# SGRT Maskless H&N Case Study

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#### Centre Outline

#### **Mater/North Shore Radiation Oncology**

- 1. Varian Truebeam Linac Version 3.0 with AlignRT Version 6.3.235.1 with Postural Alignment Subscription
- 2. Varian Edge Linac Version 3.0 with AlignRT Version 6.3.235.1 with Postural Alignment Subscription





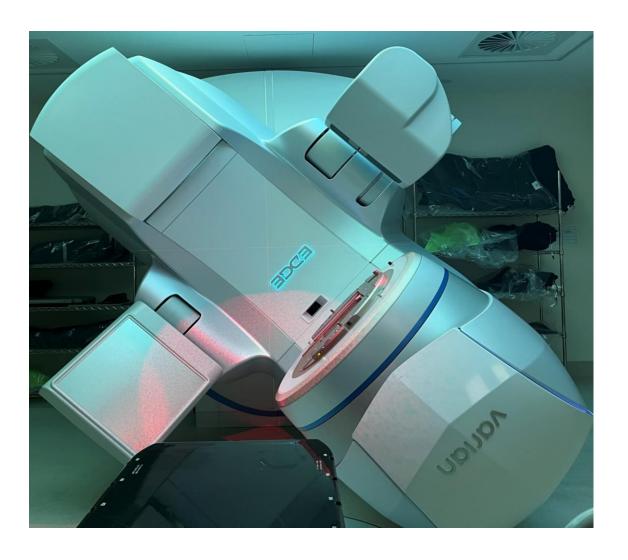
#### Aim

"The feasibility of maskless radiation therapy treatment for head & neck cancer using surface guidance radiation therapy"



#### Case Background

- 50-year-old male
- Diagnosed with T2N1MX SCC of the left tonsil after self-detection
- Patient history of severe claustrophobia and anxiety
- Patient had incomplete scans
- Multiple unsuccessful simulation attempts
- SGRT pathway explored





