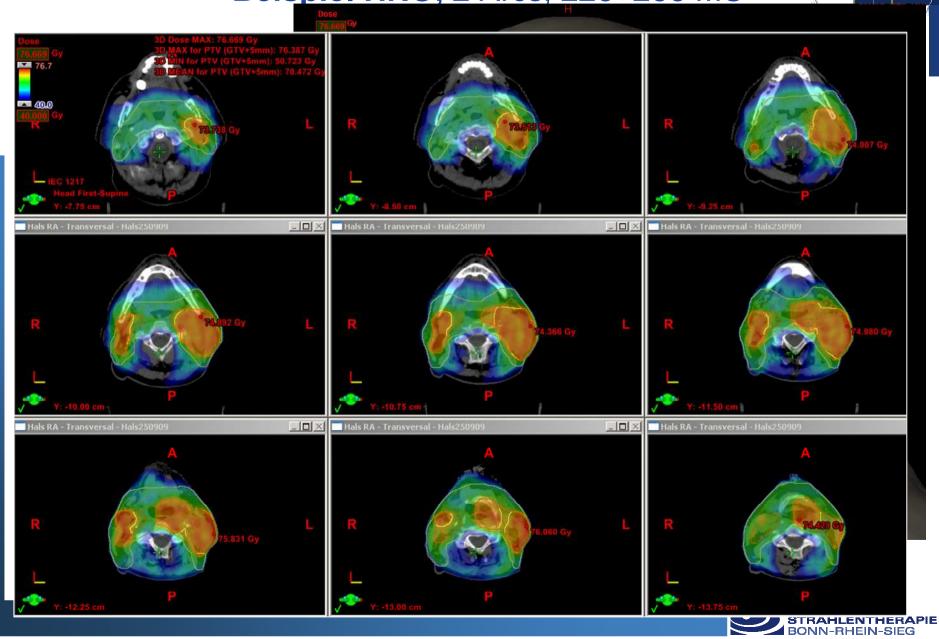
PTV low risk 54,0 Gy (nicht befallene LK Level II-V)

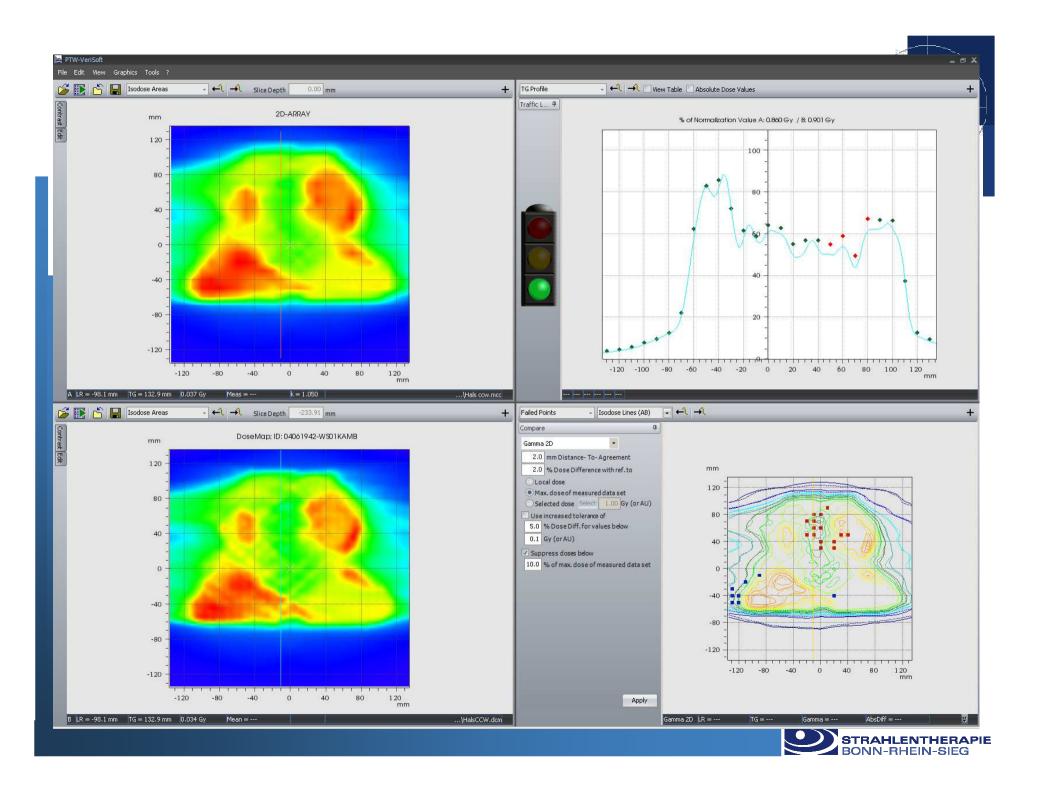
33 Fraktionen (ED 2,12 1,8 1,64)