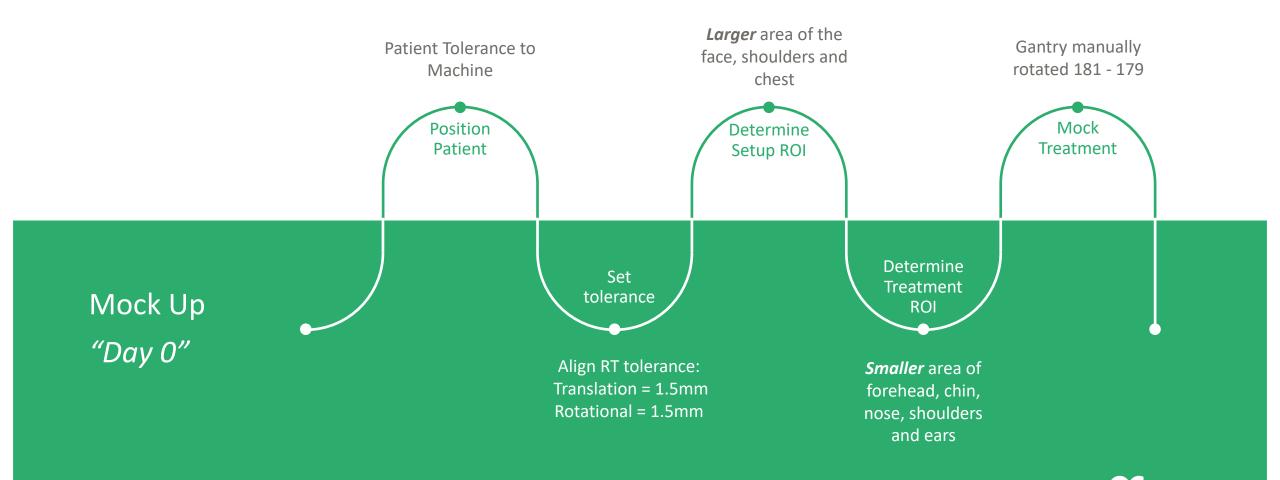
#### **Simulation Considerations**



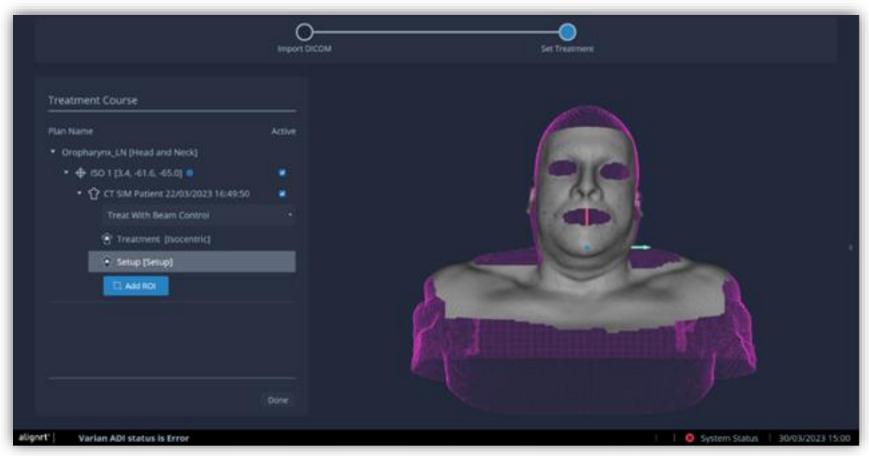
- Head and neck board S-Frame with head rest A
- Custom H&N mould care cushion on top of head rest
- Indexed kneefix
- Large nonslip mat
- ITN marked on mouldcare cushion
- Facial hair was also removed



#### Method



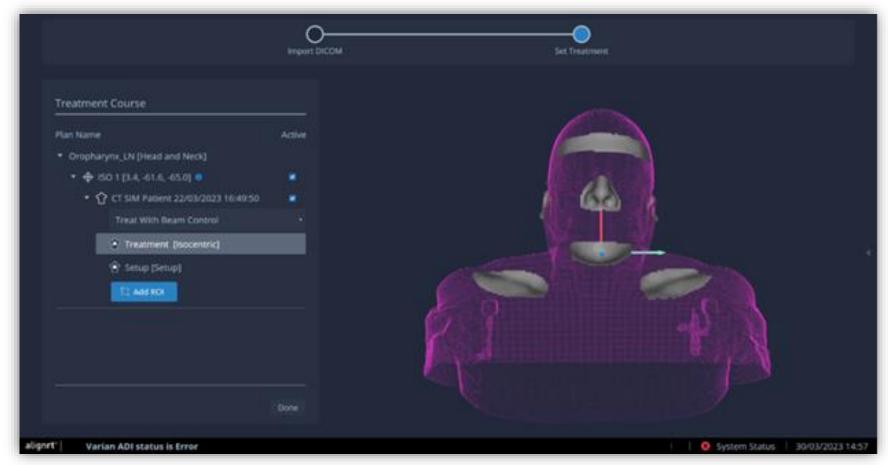
## Method



Setup ROI



#### Method

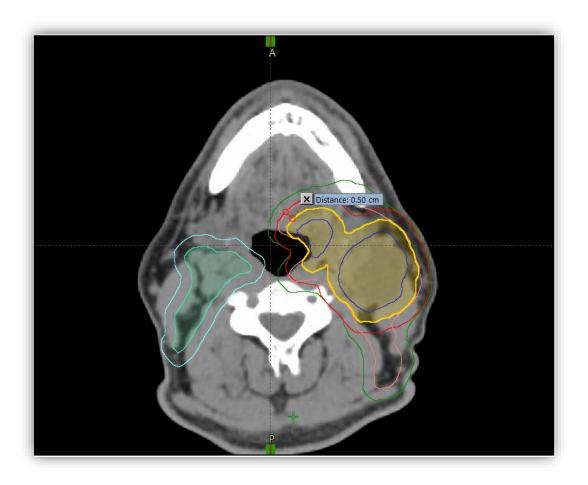


Treatment ROI



#### **Planning Considerations**

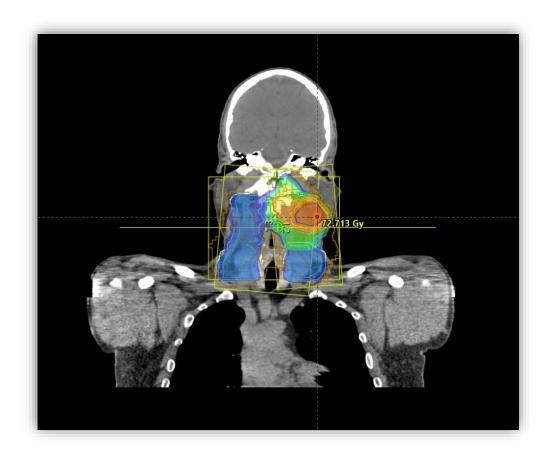
- No suggestions were made to the planning team or Radiation Oncologist.
- At peer review, it was decided a standard
   0.5cm margin was sufficient without a need for expansion
- Planned to a radical dose of 70Gy/35# to the oropharynx and lymph nodes
  - ⊘ High Dose = 70Gy
  - ② Intermediate Dose = 63Gy

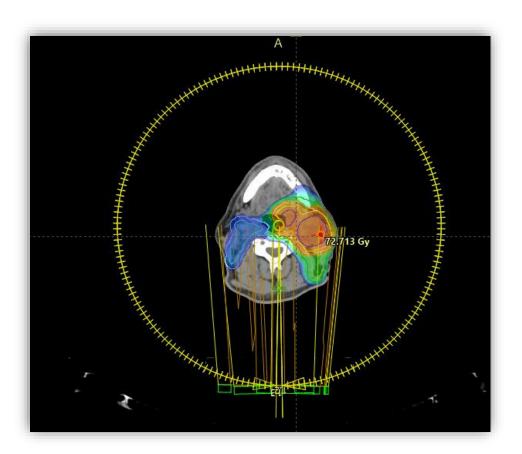




#### **Planning Considerations**

- This patient was planned using VMAT technique with 3 full arcs due to treating bilaterally
- Ø 6FFF energy for faster treatments

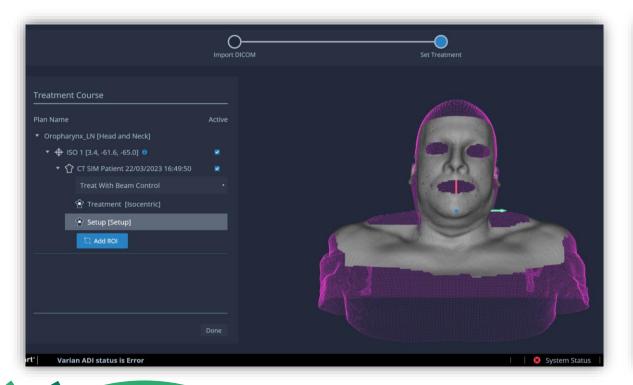


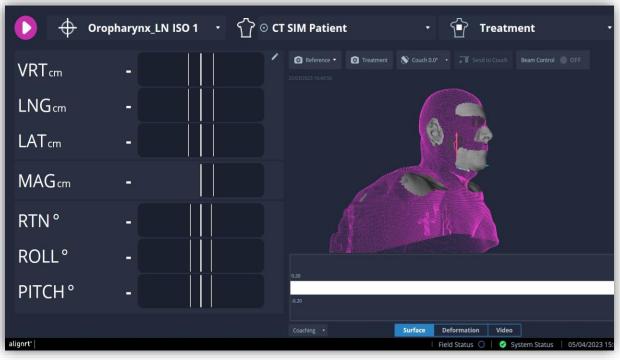




#### **Treatment Workflow - Setup**

- Patient aligned within 2mm for the setup ROI
- Patient aligned within 1.5mm for the treatment ROI
- The video function was also switch on to check shoulder, chin and nose position
- Couch values were acquired