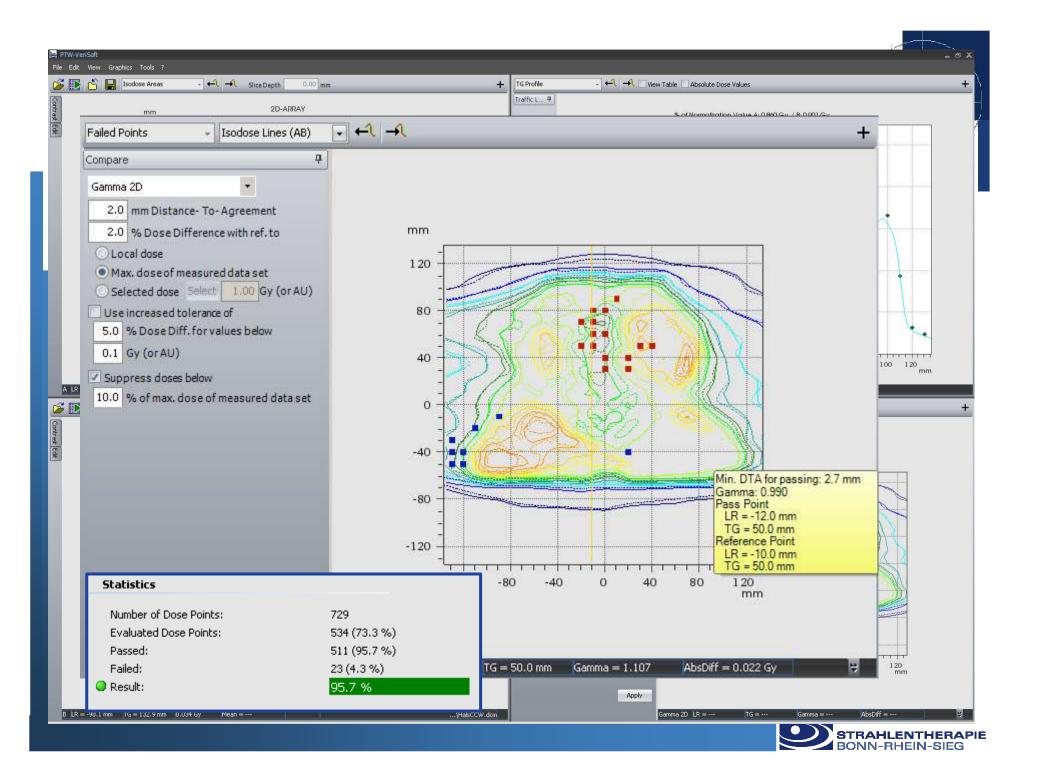


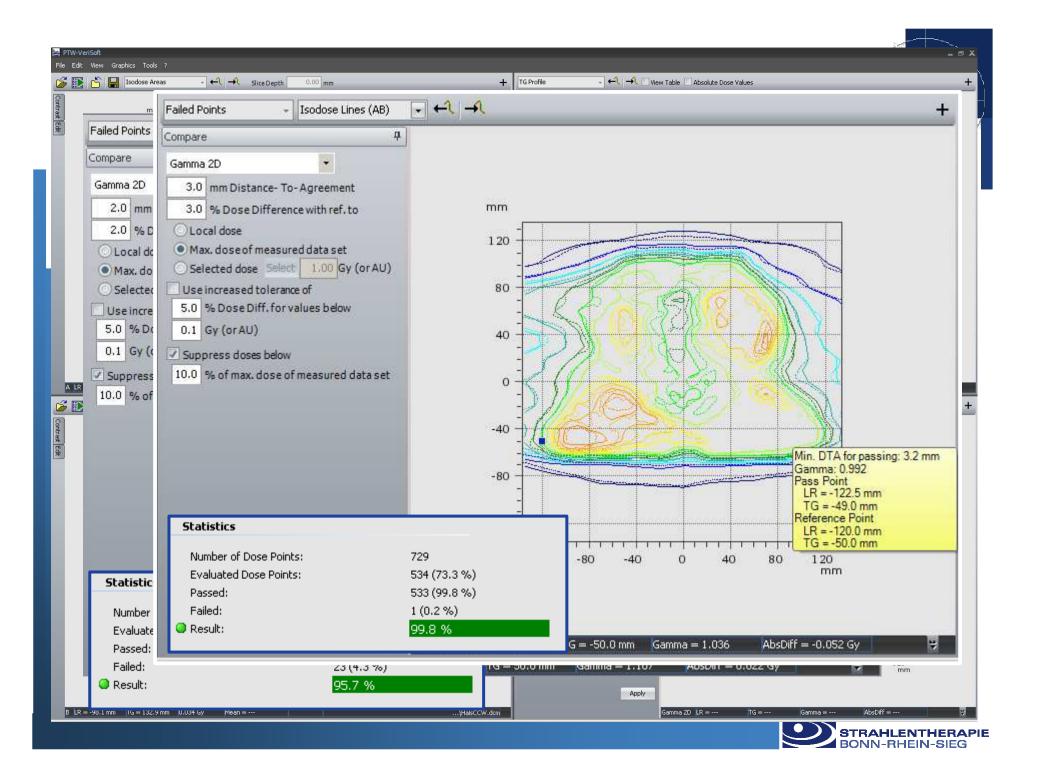


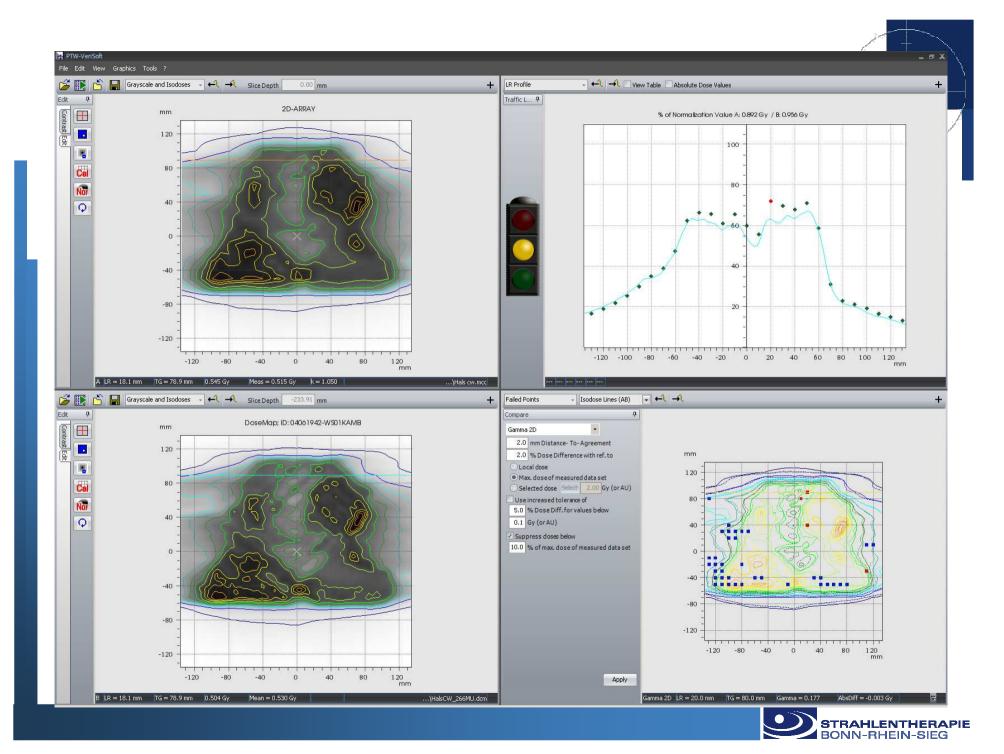
Beispiel HNO, 2 Arcs, 226+266 MU

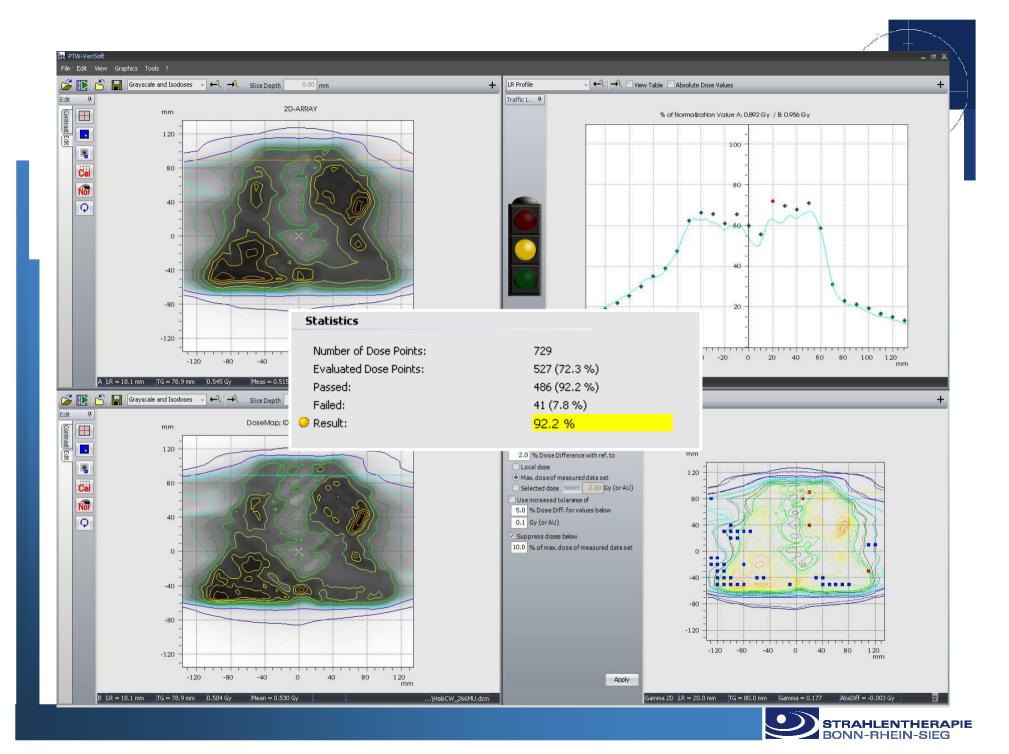