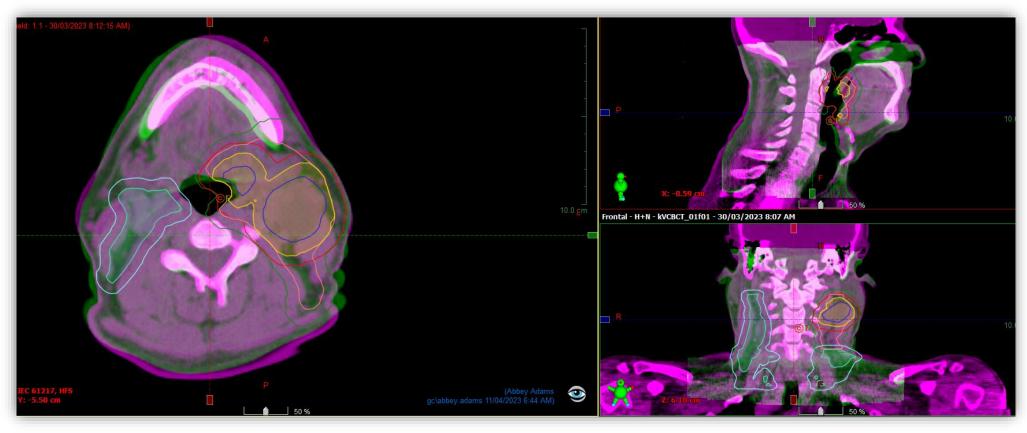






#### Treatment Workflow- Imaging

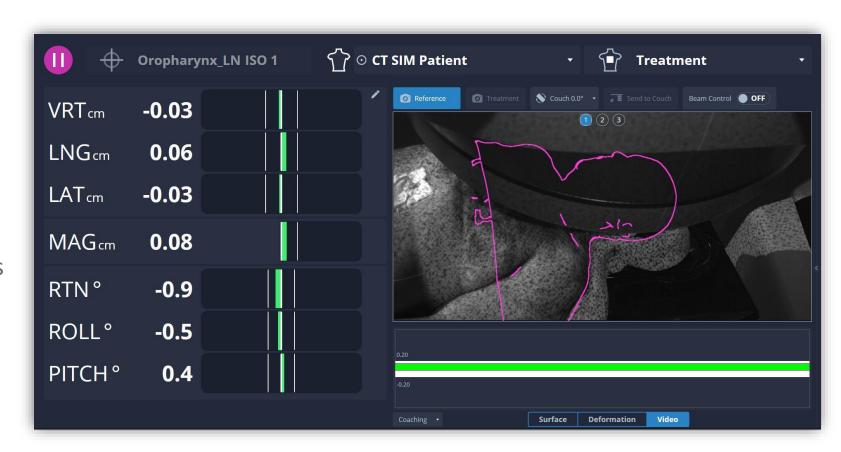
- Daily pre-CBCT
- Bones match priority while also ensuring all soft tissue were within high and low dose PTV margins (0.5cm)



Day 1 CBCT Image Match

#### **Treatment Workflow-Imaging**

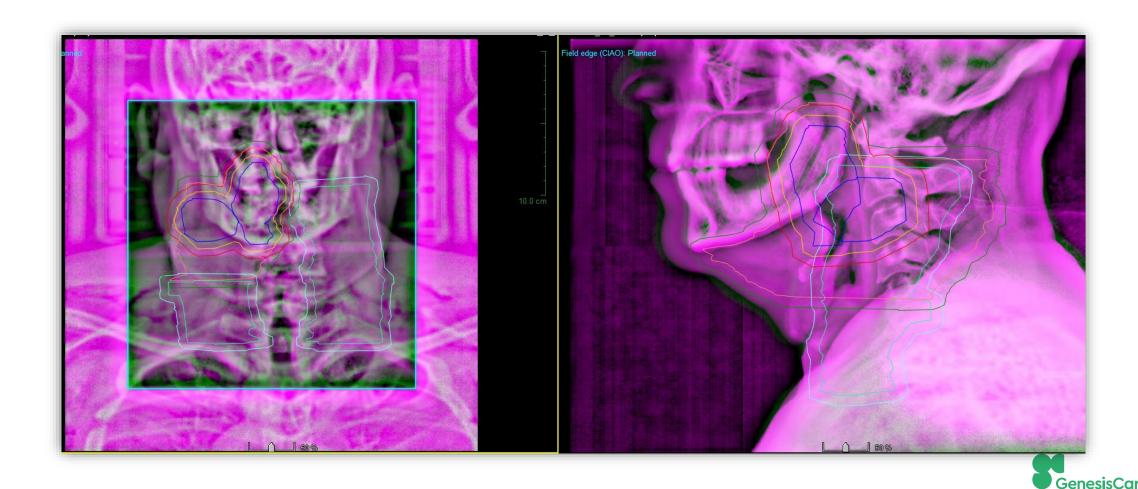
- All shifts applied and recorded
- Decision to use 4DoF only
- Reference capture taken to detect any movement extending beyond 1.5mm and 1.5 degrees
- If movement detected, process was to re-image and restart workflow





#### Treatment Workflow- Imaging

- ② Post kV/mV pair was delivered to ensure the AlignRT system was accurate as a precautionary measure.
- The kV/mV pair were matched, and the shifts were recorded.



### Challenges

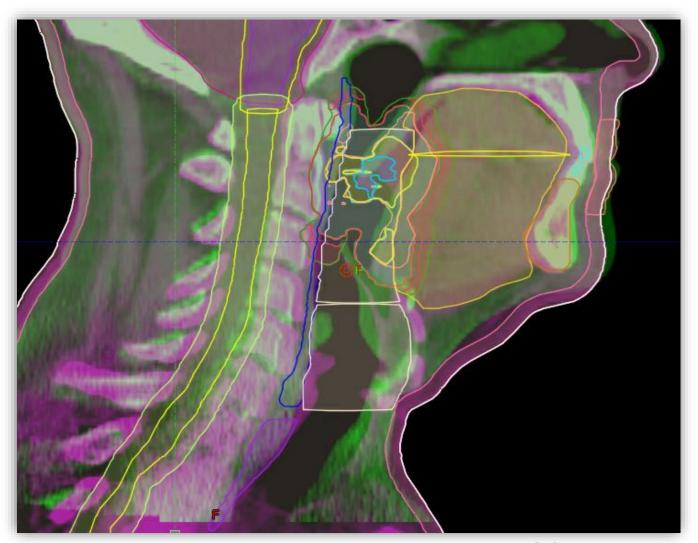
- On #3,the jaw was noted to open slightly.
- To combat this, More ROI region was drawn around the chin and jaw as well as reminders over the microphone for the patient





#### Challenges

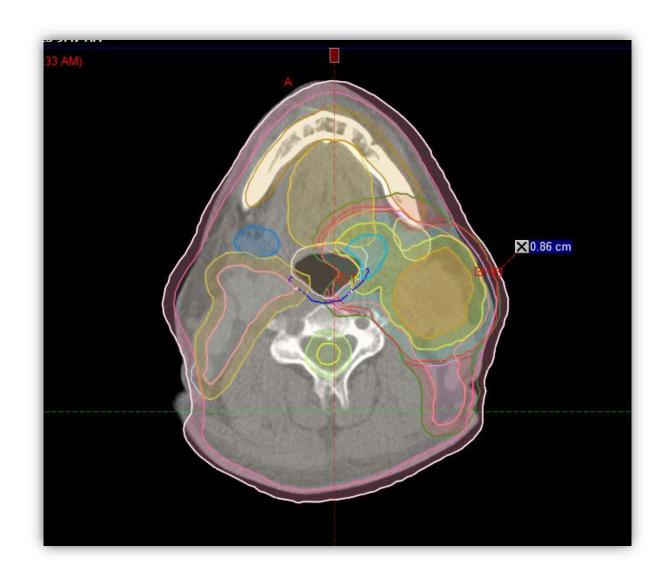
- Neck flexion was quite different due to the patient being more relaxed on the bed
- This made positioning day to day very difficult to reproduce
- Re-scan occurred after #12 which was successful in correcting these issues





#### Challenges

- Ø From #15 to #17 1cm contour decrease
- Dose calculation
  - 2 1.8% hotter in the PTV area
  - OARs within tolerance
- Caused issues with setup daily as AlignRT was having difficulties comparing patient setup with simulation setup due to being 1cm difference.
- A Had to take an 'SGRT reference' to be used daily for setup.