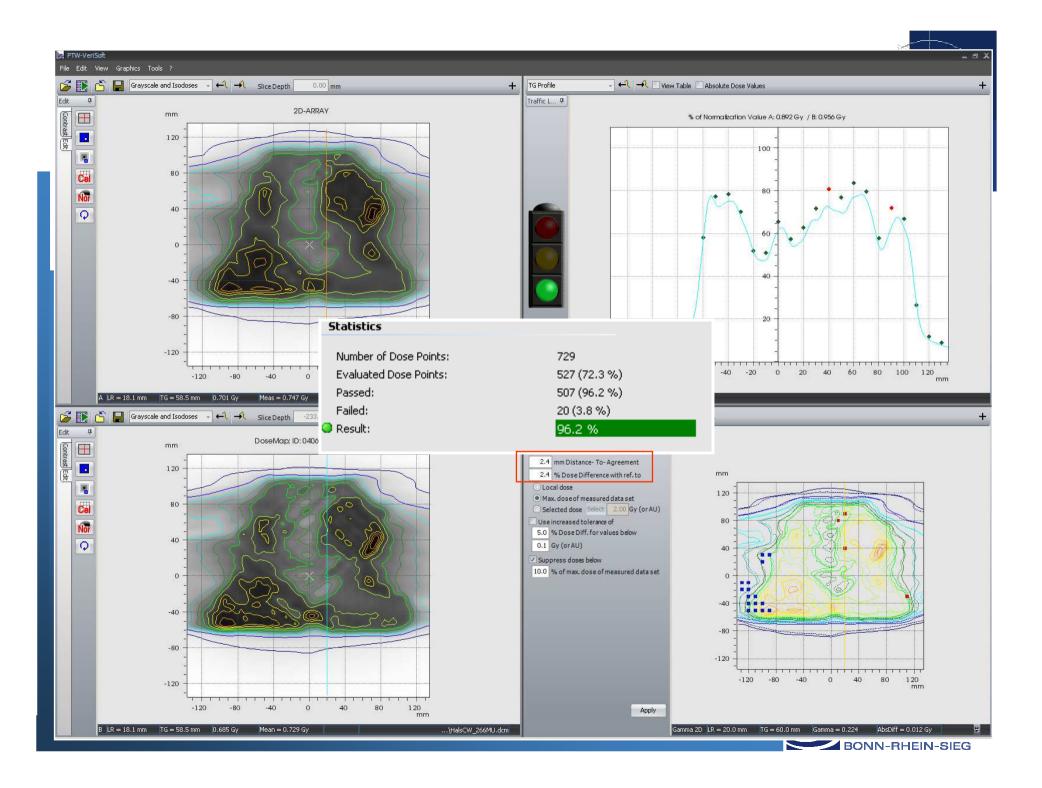


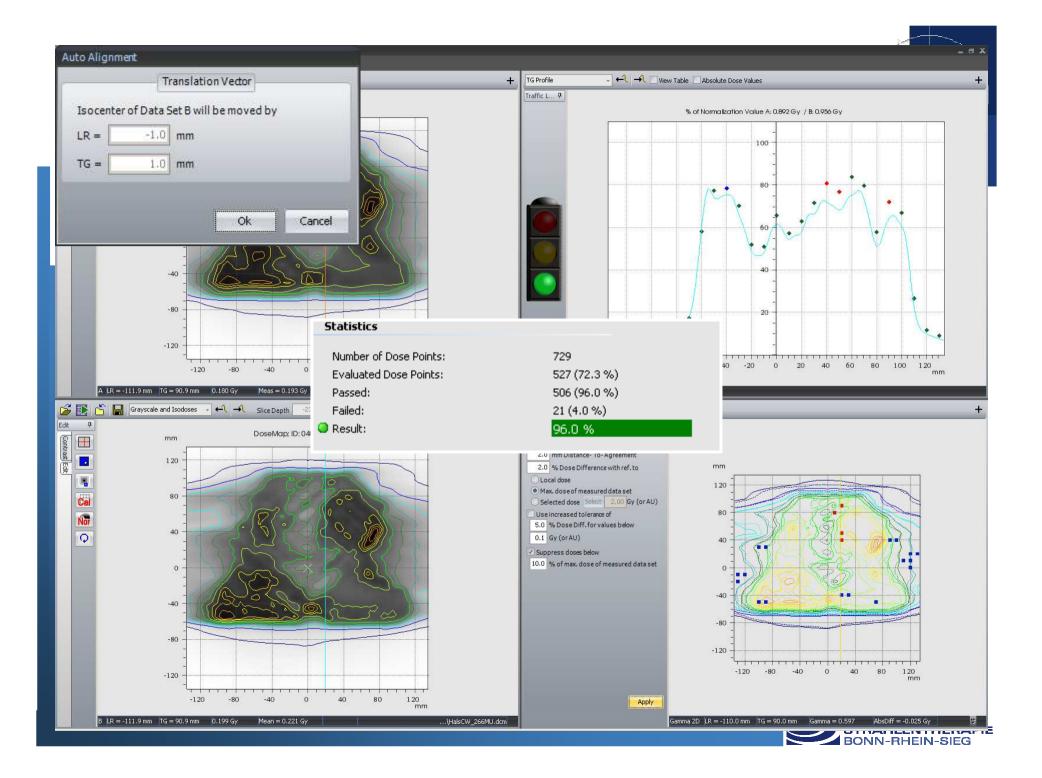




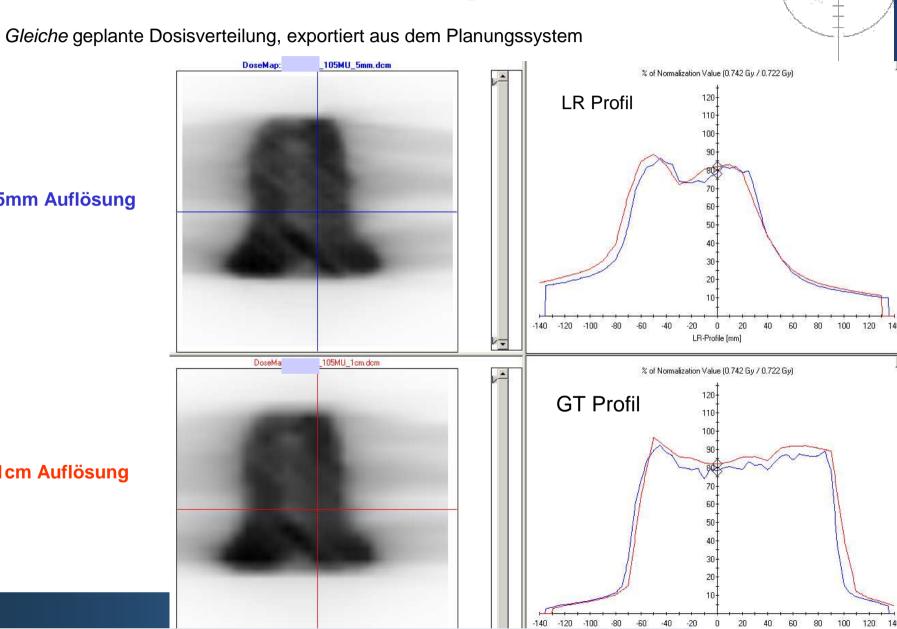








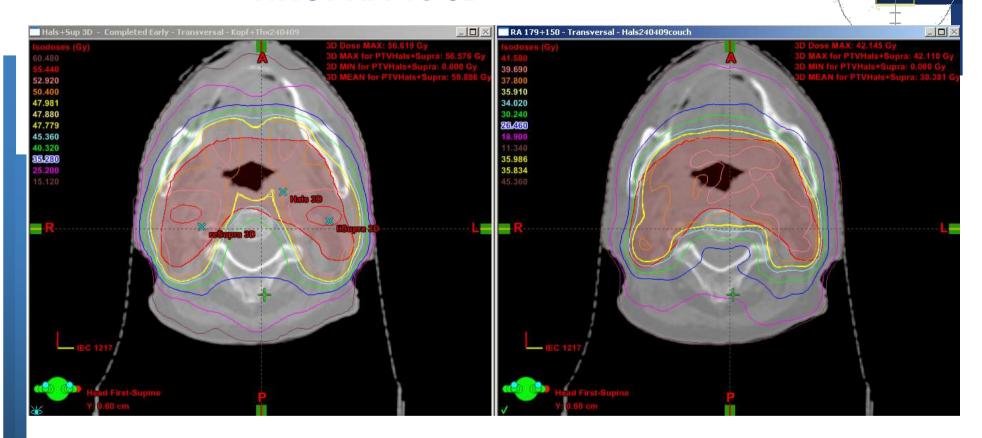
Ursachensuche: Ortsauflösung?