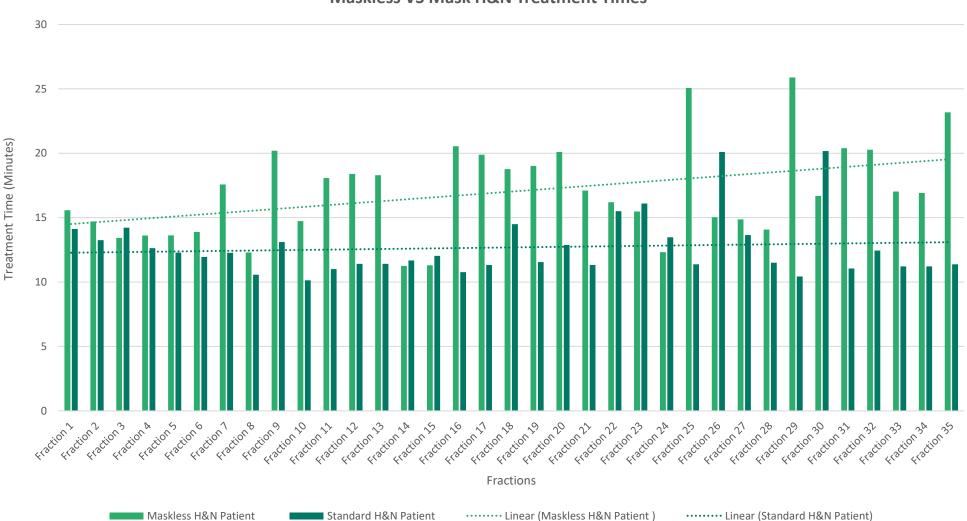




#### Results - Time

#### **Maskless VS Mask H&N Treatment Times**

- The average treatment time for maskless patient = 17.02 minutes
- The average treatment time for a patient being treated in a H&N mask for the same diagnosis and same fractionation = 12.70 minutes
- Maskless patient took approximately 4.32 minutes longer daily to treat



#### Results- Applied CBCT Shifts Maskless VS Mask

Average CBCT Shifts	VRT	LNG	LAT	RTN
Maskless H&N Patient	0.28cm	0.23cm	0.16cm	1.1 degrees
Standard H&N Patient	0.08cm	0.49cm	0.13cm	0.4 degrees

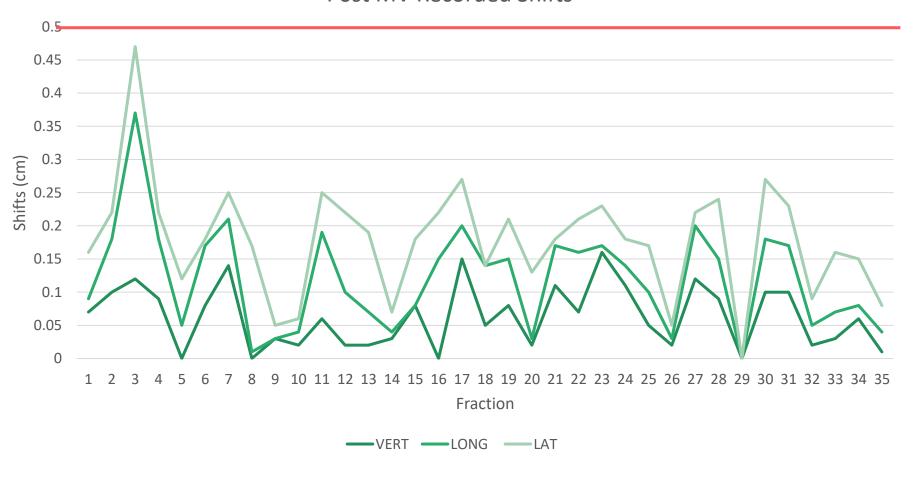
- When comparing results from the applied shifts for the maskless H&N patient VS the standard H&N patient, it is evident both resulted in minimal shifts.
- ② Comparison of results of the applied CBCT shifts demonstrates accurate in-room setup



#### Results- Post MV Shifts

- No recorded post MV shifts exceeded 0.5cm- within PTV margin
- Spike #3 due to jaw opening-ROI adjusted
- Average LONG = 0.057cm
- Average LAT = 0.059cm

#### Post MV Recorded Shifts





#### Results- Patient Experience

- Patient voiced his appreciation and gratitude towards staff
- He felt supported and safe
- Diked additional TLC to ease anxiety
  - Custom Spotify playlist
  - Output
    Updates over the microphone of time remaining
  - Onsistent staffing
- Side effects
  - Ø G1-2 moist desquamation
  - G2 oral mucositis



#### **Future Applications**

- The use of Cine imaging
  - Takes mV images throughout treatment
  - O No additional dose to the patient
  - With imaging panels are extended, would they block the view of the AlignRT cameras. Decrease effectiveness?
  - Involve physics input.
- $\oslash$  Timings improving no post = KV/KM, longer setup, acceptance experience
- Larger patient study cohort required
- Ø Merge open face mask technique currently used for SRS and apply
- Larger rollout with additional RO involvement





# Questions