5mm Auflösung

1cm Auflösung

HNO: RA vs 3D

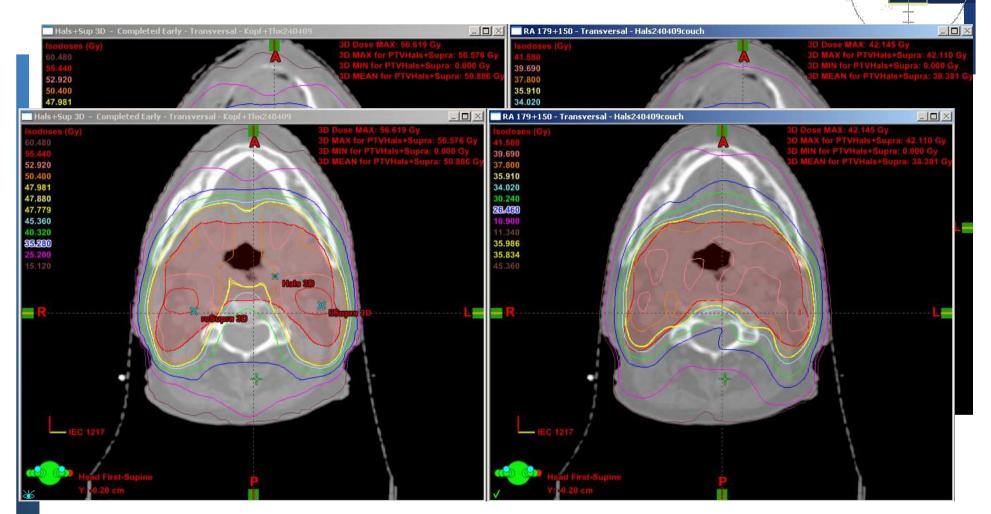


Anfang: 3D konformal

RA Umplanung nach 7 Fraktionen



HNO: RA vs 3D



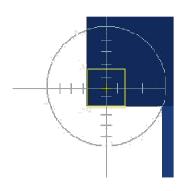


HNO: RA vs 3D





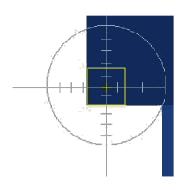
Zusammenfassung



- Rapid Arc machbar auch in der Praxis
 - von Patienten gut toleriert
 - Dosisverteilung: sehr effektive Schonung der Risikoorgane
- QA?
 - Ortsauflösung: EPID?
 - Jeder Plan?



Zusammenfassung



- Rapid Arc machbar auch in der Praxis
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Vielen Dank für Ihre Aufmerksamkeit!

